CEO/SECRETARY’S REPORT TO THE 2016 ANNUAL DELEGATES CONFERENCE
VISION

To create an environment where the nursing & midwifery professions are valued, respected and have influence in the workplace and in the wider community.

PURPOSE

To promote and advance the interests of ANMF (SA Branch) members, the health and related systems and the professions.
ANMF (SA Branch)

VALUES

UNITY
We work collaboratively and with mutual respect to achieve our vision, mission and objectives. Individuals accept accountability for their work and actions and the organisation wisely utilises our human, material and infrastructure resources.

EXCELLENCE
We strive to deliver the best outcomes and achieve the highest quality in every aspect of our work. We strive to energise the organisation through innovation utilising the creative ideas and unique talents of each employee and our membership.

PASSION AND COMPASSION
We are passionately committed to delivering quality services and advocacy to members and quality educational experiences to students and learners. Staff will enter into each interaction in a way that respects and values the members or students need for respect and appropriate support as well as an outcome for their matter.

INTEGRITY AND JUSTICE
We act responsibly and honestly in all we do and respect our members' confidentiality and need for appropriate and balanced advice and information.

RESPECT
We respect all our clients and stakeholders by providing a caring organisation based on openness, fairness and mutual trust. We recognise that with rights come responsibilities to ourselves, our members and other stakeholders.

ORGANISATIONAL GROWTH
We aim to grow our membership while ensuring sustainability of the organisation, providing a basis for member loyalty and security.

DIVERSITY
We promote intercultural awareness and understanding of our diverse community through authentic experiences both within the ANMF membership and the broader Australian and global community.
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Yet another busy, challenging - but ultimately successful year - for your union.

We have been faced with some, by now familiar, but significant issues and challenges: Transforming Health, Federal budget cuts, aged care funding pressures, attacks on staffing/skills mix and difficulties with access to ongoing employment, particularly for new graduates, to name just a few.

Once again we have faced these challenges and emerged with some very real gains for members and for the public.

Our campaign for restoration of the federal budget cuts of 2014 was vindicated by the decision of COAG in April 2015 to reinstate $2.9 billion nationally of the original funds promised, to apply from 1 July 2017 to June 2020. However, this still leaves a shortfall of $450 million for South Australia over the next 3 years, and we will continue to argue for the increased funding our health system needs.

Transforming Health continues to present real difficulties for members faced by uncertainty over their own future and the future of the health services in which they work. At long last there has been the start of the clarification of plans for the Southern local health network. Services will start to be moved from the centre to the north later this year - and the expressions of interest from staff wishing to move have been oversubscribed.

After months of battling we have finally reached agreement over the terms of the Transforming Health Human Resource Principles. These new principles will be applied to all areas of significant
change within SA Health and will support our principle position of maintaining a permanent nursing and midwifery workforce with minimal use of casual, temporary or agency based staff.

The need to plan and develop a future workforce - particularly in a time of change that could lead to contraction of the size of the health system - has been central to our work in the last year and will continue to be critical in the months ahead.

Only about half of the graduates from nursing degrees are able to secure access to graduate programs within the state public health system. Increasingly we are seeing graduates waiting months to secure their first job. On completion of graduate programs most are then faced with insecure work patterns, being offered either casual employment or part time work with minimal regular hours.

At the same time we are headed towards a peak in the expected rate of retirement as baby boomers plan to leave the workforce taking with them many years of knowledge and experience in clinical practice, health service management and leadership.

We must put in place an active and comprehensive plan that enables the transfer of knowledge and skills between these generations of nurses and midwives. That is why we have made this issue one of the key issues for discussion in our current enterprise bargaining negotiations with SA Health and other government representatives.

At the time of writing this report we still do not know the final position of the SA Government in response to agreement reached through our EB negotiations. There will be a report to the conference which will set out the state of negotiations and the directions for the resolution of any matters that remain unresolved.

However I am sure that members are ready to take action, if action is required, to support our bargaining positions, particularly in support of safe staffing arrangements. Whilst most of our claims in the area of staffing have been resolved, there remains a significant difference on staffing arrangements for smaller country hospitals that operate residential aged care facilities or are funded as multi-purpose services.

Despite commitments in the last agreement to improve the staffing in federally funded aged care beds to match those already in place for state funded aged care residents, CHSA have failed to meet this commitment. We have made clear our (and your) frustration at the continuing failure of Country Health to act in a manner that is consistent with their obligations in this area.

Our capacity to win this argument may ultimately rely on your willingness to act. This will require active leadership and action in health services across the state. It will require members in large metropolitan hospitals to show support for their colleagues in small and remote sites. It will require members in small country communities to take action that may impact on people that they see and meet each day.

However, without just and appropriate outcomes for members across the breadth of the state there can be no just agreement for any member. If we must campaign on this issue I am confident that members across SA will show their active support for their colleagues and for their union.

In closing, I am delighted to present to you the 2016 Annual Delegates Conference CEO/Secretary’s report summarising our key work and achievements over the past 12 months, and I thank each and every one of you for your contribution to this and all of our other achievements.

Yours sincerely,

Adj Assoc Professor Elizabeth Dabars AM CEO / Secretary, ANMF (SA Branch)
STRATEGIC PRIORITIES AND ACTIONS FOR 2015-2016

REPRESENT
Provide high quality services that are valued by members
Maintain a high and credible profile in the media
Have a growing number of well trained and active Worksite Representatives

INFLUENCE
Lobby and respond to governments in the interests of members
Communicate effectively with members and the public
Advocate for evidence based decision making

SUPPORT & PROTECT
Build the capacity of members and reps to negotiate and campaign
Mount well founded claims and obtain quality agreements
Undertake / participate in research to underpin our work

DEVELOP
Ensure ANMEC capability and currency
Deliver a contemporary CPD program
Provide services that assist members in developing careers

BUILD
Grow membership to 22,000 by 2017
Maintain high governance and practice standards
Ensure compliance with all relevant standards

ENABLED BY
• Effective and efficient professional staff team and practices/procedures
• Use of technology and other systems to support effective practices and service provision
• Best use of member information, knowledge and capacity
PROGRESS REPORT
MAPPED AGAINST KEY PERFORMANCE INDICATORS FOR 2015 - 2016

COLOUR KEY

- GREEN - ACHIEVED OR ON TARGET
- ORANGE - PROGRESS BEING MADE
- RED - HAVE ENCOUNTERED MAJOR ISSUES OR CHANGED APPROACH

REPRESENT

- Rebranding completed to give effect to member focused organisation concept
- CQI register established along with linked Quality Assurance processes
- Annual media plan in place & reviewed quarterly
- WSR training follow up plans in place
- Communications review completed
- All major sites mapped and plans in place for WSR development and expansion
- Options for regulation of care workers explored

INFLUENCE

- Areas for policy development and analysis identified and plans established
- ANMF positions on Transforming Health are well developed and communicated to members and the public
- ANMF marginal seat campaign mounted in response to health budget cuts
- Member reference groups meet regularly and are effective
- BPSO and BPG program continue and gains profile in health system
- Website redeveloped to provide effective communication and engagement platform

CEO/SECRETARY’S REPORT TO THE 2016 ANNUAL DELEGATES CONFERENCE
SUPPORT & PROTECT

- Aged care team delivering growth in number of members and WSRs
- Aged care bargaining producing outcomes that are closing the gap to public sector
- Public sector EB claim developed and well prosecuted
- Career Structure review completed
- Aged care staffing research program successfully completed
- WSR training scheduled regularly
- Union Legal SA established

DEVELOP

- ANMEC continues to operate and meets established financial and enrolment targets
- Viable funding sources for training identified and accessed
- Industry partnerships are developed and maintained
- CPD program attracts increasing number of members as participants
- Mentoring program established at least as pilot program

BUILD

- Membership continues to grow towards target of 22,000
- On line membership marketing strategy brought in-house and developed further
- Financial management systems are maintained to industry standards
- All statutory compliance and reporting obligations are met
- Budget targets are managed and reported
- Risk register and CQI processes are implemented, regularly maintained and utilised
- Council members are provided with training as required by legislation
- Member benefits portfolio is regularly reviewed and enhanced
Key Income items

- Membership income of $9.9 million, which represented a growth of $0.7 million from the 2014 year due to the growth in member numbers from 18,200 to 19,000
- ANMEC income continued to grow through increased courses and increased students, lifting income from $1.06 million to $1.21 million
- Total organisational income was $11.8 million

Key Expenditure

- Representing $1,013,000 – includes Federal Capitation ($338,000)
- Influencing $555,000 – includes Best Practice project costs ($249,000)
- Supporting and Protecting $271,000 – includes Legal Advisory Service ($240,000)
- Developing $357,000 – includes Professional Development online cost of $137,000
- Building Membership $1.973 million – includes member benefits of Professional Indemnity, Journey Insurance, Ambassador Card ($473,000), Depreciation and Building related costs ($486,000), Information Technology & Communication costs ($354,000)
- Salaries and Wages $6.003 million – includes all on-costs for FTE 53.4 staff
- Total expenditure - $10.2 million

Surplus

The surplus for the year was $1.8 million, which compared favourably to a surplus in the year ended 30 June 2014 of $1.6 million. The surplus resulted from good member growth combined with managed expenditure.

Investments

During the year investments were managed in accordance with the approved strategy. The returns have achieved targets and the investments remain secure.

Property

The ANMF (SA Branch) owns the building it operates from and two holiday homes were purchased at the start of the financial year and have been well supported and booked by members.

Audit Report

The Auditors, Edwards Marshall Chartered Accountants, provided a clear audit report for the year. A full set of the audited accounts are held on the ANMF (SA Branch) website for members to view.
Adult Community Mental Health Redesign Project

Following from KPMG’s external review of the mental health stepped system of care, released by the Minister for Mental Health in June 2015, a number of the recommended changes were in keeping with the position adopted by ANMF (SA Branch), such as the need to reform the structure and operation of the integrated community teams to reflect the key functional streams.

The resulting review, the Adult Community Mental Health Redesign Project, commenced in May 2016 with Jocelyn Douglass, ANMF (SA Branch) Vice President seconded to the role of Senior Project Officer to lead engagement with members working in community teams. The project has involved high levels of consultation with multi-disciplinary community mental health teams to inform the review’s findings and recommendations.

It is anticipated that the review will be completed in August 2016 and that fundamental change to the structure of community mental health teams will follow.

CALHN Mental Health Dispute

After several months of concern about patient and staff safety in the mental health unit at the Royal Adelaide Hospital and many attempts to have management act to resolve their concerns, ANMF (SA Branch) members had no option but to commence industrial action in early June 2016. The bans, introduced on 10 June 2016, included refusing to admit patients to ward C3. Ward C3 is not physically suited for the care of mental health patients, does not provide for adequate line of sight and supervision, and poses heightened risks for self-harm. The action followed three critical incidents in the ward, and delays in finding beds for mental health consumers.

Members lifted bans in C3 on Friday 1 July 2016 following a range of commitments from management including keeping open a purpose built 5 bed unit in the Emergency Department; the adoption of a new Acute Model of Care in C3; the provision of 3 restraint guards to C3 24/7 while building work is completed to address OH&S concerns; and further development of the seclusion room to meet National Standards.

ANMF (SA Branch) and members will monitor the progress of building works underway at the time of writing this report and the ongoing effectiveness of strategies to provide appropriate services to mental health patients within a safe environment.
Legal Scheme Services

The ANMF (SA Branch) legal scheme through Duncan Basheer Hannon provided telephone advice to 214 members in the 2015-16 financial year. A first free interview was accessed by 140 members with 114 ongoing member cases as at 30 June 2016, 62 in connection with workers’ compensation matters. In 2016-17, the ANMF (SA Branch)’s new legal firm, Union Legal SA, will progressively deliver the legal support services previously provided by Duncan Basheer Hannon with the exception of family law matters. As the first legal firm operated by a union in South Australia, Union Legal SA allows the provision of a more seamless legal service to members, after providing representation through external firms for over 20 years. From 1 July 2016 all Return to Work (Workcover), AHPRA/NMBA and Coroners’ cases (more than 70% of cases previously referred to external lawyers) are being managed by our new firm. From early 2017, conveyancing, wills and directives will also be provided through Union Legal SA.

Advice, Representation and Services

Approximately 128 members contact our Duty Officer every week for advice and support. During the 2015-16 financial year, our telephone advisory line received 6,662 calls from members.

Representation

749 individual member representation files were opened during the 2015-2016 financial year, an increase of 195 from the previous year. Our officers have represented members on a wide range of issues, including professional practice (AHPRA/NMBA) investigations, unfair dismissal/disciplinary actions, WorkCover (now named Return to Work) claims and classification reviews. Many other members were represented by our worksite representatives, supported by our staff team. Plans to improve the quality and consistency of member representations in the year ahead are in place with a consolidated Duty officer team now taking over that service from a system that saw all officers rostered to the service. This will be aligned to a consolidation of ongoing member cases under the oversight of the Union Legal SA team. This will improve the flow of member cases, the level of support to industrial staff, the capacity for the active review of files and the quality of services provided to members.
Stage 1 and Stage 2 Worksite Representative Training

During the 2015-16 financial year, 88 Worksite Representatives attended our 3 day WSR Courses. 67 new worksite representatives attended the WSR 1 training, and 21 Worksite Representatives attended WSR 2 training.

The key objectives of the training include understanding the WSR’s role, developing representation skills, personal confidence, becoming active in building worksite organisation with a strong membership base and speaking/presenting to members and others.

Advanced Development Program (ADP)

A further ADP for experience Worksite Representatives was completed in November 2015. The ADP involves three participants per program over 4 weeks. These WSRs become “Ambassadors” for the ANMF (SA Branch) - organising, representing and supporting members at an advanced level. The ADP ran for the sixth time during July 2016.

It is now time to review the effectiveness of this program and explore how we can best support WSRs to take up lead activist roles in the workplace.
The release of the SA Government’s Transforming Health discussion paper on 20 October 2014 and our directions paper ‘A Prescription for Change’ the same month sparked significant member consultation, which continued throughout 2015-2016.

The Government’s final Transforming Health Plan, released in February 2015, presented a road map for broad directions in the reform of the health system but failed to provide any detail for its implementation.

ANMF (SA Branch) has long championed the need for health reform based on gaps in service and duplications within the current system, the poor connection with primary / community based health care services and the aged care sector. We have regularly been in dispute with Government and SA Health over the chronic incapacity to move patients through the ED and into appropriate care, resulting in chronic staffing issues and risks to patient care. We also support nursing practice models being developed to their full potential which will in turn improve both the efficiency and effectiveness of health care delivery in South Australia.

Many of the principles and standards identified in the initial Transforming Health proposals were generally supported by stakeholders in health. Clearly the plan had areas that gained and areas that did not in terms of the shift of services, and delays in delivery have occurred due to the time taken to develop the new RAH and the need for redevelopment of other sites (for example, expansion of beds at Lyell McEwin Hospital in the North).

In the light of budget cuts, more efficient care is a necessity if the health system is to have the capacity needed to provide care to patients. Greater use of day surgery, improved patient pathways and more effective use of nurse or criteria based discharge will assist in this aim. ANMF (SA Branch) has been calling for evidence based decision making in health care for more than decade.

The implementation of the Transforming Health reform plan has been seriously lacking. We have been calling for the development and release of a workforce plan for many months, with no detailed plan released to date. Consultation processes have often been lacking, leaving staff feeling disengaged from the process. We continue to work with SA Health and the Government on measures to improve the capacity of nurses to both be informed about the changes and to influence those changes as they are evolved at LHN and local levels.

As a result of discussions held with the Minister for Health exploring measures that will lead to a greater capacity for nursing and midwifery to be involved in the TH implementation process, the Minister announced on 12 May 2016 the establishment of a new Deputy Clinical Nursing and Midwifery Ambassador Program. There will be ambassador roles for each of the southern, northern and central local health networks, ensuring nurses and midwives at all major metropolitan hospitals are well informed and included in the transformation process. The successful appointees were announced by the Minister in early July 2016.

The appointed Deputy Clinical Nursing and Midwifery Ambassadors are:

NALHN: Stuart Smith, Nurse Practitioner, Emergency Department, Modbury Hospital

CALHN: Gabby Vigar, Clinical Services Coordinator, Radiation Oncology, Royal Adelaide Hospital

SALHN: Helen Walker, Clinical Services Coordinator, Daw House Hospice, Repatriation General Hospital

From the release of the Transforming Health proposals, ANMF (SA Branch) has been clear that we will oppose any closures of acute hospital beds unless and until there is clear evidence that they are no longer required to meet the community’s needs and in 2015 the State Government publicly announced it accepted and
supported this position. We made clear at that time that our view applied to any bed closures arising from the reform processes whether they are part of a patient care area, a whole ward/unit or even an entire site.

Recognising that changes to sites and service delivery are inevitable as part of this process, the ANMF (SA Branch) has negotiated Transforming Health HR principles including redundancy provisions to ensure no permanent employees will be forcibly made redundant through the change process, and to ensure employment of nursing and midwifery staff be on a permanent contact basis rather than the use of temporary or casual contracts.

We are very pleased to report that the HR Principles were finally agreed and released in July 2016 and provide very real support and assurances for members into the future.

A Transforming Health Liaison Officer was appointed in September 2015, a role funded by SA Health from 2016 – 2019. This position has assisted ANMF (SA Branch) to maintain engagement with members over the reforms and alert our other officers to issues that require intervention and resolution through a program of regular site visits.

In June 2015, two UK specialist Emergency Department nurses from Guy’s and St Thomas’ NHS Foundation in London visited Adelaide to provide an opportunity for ED staff working at the RAH, LMH, Modbury, Noarlunga and FMC to learn more about ED structures in the UK, with links to proposed TH reforms.

Vickie Kaminski was appointed as Deputy Chief Executive/Transforming Health in March 2016. At ANMF (SA Branch)’s request, she met jointly with ANMF (SA Branch) officers and members at the Repatriation General Hospital in June 2016 to discuss the planned closure of the hospital by the end of 2017. Members were advised that plans for relocating clinical services will be finalised and consultation with staff will occur during August/September 2016, with agreement reached that there will be no forced redundancies of nursing staff on permanent ongoing contracts.

Following the success of the meeting at RGH in terms of updating and reassuring members, Ms Kaminski has attended a similar joint meeting with ANMF (SA Branch) at Modbury Hospital.

In response to rumours of cuts in beds and staff ahead of the 2016-2017 State budget, ANMF (SA Branch) held urgent discussions with the Premier and the Minister for Health. In response, on 21 June 2016, the State Government re-committed itself to the reform agenda based on improving efficiency and effectiveness. The Minister for Health reconfirmed that beds will only be closed when efficiencies can be demonstrated and that reduction in beds and other resources are possible.

ANMF (SA Branch) has ensured adequate consultation with its members occurs throughout the Transforming Health reform process and is an active member of the Transforming Health Peak Union Forum. At the time of writing, ANMF (SA Branch) is working to resolve a dispute with CALHN regarding their failure to consult with Nursing staff regarding the Transforming Health initiative related to the Hampstead Rehabilitation Centre transfer to The Queen Elizabeth Hospital.

Adj Assoc Professor Elizabeth Dabars AM, ANMF (SA Branch) CEO/Secretary undertook a series of worksite visits of larger metropolitan sites in late June and July 2016 to provide members with a further opportunity to raise concerns relating to Transforming Health proposals.

This will be an area of continuing challenge and work in the year ahead with the commencement of relocation of services from CALHN to NALHN in late 2016 and then the moves of services in the south which will ultimately lead to the closure of the Repatriation General Hospital.

We will continue to work to support and represent members during these and other changes and will also work to hold government accountable for its commitments to maintain services and bed numbers unless and until reforms demonstrate that they are no longer required.
Federal and State Budget Pressures Impacting on Health

The Federal Budget in May 2014 delivered a major attack on State public hospitals as the Federal Government essentially broke its agreement with the states on health funding for public hospital growth, and cut preventative health programs by $400 million over the next four years.

As reported to the 2015 ADC, in response to these threats to public health, the ANMF (SA Branch) took a leading role in establishing the SA Health Alliance, an alliance of a range of health unions, consumer, community groups and service providers, of which Adj Assoc Professor Elizabeth Dabars AM was the Convenor.

Lobbying resulted in the Federal Government announcing it would not persist with the implementation of the $7 (then $5) co-payment plans for visits to the GP. However, the ongoing freeze on the Medicare rebate for GP services means that there will be economic pressure brought to bear on GPs to both limit their use of bulk-billing and to increase gap payments where they are already in place.

The 2015/16 Federal Budget did little to save South Australian hospitals from savage budget cuts over the next decade, and included announcements of new measures to axe dental and preventative health programs and an increase in prescription costs by $5 per script from the beginning of 2016.

Despite the Council of Australian Governments (COAG) announcement on 1 April 2016 of increased public hospital funding of $2.9 billion nationally from 1 July 2017 to June 2020, this still sees approximately $450 million being cut from SA hospital growth funding over the next three years.

Federal ANMF and its Branches campaigned strongly on the key themes of hospital funding and aged care services and funding during the recent Federal Election campaign. ANMF’s campaign theme was ‘If you don’t care, we can’t care.’

The 2016/17 South Australian budget released on 7 July 2016 announced $5,806 million for Health and Ageing funding, a 9.68% increase from 2015/16. ANMF (SA Branch) will continue to carefully monitor the ‘real’ impact in terms of the number of beds and positions funded across the health system. Our analysis of the budget is that, despite the growth in expenditure, it does little to reduce the real pressure on the system.

ANMF will continue to press Governments at the State and Federal level, to commit to longer term arrangements that will adequately fund health services into the future, and also to contribute to research to ensure health services are provided as effectively and efficiently as possible.
Reducing the Threat of Violence in Emergency Departments

It has long been ANMF’s position that violence and aggression against health professionals, in any setting, is unacceptable.

We have consistently lobbied SA Health to develop and implement policies and strategies to appropriately manage, monitor and report violence against nurses and midwives. Often the capacity of the ED to provide care is compromised by intoxicated patients, with recent research showing almost all nurses and doctors in Emergency Departments have experienced violence in the workplace.

In April 2016 the ANMF (SA Branch) CEO/Secretary made public statements stepping up a campaign to better protect members stating that a zero tolerance approach to violence would see aggressive patients turned away if hospital administrators did not move to stop the violence and provide a safe workplace.

She clarified that ANMF (SA Branch) was not suggesting that the duty of care and professional requirement to clinically assess, monitor and treat patients would be withheld from patients who present in a violent manner; however, our position is that those who are deemed not at clinical risk need to be managed appropriately.

Given emergency departments are high stimulating environments, members have suggested that they are not suitable for drug and alcohol detoxification, and have highlighted the need for a dedicated facility. Clinics have been established interstate and overseas where intoxicated people can be assessed and clinically monitored in a safe environment until they can be appropriately treated and ANMF (SA Branch) continues to lobby SA Health to implement similar clinics in South Australia.

A report on the public education campaign to be launched by SA Health will be provided during the conference aimed at highlighting and reducing violence against nurses and midwives in emergency departments, as agreed following lobbying by ANMF (SA Branch).

We will continue to work to implement programs that will address violence in all of its forms in the workplace.
WorkCover Changes

The Government created the new Return to Work Scheme from 1 July 2015, arising from the new Return to Work (RTW) Act 2014. The State Government had foreshadowed its intention to make changes in this area if re-elected and the ANMF (SA Branch) was willing to consider a new model given the current system was not working well.

The new Return to Work Act provides for two year caps on income maintenance and a three-year cap on medical expenses, even if the employee is still unable to return to work or has ongoing medical expenses as a result of a workplace injury. Only workers who exceed the 30% impairment scale (which is very rare indeed) will be eligible for ongoing payments.

ANMF (SA Branch) supported the campaign mounted by the Police Association of South Australia that achieved exemption for police officers from the 30% impairment threshold. However, we believed that all workers should be entitled to the enhanced coverage arising from this campaign, not just those working in the police service or in emergency services.

In early November 2015, the ANMF (SA Branch) lobbied members of the Legislative Council and the Minister for Industrial Relations seeking urgent consideration of amending the Return to Work Act to the extent that the provisions contained within the Police (Return to Work) Amendment Bill, introduced by the Hon Robert Brokenshire MLC, should be applied to Nurses, Midwives and Personal Care Assistants.

Whilst support was received from some MLC members, the Government resisted ANMF (SA Branch)’s submission for several months. Eventually the changes to the Police Act failed in the Parliament and an agreement to extend benefits to injured officers was agreed during negotiations for a new enterprise agreement for police officers.

More recently this matter has been pursued through the Public Sector enterprise bargaining process for our members and we anticipate will form part of any offer from Government.

Nursing and Midwifery Board of Australia
Review of Enrolled Nurse Standards for Practice (ENSP) – Released in January 2016

Following active participation in the public consultation and ANMF lobbying at the national and state level, the revised Enrolled Nurse Standards for Practice were released in January 2016.

The intention of the review was to ensure that the standards provide an accurate guide for contemporary EN practice and the educational preparation that ENs require to deliver professional health care.

We had raised serious concerns about the dilution of the well-established professional supervision and reporting relationship between Registered Nurses (RNs) and ENs, which could potentially remove the RN supervisory role and resulting in ENs being allowed to practice and be instructed by non-nursing professions within a multidisciplinary team. The NMBA has taken account of this feedback in the reviewed Standards of Practice. The new standards place the patient at the centre of care, and clarity of wording in relations to supervision, delegation and role relationships, where the EN is required to work under the direct or indirect supervision of an RN, retains responsibility for his/her actions, and is accountable in providing delegated care.
Penalty Rates Campaign

Federal Coalition Governments have worked to attack the rights of working people and their unions since they took office.

The form of these attacks varies from the proposed reintroduction of the Building and Construction Commission, the Royal Commission into Unions and, most relevantly to our members, the thinly veiled attacks on penalty rates. We say thinly veiled, not due to the weight of the attack itself, but the manner in which the Government has sought to distance itself from the proposed cuts through use of the Productivity Commission and the Fair Work Commission as it’s stalking horse on the matter.

In response to the Productivity Commission proposed cuts to Sunday penalty rates, ANMF (SA Branch) mounted a campaign in the lead up to Easter 2016 in support of maintaining penalty rates.

While the current proposals for change only directly impact on workers in the retail, hospitality and tourism sectors, the reality is that if penalty rates are abolished or reduced in one industry, it is likely that in time these changes will flow through to other industries.

The effect this would have on individual nurses, midwives and personal care assistants is high, but the impact will be felt more broadly with it likely to worsen projected shortages in the nursing and midwifery workforce and lower the quality of care received by hospital patients and residents in aged care services.

Health is the ultimate 24/7 industry and it illustrates in a 24/7 economy the need to continue to compensate employees asked to provide their labour at unsociable and disruptive times.

ANMF (SA Branch)’s campaign included the use of radio advertisements and the collection of a series of ‘member testimonials’ for use in an effective face book campaign highlighting the impact that shift work and penalty rates have on nurses and midwives based on the personal experiences of our members. More than 80 personal stories were received from members.

We will continue to campaign against cuts to members’ rights and entitlements over the coming months and resist actions of the Federal Government aimed at attacking you at work and undermining the strength of your union.
ANMF (SA Branch) contributed actively to the review of the Australian Nursing and Midwifery Accreditation Council (ANMAC) Accreditation Standards required for Eligible Midwife Programs – Standards for Programs leading to Endorsement for Scheduled Medicines (2015).
PROFESSIONAL OUTLOOK INFLUENCE
2016 International Midwives & Nurses Days

Themes for International Midwives (5 May) and Nurses Days (12 May) in 2016 were ‘Women and Newborns: The Heart of Midwifery; and ‘Nurses: A Force for Change: Improving Health Systems’ Resilience.’ To celebrate both special days, we encouraged members to join a photo gallery collection of comments telling us why they love being part of the nursing and midwifery family.

To raise public awareness of the contribution of the professions, ANMF (SA Branch) set up an information stand at the Tea Tree Plaza Shopping Centre on 12 May 2016. A number of ANMEC students were present to provide free blood checks to the public, and balloons and stickers were given away. The stand was visited by the Minister for Health, the Hon Jack Snelling, Ms Vickie Chapman, MP (representing the Leader of the Opposition) and Frances Bedford, MP Member for Florey.

A group of members joined a delegation led by the CEO/Secretary to visit SA Parliament on 19 May 2016 to hear the member for Fisher, Nat Cook MP speaking to Parliament about International Nurses Day and the significant contribution of the professions. Nat Cook MP is a former nurse and combined with the Minister for Health, Annabel Digance MP and Gail Gago, MLC to host refreshments for ANMF (SA Branch) members.
Appendix 2 - Business Case Review of staffing levels

The South Australian Nursing and Midwifery Staffing Model and Nursing/Midwifery Hours per Patient Day (N/M HPPD) Business Rules were developed as part of the NMEA 2013 and implemented in April 2014 to support the review of staffing levels in areas affected by change which impacted on staffing arrangements.

To date, over 220 reviews of the inpatient ward/units (NMEA 2013 Appendix 2), across the different specialities including adult, paediatric, mental health and specialty services, have been undertaken, initiated by both ANMF (SA Branch) and Local Health Networks. The results of the reviews and the agreed changes to the N/MHPPD will be reflected in the revised Appendix 2 of the 2016 Public Sector NMEA.

Whilst resource intensive, the Business Rules and the N/MHPPD Review Process have proven to be a very successful and acceptable review mechanism, ensuring that minimum safe staffing is maintained where there is an identified trigger for change.

Reviews of staffing levels are ongoing and are critical to the establishment of minimum safe staffing levels and skills mix in the future, including at the nRAH and through proposed service, patient population and model of care changes related to Transforming Health reform.

Ongoing delays in completion of the construction and commissioning of the nRAH and the implications of these continue to be the subject of discussion between ANMF (SA Branch), SA Health and the Minister for Health.
South Australian Nursing and Midwifery Career Structure Review 2015-2016

The ANMF (SA Branch) and SA Health, as agreed in the last enterprise agreement, undertook a joint review of the South Australian Nursing and Midwifery Career Structure and Classification Descriptors for public sector nurses and midwives, between May 2015 and May 2016.

The joint steering committee, comprising of two representatives from the ANMF (SA Branch) and two representatives from SA Health, has worked with the Senior Nurse/Midwife Project Officer who was recruited to lead stakeholder engagement, participation and collaboration.

The key strategies used to inform the review include:

- Extensive review of national and international literature;
- Review of contemporary nursing and midwifery frameworks;
- Stakeholder consultation including targeted surveying of nurses and midwives working across South Australian public system;
- Focus Groups; and
- System-wide communication via SA Health and the ANMF (SA Branch).

The draft report Nursing and Midwifery Career Structure Review 2015-2016 Project Finalisation have led to proposed changes in emphasis and detail rather than fundamental changes to the structure, for example:

- Registered Nurse/Midwife Level 3 and 4 title changes to include the word ‘Nurse or Midwife’;
- Addition of a Nurse Practitioner Candidate role within the new titled Nurse Consultant (currently described as Clinical Practice Consultant) classification;
- Nurse Practitioner (Registered Nurse Level 4) descriptors discretely described (similar to other jurisdictions); and
- Additional descriptors for Registered Nurse/Midwife Level 3 and 4 in hybrid roles, such as management/clinical hybrid middle positions in Country Health SA Local Health Network.

A number of consultation items have been referred to and form part of the 2016 Public Sector EA negotiations.

Through 2016 Public Sector EA negotiations, it has been agreed (in principle) that transition to the new career structure will occur by straight “title-translation” maintaining the status quo in terms of current positions. A translation table will be developed to ensure the current numbers / structure is preserved.
2016 Public Sector EA Negotiations

Research to prepare for the 2016 Public Sector EA claim commenced in October 2015 and included a comparison of SA wages and conditions with those available to nurses/midwives and other health professionals in other States and Territories.

Key issues identified for bargaining discussion included the following key areas.

- **Wages (2.5% per annum cap set by the State Government);**
- **Workload and safe staffing arrangements;**
- **Job security, voluntary separation issues and workforce renewal;**
- **Protection of conditions of employment;** and
- **Career structure matters (arising from the Career Structure Review)**

A series of worksite meetings were held to consult with members in the lead up to negotiations which commenced in April 2016.

An alternative bargaining method was agreed for use in negotiations for the 2016 agreement, that being ‘interest based bargaining (IBB).’ IBB is a mediated process where the employer and union parties negotiate their way through items that are agreed to be important issues/outcomes for resolution by both parties, assisted by an independent facilitator.

The IBB process has proved successful in addressing all areas nominated by the parties for negotiation within the nominated time frame of concluding negotiations by end of July 2016. Following the conclusion of negotiations, the outcomes must go to Cabinet for approval and development of a formal offer to be considered by ANMF (SA Branch) Council and members.

A report will be provided to the conference on the state of negotiations and/or any offers made by that time.

2016 Enterprise Agreement negotiations have been undertaken on the basis of 2.5% wage increases each year for the 3 years of the proposed agreement, as accepted by all other public sector workers including teachers and police officers through their latest agreements.

The announcement of a reduced annual wage cap of 1.5% at the State Government budget lock up on 7 July 2016 led to an immediate rejection from ANMF (SA Branch). Pressure from the CEO/Secretary secured exemption from the new wages cap and delivered written confirmation from the Minister for Health that our current enterprise negotiations would be exempted from the reduced wages cap.
Workload and Safe Staffing Arrangements - Refinement of SA Staffing and Skills Mix Model

In relation to safe staffing arrangements, a refinement of the South Australian Safe Staffing Model has been discussed and proposed through 2016 Public Sector EA negotiations. ANMF (SA Branch) proposes a revised SA N/MHPPD staffing model, to round the agreed N/MHPPD to the nearest 0.25 increment of an hour (representing 15 minutes), which will reduce the current 224 individual N/MHPPD areas into approximately 20 levels to simplify the model.

It is proposed that SA Health will nominate one Local Health Network to pilot the revised staffing model, over the next 12 months.

Aged Care and Private Sector Bargaining

In the last 12 months, we have successfully negotiated and lodged 37 enterprise agreements for members (25 in the aged care sector and 12 in the private sector). There are approximately 60 agreements under active negotiation at the time of writing this report.

In a positive development, there has been an increase in the Agreements covering Personal Care Workers in the Aged Sector. Notwithstanding this development, the majority of Personal Care Assistants within the Aged Care Sector still remain Award reliant. We will continue to work to extend agreements to all categories of member in the aged care sector and to improve the still relatively poor wages that apply to members in this sector.

A further 42 agreements are due for re-negotiation in the 2016-2017 financial year.
Changes to Aged Care

The aged care sector has continued to adjust to the post-Productivity Commission regulations.

This has resulted in a variety of aged care employers suggesting cuts to staffing levels and changes to rosters. The absence of clear and established staffing guidelines or standards has made this difficult for members to negotiate successfully. Employer bodies argue that funding provided to the sector continues to be inadequate to fully fund better staffing arrangements.

A growing trend in the last 12 months has seen employers make a number of Enrolled Nurses redundant and seek to have the EN duties undertaken by Registered Nurses and Personal Care Workers. The use of ‘Medication Credentialed Carers’ to administer medication within the amended model of care presents a potential risk to resident safety, may jeopardise the registration of both Registered and Enrolled Nurses, and unreasonably exposes Personal Care Assistants to increased risk. Another growing trend has been the move away from aged care facilities being bought by larger aged care chains that are listed as private companies on the stock exchange.

In the absence of legally enforceable staffing guidelines, strategies available to ANMF (SA Branch) remain limited but are used to the maximum extent possible. These strategies include media/campaigning activities to highlight the dangers of the staffing models being proposed and, wherever possible, to pursue with Safe Work SA.

Federally, the ANMF has been very active over the last 12 months in progressing Phase Two of the ANMF Aged Care Staffing and Skills Mix Research, completing the work started with Commonwealth Government support to identify existing staffing models and undertake a substantial literature review.

Phase Two was led by the ANMF (SA Branch) in conjunction with Flinders University and the University of South Australia. This project has been directed towards delivering an appropriate staffing number and mix for residential aged care which can then be used to influence staffing and funding outcomes through the following steps: identification of resident complexity profiles; a review of the adequacy of existing staffing through undertaking a national ‘missed care’ survey; use of a large number of focus groups across each State/Territory to validate the proposed resident profile groupings; and review of outcomes from each focus group by a cross jurisdictional expert group and the use of a national Delphi study to validate the outcomes by repeated surveying of the expert group. The research outcomes deliver a robust, evidence based staffing metric for residential aged care.

A Senate Inquiry into the Future of Australia’s Aged Care Sector Workforce was established on 1 December 2015. Submissions were invited by March 2016, and ANMF (SA Branch) contributed to the Federal ANMF submission, particularly in relation to the research on staffing levels and mix. The CEO/Secretary of ANMF (SA Branch) met with the Assistant Minister for Health and Aged Care, Ken Wyatt AM during his visit to Adelaide in March 2016 to highlight the key recommendations made to the Senate Inquiry. Whilst Senate Inquiry hearings were postponed once the Federal Government entered caretaker mode on calling the recent Federal election, ANMF will be lobbying the Federal Government for the re-establishment of the Senate Inquiry and the completion of its work. The ANMF Aged Care Staffing and Skills Mix Research project outcomes will also inform the Aged Care Funding Authority and any cost of care studies.
Aged Care

RSL Care SA Nurses Enterprise Agreement 2015

This agreement delivered a number of benefits to members:

- Wage increases of 2.75% per annum over 3 years of the Agreement
- 5 additional days of Personal Leave
- Access to domestic violence leave
- Inclusion of Health and Wellbeing Leave (1 day from personal leave without reason or evidence)
- Moving House Leave (1 day from personal leave)
- Now, all hours worked at all prior employment count for attaining new increments
- Increased loading to deliver 300% for working Christmas Eve/Christmas Day

Aged Care

Star of the Sea Home for the Aged Nursing Employees (Aged Care) & ANMF Enterprise Agreement 2016

Whilst not delivering wage parity with the public sector, this Agreement delivered a significant improvement in conditions for the members it covers including:

- 2.5% wage increase per year, over three years, keeping the employer 7-10% below public sector for EN’s / RN 1’s. RN 2’s are 14% behind Public Sector.
- Increase to the redundancy provisions
- Inclusion of terms which recognise the role and function of Worksite Representative (5 days per WSR – no cap on number of WSR’s)
- Agreed maximum of 8 ordinary hours on Day Shift. 10 hours only on Night Shift
- Night shift rate increased by up to 17%, over the life of the agreement
- Inclusion of staff development leave – 2 days per annum full time (pro rata for part time)
Private Sector

**ACHA Nursing & Midwifery Enterprise Agreement**

ACHA members fought long and hard to retain current conditions and achieve the positive outcomes delivered through their latest EA including:

- Wage increases of 3%, 2.5% and 3% with the first increase backdated to July 2014, delivering close to wage parity with the public sector
- Preservation of arrangements for public holidays not worked, for both current and future employees
- Memorandum of Understanding between the parties reinforcing the commitment to the enforcement of safe staffing

Private Sector

**St Andrews Hospital**

This Agreement delivered a number of positives to members including:

- Wages increases of 4% backdated to 1 September 2014; 3% from 1 July 2015, 2% from January 2016 and 1% from 1 July 2016, delivering close to wage parity with the public sector
- Safe Staffing and Skill Mix Committee established
- Parental leave of 16 weeks paid leave for employees with 5 years service
- Increases in the on-call allowance, uniform allowance and qualification allowances
- Payment of 30 minutes overtime when a meal break is unable to be taken and requirement for an 8 hour break following overtime worked
- A requirement for the hospital to notify ANMF of major change in the workplace
- Access to three days/year Trade Union Training Leave for ANMF Worksite Reps
Workforce and Employment of Graduate Nurses and Midwives Update

Health Workforce Australia modelling suggests there will be a national shortage of 109,000 nurses and midwives by 2025. In South Australia the Registered nurse shortfall could increase to between 2,000 and 4,000 by 2020.

ANMF, at both the State and Federal level, continues to hold grave concerns at the short sightedness of State and Federal Governments as they fail to address these issues and provide employment / support for graduates before a workforce crisis hits and safe patient care is compromised.

Over the last 12 months we have continued to lobby around this issue at the Ministerial level and through the media and will continue to pursue action on this critical issue.

Through 2016 Public Sector EA negotiations, we have achieved ‘in principle’ support for the development of a joint ANMF (SA Branch) / SA Health ‘workforce renewal strategy’.

ANMF federally has led a working group comprising of academic, industry, regulation and union representatives to gain a better understanding of new graduates at a national and state level. In May 2016, the ANMF Graduate Data Set - Nurses and Midwives was released. ANMF will continue to monitor the issue.
Rural & Remote Area Nurses

Following the tragic death of Remote Area Nurse, Gayle Woodford, in March 2016, who was allegedly murdered in the APY lands, there was a tremendous level of support shown for remote area nurses by both the professions and the community.

Via our website, ANMF (SA Branch) encouraged members to sign the petition to support Remote Area Nurse Safety #Gayleslaw and called for more federal funding to employ enough nurses to work in pairs to offer emotional support to each other in remote areas but also to improve the treatment to the community. This dual effect would improve the system and also the safety of all nurses in these communities.

We also worked with Senator Nick Xenophon in providing input to a proposed resolution in the Senate seeking action in this area.

ANMF nationally has been seeking changes to staffing arrangements for Remote Area Nurses for several years, with a resolution calling for the abolition of single nurse posts by 2005 carried at the 2003 Biennial Delegates Conference in order to better provide for safety in remote locations.

In the lead up to the recent federal election, ANMF’s Federal office met with the Hon Fiona Nash to discuss reforms necessary to improve the safety and well being of nurses in rural and remote areas. The Minister has agreed to continue working with the ANMF and other nursing organisations in the development of a response.
BPSO – Phase 2 – Roll-out

Jointly-funded by SA Health and ANMF (SA Branch), the Best Practice Spotlight Organisation (BPSO ® ) Pilot Project was initiated in May 2012, aiming to adapt the highly successful BPSO® Program and best practice guidelines (BPGs) developed by the Registered Nurses’ Association of Ontario (RNAO) to a South Australian context. As the RNAO’s designated Australian BPSO® host, the ANMF (SA Branch) works collaboratively with SA Health to provide oversight and leadership of the project.

As reported in the 2015 CEO/Secretary’s report, the BPSO® Pilot Project, involving Central Adelaide Rehabilitation Service (CARS) and the Northern Adelaide Local Health Network (NALHN), was very successful and showed significant patient, staff and organisational improvements, as recognised by the Hon Jack Snelling, Minister for Health and SA Health. In December 2015, the RNAO confirmed CARS and NALHN as the first Australian BPSO® Designates.

Building on the excellent work of our BPSO designate sites, the BPSO® initiative has been extended with further funding agreed with SA Health to roll out the program to two other public sector sites. In December 2015, the two successful BPSO® sites selected for the next stage of the project were announced as the Women’s and Children’s Health Network (WCHN) and Central Adelaide Local Health Network – Mental Health Directorate.

During the past few months, both candidate sites have put local governance in place to provide oversight and leadership to the projects, and have appointed their BPSO® leads.

The Women’s and Children’s Health Network (WCHN) will implement the following BPGs:

- Person and Family Centred Care
- Care Transitions
- Woman Abuse: Screening, Identification and Initial Response

The Central Adelaide Local Health Network – Mental Health Directorate Central will implement the following BPGs:

- Promoting Safety: Alternative Approaches to the Use of Restraints
- Person and Family Centred Care
- Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour

A new perpetual NQuIRE contract has also been signed between the RNAO and SA Health which now enables all SA Health public hospitals and health services to access the NQuIRE® data base to assess their progress, as well as evaluate outcomes of implementing the RNAO best practice guidelines at a ward and organisation level. An application has been submitted to the HREC to include the new BPSO candidate sites in the existing Ethics Approval for the participation and reporting in NQuIRE.

The BPSO® Project, based on evidence based practice, has and will continue to deliver significant benefits to the South Australian community in terms of improved care and improved job satisfaction of staff providing that care.
There has been an international trend for hospitals to be built with an increased number of single rooms. In keeping with this trend, the nRAH design is comprised of 100% single-occupancy rooms, which is vastly different from the environment and structure of the current RAH. A Kings College London (KCL) research team led by Dr Jill Maben and colleagues (2015) have conducted an extensive evaluation of the move to Tunbridge Wells Hospital in the UK and added to the evidence base on the ways in which single-room occupancy impacted on staff working practices, safety and quality of care, nurse staffing and patient satisfaction.

During 2016/17 ANMF (SA Branch) will be conducting joint research with CALHN, the University of Adelaide and Kings College London (KCL) looking at the impact of single room accommodation on nursing staff and working practices, patient care outcomes and satisfaction. The research study comprises of a two phased approach; the first phase will seek to capture the data pre-move to the new RAH site and the second phase will compare data twelve-months post-move to the nRAH. The study will focus on the care delivery and work practices of nurses working in current wards that comprise of mixed single room and multi-bed room accommodation, and the patients’ experience and expectations of the new environment.

The research will also include a comparison of findings with Erasmus Medical Centre in the Netherlands and the Tunbridge Wells Hospital in the UK. Both sites have single room accommodation and have applied the KCL approach, methodology and tools.

The overarching governance and advisory structure of this research is currently being finalised. Ethics approval for phase one of the study is currently being sought. Dr Jill Maben has approved the use and access to the KCL validated tools developed to inform the UK and Netherlands research study.
ANMF (SA Branch) has entered into a project with UniSA and SafeWork SA to take the knowledge from earlier pilot work on workplace bullying undertaken in 2015 into the form of a risk audit tool, with the aim of addressing workplace bullying and reducing workplace injuries in South Australia.

The eighteen month project commenced in January 2016 and is scheduled to be completed by June 2017. To date, the critical incident reviews have been completed as have one-on-one interviews to identify the range of specific supervisory behaviours that represent good performance and poor performance in each risk context. This data will inform the development and evaluation of a behaviourally orientated risk audit tool. The project remains on track for completion by June 2017.
Our RTO - the Australian Nursing and Midwifery Education Centre (ANMEC) continues to move forward. In the past financial year, 143 students in both South Australia and nationally graduated from ANMEC with nationally-accredited qualifications, compared with 122 students in 2014/15. ANM EC issued 61 Statements of Attainment, compared with 46 in 2015.

ANMEC has extended its scope to deliver post graduate qualifications, as listed below:

- Graduate Certificate in Wound Management
- Graduate Diploma of Strategic Leadership
- Graduate Certificate in Leadership Diversity
- Graduate Certificate in Client Assessment and Case Management

With the successful implementation of WorkReady funding and VET FEE HELP, enrolments in ANMEC have been high with intakes regularly filled across many qualifications. Over the last year, ANMEC have had a total of 282 enrolments across all qualifications on scope (listed below), compared with 174 enrolments in 2014/15:

- Certificate III Health Services Assistance
- Certificate III in Individual Support (aka aged care)
- Diploma of Nursing (Enrolled / Division 2 Nursing)
- Advanced Diploma of Nursing (Enrolled / Division 2 Nursing)
- Graduate Certificate in Wound Management
- Graduate Diploma of Strategic Leadership
- Graduate Certificate in Leadership Diversity
- Graduate Certificate in Client Assessment and Case Management

We were close to achieving our maximum number of graduates in the Diploma of Nursing program of 120 students per year (as regulated by ANMAC), with 105 graduating from the program, compared with 102 graduates in 2015.

Overall our retention rates sit at around 92% compared with 75% in 2015, which improved from last year due to a focussed effort on student status weekly, increased efforts providing detailed information to enrolling students, identifying students who are disengaging from the programs and supporting the students throughout the program with individualised support plans customised to their needs. This is a very high retention rate for an education provider and one that we will continue to monitor and maintain.

Some highlights have been:

- The completion of the Certificate III in Aged Care funded under the Strategic Employment Fund which saw 21 out of 25 graduates obtain entry to employment.
- The delivery of the Graduate Certificate in Wound Management nationally. The current cohort are due for completion in November 2016.

The Certificate III in Aged Care partnership and the graduate outcomes of employability has been widely promoted by Helping Hand and graduates and, from this, ANMEC were approached by Southern Cross Care to partner for Certificate III in Individual Support (previously Aged care) and a new post graduate qualification specialising in healthy ageing.

The VET in School programs continue to grow and during 2015, ANMEC had 3 VET in School programs covering Northern and Western Adelaide. In 2017, these programs will grow to 7 VET in School programs covering all the metropolitan Adelaide regions.
ANMEC Continuing Professional Development (CPD) Program

During 2015/2016, the ANMEC CPD Program has delivered 53 workshops attended by 687 participants. Another 23 workshops are being offered to members from July to December 2016.
Aged Care Professional Development Program

This initiative, introduced in February 2014 has continued in 2016, however ANMEC has moved from delivering the sessions for a minimal charge to actively promoting and delivering full fee for service, on-site Aged Care Development Workshops within metropolitan nursing homes.

These workshops have also expanded into country areas and in the previous 12 months, sessions have been delivered in Mt Gambier, Maitland and the Barossa Valley. There were 47 workshops delivered across aged care facilities, attracting 362 participants from 1 July 2015 to 30 June 2016 covering previously delivered topics including: Understanding the AHPRA Audit Process; Medication Management; Medico-legal Documentation; Basic Life Support; Dementia Care and Wound Management.

This year, following requests from sites, ANMEC has introduced a Clinical Assessment workshop, First Aid training and an Advance Care Directive session. We are also about to deliver specifically tailored training on Elder Abuse for a large Residential Aged Care Facility.
The redesigned open-plan ANMF (SA Branch) library space continues to offer professional support and provide access to a comprehensive selection of up-to-date resources which includes books, online journals and video streaming.

The library’s simple web-based catalogue of supporting resources is proving popular – students in particular receive extensive training in accessing off-site materials and this further supports ANMEC’s online learning programs.

The total number of library loans in 2015-16 was 2,695, up from 2,456 in 2014-15.
MEMBERSHIP GROWTH

Financial Members 2008 to 2016

- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
Membership heads towards 20,000

This year, we can celebrate 19,485 members as at 30 June 2016! This represents a huge growth in membership of 81% since March 2008 when Adj Assoc Professor Elizabeth Dabars AM, ANMF (SA Branch) CEO/Secretary took office.
MEMBER BENEFITS & SERVICES

Legal and Insurance Cover for Members

As a result of strong membership and successful negotiations, we have continued to renew and strengthen important insurance cover for members including:

- Journey accident insurance - covering working category members to and from work and student members to and from study;

- $10 million Professional Indemnity Insurance (PII) cover including PII, public liability and 24 hour cover for Good Samaritan acts;

- Discounted health insurance premiums available through Health Partners, one of Australia’s largest not-for-profit health insurers. This member benefit was launched at the 2014 ADC;

- Reduced child care costs (15% off daily fees) at selected South Australian centres (metro and regional) of Goodstart Early Learning Centres; and

- The establishment of Union Legal SA to provide legal services to members, with plans to extend to provide wills and conveyancing services from January 2017.

New Legal Service for Members (Union Legal SA)

Union Legal SA was successfully launched on Thursday 16 June 2016 by the Hon John Rau, Attorney General and Deputy Premier, to undertake over the last six months to set up Union Legal SA as a new company wholly owned by ANMF (SA Branch) and to ensure processes were in place for the orderly transfer of services to Union Legal SA from 1 July 2016 after providing legal services through external firms for over twenty years.

A significant amount of work has been undertaken over the last six months to set up Union Legal SA as a new company wholly owned by ANMF (SA Branch) and to ensure processes were in place for the orderly transfer of services to Union Legal SA from 1 July 2016 after providing legal services through external firms for over twenty years.

We believe that Union Legal SA will deliver a more seamless legal service to our members and at the same time will improve our internal capacity to deal with organisational legal matters. Regional members will be supported by using teleconferencing, emails and visits when necessary.
Launch of New Communication / Publication Structure from January 2016

Following a review of ANMF (SA Branch)'s communication strategy, in the light of the growing trend towards the use of web based electronic communications and social media, a new communication / publication structure was put in place from January 2016.

The changes adopted included the following:

1. The move to digital distribution of InTouch as a separate publication with a new quarterly hard copy magazine (titled 'In Practice') created to be mailed to members as part of existing all-member mail outs wherever possible; and

2. The merger of the e-Bulletin and InTouch but with the development of new urgent and targeted e-newsflashes that relate to specific issues being put into place relevant to public, private, aged care and rural & remote sectors.

The new structure delivered a number of benefits including reduced printing and mailing costs, improved ability to respond quickly to immediate issues as they arise and the more targeted use of e-Bulletin to ensure content reflects the interests of each sector of membership. A recent evaluation shows an increase in readership of approximately 14% since the new targeted e-Bulletins were introduced.

Also linked to the communication review, the new and re-branded ANMF (SA Branch) website went live at the end of March 2016. Member feedback to date has been positive.

At the time of writing work is underway to develop an app for ANMF (SA Branch) members that it is anticipated will add further capacity and ease for members accessing services and support.

Holiday Homes

Following the announcement of a new member benefit in November 2014 delivering access to holiday home rentals in Goolwa at discounted rates, an additional holiday home property was purchased in September 2015 at 34 Furner Crescent, Port Hughes. The property comprises a 3 bedroom brick home and a large unit at the rear with a further 3 bedroom home built into it, able to be let separately.

Each of the properties at Goolwa and Port Hughes are available exclusively for ANMF (SA Branch) members to rent at a heavily reduced rate. These homes not only provide a great immediate benefit to members by providing access to holiday accommodation at heavily reduced rates, but they also provide a sound financial investment for our organisation and members.

We continue to investigate options to improve and build on the current range of member benefits and services to ensure they meet members’ needs.
Continuing Professional Development (CPD) – Free Online Tutorials

Announced as a new initiative at the 2011 Professional Day, since early November 2011 members have had access to free online CPD tutorials as a benefit of ANMF (SA Branch) membership – free of any additional costs.

As at 30 June 2016, 7,234 members have joined online CPD and a total of 38,884 tutorials have been undertaken since the commencement of the program. Between 1 April and 30 June 2016 4,561 tutorials were completed by members, representing the highest use of the service since commencement.

81 modules are currently available to members.

Continuing Professional Development (CPD) – New Online Tutorials

With a view to providing topic areas relevant to as many members as possible, the tutorials listed below have been released in the last 12 months and a further group of 14 have been updated. In 2015/2016 all modules have been converted to a new, more interactive, more mobile-device friendly version.

- Ebola virus
- Health related concerns for older people
- Aged related diseases
- Clozapine: Indications, Precautions and Monitoring
- Cardiology - An Introduction to Cardiac Assessment
- Childhood Asthma - An Introduction to Management
- Depression - Treatment and Management
- Tricyclic antidepressant overdose
- Tachyarrhythmias: Emergency Nursing Management
- Methamphetamine presentation in the emergency dept
- Foods that interact with medications
- End of life care: Nutrition and hydration
- Clostridium difficile – A bacteria
- Nutritional management of Chronic Kidney Disease for Patients not on Dialysis
- Glycaed haemoglobin (HbA1c) as a diagnostic test
- Pharmacotherapy for Smoking Cessation: Varenicline (Champix), Nicotine Replacement and Bupropion
- Liver function tests
- Headaches in Children - When to worry
Redevelopment of land at rear of ANMF (SA Branch) office

Late in 2014 the ANMF (SA Branch) completed settlement on the former MG Sales & Service business at 197 Torrens Road adjacent to our current office building. Subsequently ANMF (SA Branch) agreed an exchange of property to take ownership of the vacant land behind our current premises.

Following settlement of the land transfer in mid May 2016, work to turn the vacant space into additional car parking space was completed in August 2016. The additional car park, connected to the current car park, will provide much needed capacity for staff, students and visitors to the ANMF (SA Branch).
### RESOLUTIONS 1. Abolition of nuclear weaponry

“That the ANMF (SA Branch) condemns any preparation or undertaking that may lead to the development, testing, production, stockpiling, transfer, deployment, threat and use of nuclear weapons.

Further that the ANMF (SA Branch) requests that all governments refrain from all activities that lead to the development, testing, production, stockpiling, transfer, deployment, threat and use of nuclear weapons and to work in good faith towards the banning and elimination of nuclear weapons.

The 2015 ANMF (SA Branch) ADC calls on other nursing bodies and associations to join them in supporting this policy and to urge their respective governments to work to ban and eliminate nuclear weapons.”

CARRIED.

Referrred to the 2015 ANMF Biennial National Conference where it was adopted.

### Resolutions 2 and 3 relating to Primary Health Care were WITHDRAWN.

### 4. ICE and Amphetamines Management

“That the ANMF (SA Branch) lobby the State Government to ensure that there are improved Models of Care and facilities that are equipped to provide suitable care for this cohort of patients instead of accommodating them within Emergency Departments, or mental health inpatient facilities during the withdrawal period.”

CARRIED.

Issues raised in correspondence to the Minister for Health and Chief Executive of SA Health.

Response received from the Minister for Health acknowledging the concerns raised but suggesting ED is the most appropriate setting for these presentations. The MOH advised work was underway to ensure improved approaches to the management of patients affected by ICE and other drugs, and made reference to treatment options outside the ED, where appropriate, for example, the inpatient withdrawal program at Glenside Health Service and other available outpatient services.

The establishment of de-toxification clinics, as operating interstate and overseas, where intoxicated people can be assessed and clinically monitored in a safe environment until they can be appropriately treated is a matter being actively pursued with SA Health by ANMF (SA Branch).
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<tr>
<th>RESOLUTION</th>
<th>ACTION TAKEN</th>
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<td><strong>5. Drug and Alcohol Education in Schools</strong>&lt;br&gt; ‘That the ANMF (SA Branch) lobby the State Government to increase Drug and Alcohol education in all Public and Private schools in SA, with a focus on early intervention.’&lt;br&gt; CARRIED.</td>
<td>Issues raised in correspondence to the Minister for Health and CEO of Department of Education &amp; Child Development.&lt;br&gt; Response received from A/Chief Executive, Department of Education &amp; Child Development acknowledging importance of issue. They also advised that students in public schools begin learning about alcohol and other drugs as early as year one, with teachers given the authority to use their professional judgement to determine the appropriate amount of time spent on subject content, influenced by the local context. Schools also have a local drug strategy linked to the Learner Wellbeing Framework that requires drug education to be taught.</td>
</tr>
<tr>
<td><strong>6. Medical Marijuana</strong>&lt;br&gt; ‘That the ANMF (SA Branch) lobby the Federal Government to decriminalise medical marijuana in order to enable its use in clinical trials and establish if it improves various medical ailments.’&lt;br&gt; CARRIED.</td>
<td>Referred to the 2015 ANMF Biennial National Conference where it was adopted.</td>
</tr>
<tr>
<td><strong>7. Progressive Tax for low paid workers</strong>&lt;br&gt; ‘That the ANMF (SA Branch) lobby the Federal Government to ensure that the tax system is progressive, that it collects more income from those with greater income and assets, and that low paid workers are not adversely affected by any new or increased taxes arising from reforms.’&lt;br&gt; CARRIED.</td>
<td>Referred to the 2015 ANMF Biennial National Conference where it was carried in an amended form – additional wording added: ‘for example, the introduction of a financial transaction tax.’</td>
</tr>
<tr>
<td><strong>8. Scientific Research Funding</strong>&lt;br&gt; ‘That the ANMF lobby the Federal Government to obtain increased research funding in all areas of healthcare recognising the significant benefits that have been derived from research and development undertaken in the past to current healthcare.’&lt;br&gt; CARRIED.</td>
<td>Referred to the 2015 ANMF Biennial National Conference where it was adopted.</td>
</tr>
<tr>
<td>RESOLUTION</td>
<td>ACTION TAKEN</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>9. Capital Punishment</td>
<td>Referred to the 2015 ANMF Biennial National Conference where it was carried in an amended form: ‘ANMF requests the Federal Government to lobby for an end to capital punishment.’</td>
</tr>
<tr>
<td></td>
<td>ANMF (SA Branch) also raised in correspondence to Julie Bishop, Foreign Minister. Response received welcomed commitment to strong action to end the death penalty and advised Australia would continue to raise through the UN General Assembly.</td>
</tr>
<tr>
<td></td>
<td>Response received from the Minister for Women agreeing to consider the proposal along with other prevention and response initiatives the SA Government was exploring. The Attorney General also responded and advised the resolution had been noted.</td>
</tr>
<tr>
<td>11. Student Nurses (amended)</td>
<td>Issues raised in correspondence to the Chief Executive of SA Health.</td>
</tr>
<tr>
<td></td>
<td>Response received from A/Chief Executive, SA Health, Jenny Richter advising the ‘Better Placed Framework’ initiative, established by SA Health to improve the management of clinical placements, was prioritising placement in rural &amp; remote areas to better reflect workforce need.</td>
</tr>
<tr>
<td>12. Importance of the Worksite Rep Role</td>
<td>Issues referred to ANMF (SA Branch) staff team for inclusion in draft WSR Charter. The draft charter was discussed at the quarterly WSR forum held on 1 December 2015.</td>
</tr>
<tr>
<td></td>
<td>The WSR Charter was subsequently endorsed by ANMF (SA Branch) Council on 10 February 2016 and has been implemented.</td>
</tr>
<tr>
<td>RESOLUTION</td>
<td>ACTION TAKEN</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td><strong>13. EPAS Hardware</strong></td>
<td>Issues raised in correspondence to CEO, Southern Adelaide LHN. The response received dated 22 October 2015 advised that the EPAS post activation team had referred this matter back to the RGH Work Health &amp; Safety Committee for review. It also advised that concerns relating to non-ideal working postures and manoeuvring transportable EPAS devices within wards had been addressed and would continue to be the subject of local education and training.</td>
</tr>
</tbody>
</table>

‘That the RGH Electorate request ANMF (SA Branch) to initiate a review of a previous WH&S report which describes the recommendation to improve the EPAS hardware at RGH and other EPAS sites. This needs to be addressed to ensure safe systems of work to prevent injury to staff.’

CARRIED. |

| **14. Mental Health Patients in Emergency Departments** | Issues raised in correspondence to the Deputy Chief Executive Officer, SALHN. |

‘Recognising the increasing presentations and length of stay of mental health patients in Emergency Departments, the ANMF (SA Branch) supports appropriate staffing and facilities to ensure the safety of visitors, patient and staff. Accordingly the ANMF (SA Branch) will lobby for improved patient flow through the Emergency Department with a particular focus on appropriate care for the increasing number of presentations suffering from drug induced psychosis.’

CARRIED. |

| **15. Graduate Positions and Future Workforce** | Referred to the 2015 ANMF Biennial National Conference where it was combined with similar resolutions from ACT and Tasmania and was adopted. Issues also raised in correspondence to: Deputy Chief Executive Officer, SALHN; Minister for Health; and Peak Aged Care/Private Sector Employees (PHASA; ACS; and CAS). Also referred to Federal ANMF’s Professional Advisory Committee. |

‘That the 2015 ANMF (SA Branch) ADC notes its continuing concern over the failure to provide graduate program placements for all new nursing and midwifery graduates. The 2015 ADC believes that urgent action is required from all employment sectors to support the employment of new graduates within appropriate support programs that will facilitate their transition to professional work. A failure to act on these matters will threaten the capacity of the nursing and midwifery workforce to meet the needs of the community in the years ahead, as well as waste the significant personal and public investment in the education sector that has worked to produce these graduates. The 2015 ADC calls on state and federal officers of the ANMF to actively continue their lobbying efforts to secure additional placements for graduates in the years ahead.’

CARRIED. |
<table>
<thead>
<tr>
<th>RESOLUTION</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16. Community Mental Health teams structures and resources</strong></td>
<td><strong>Issues raised in correspondence to the Deputy Chief Executive Officer, SALHN.</strong></td>
</tr>
<tr>
<td>‘That, recognising the concerns held by mental health nurses in regard to the failures of the reform initiatives introduced to Community Mental Health, the 2015 ANMF (SA Branch) ADC calls for an urgent review and change of the existing service structures to improve the efficiency and effectiveness of service delivery in the community mental health sector.’</td>
<td>Response received from A/Chief Executive, SA Health confirming the agreement recently reached with ANMF (SA Branch) to undertake a review to determine the future service models for Community Mental Health delivery.</td>
</tr>
<tr>
<td><strong>CARRIED.</strong></td>
<td><strong>CARRIED.</strong></td>
</tr>
</tbody>
</table>

| **17. Evaluation of single rooms on nurses and patients** | **Issues raised in correspondence to the Minister for Health and the Chief Executive Officer, SA Health.** |
| ‘That, the 2015 ANMF (SA Branch) ADC affirms its support for the evaluation of the impact of the nRAH - all single room accommodation capturing the experience from the patients’ and nurse/midwife perspective. This evaluation should build upon the lessons learnt from the internationally acclaimed study undertaken by the National Nursing Research Unit (UK) conducted by Dr Jill Maben, Dr Clarissa Penfold, Dr Glenn Robert and Dr Peter Griffiths et al.’ | Response received from Minister for Health supporting discussions between CALHN and ANMF (SA Branch) regarding this research. Agreement has since been reached with CALHN and the University of Adelaide for joint research to commence in 2016/2017. |

**CARRIED.**
### RESOLUTION

**18. Employment security in the SA Public Sector and separation payments**

The 2015 ANMF (SA Branch) ADC notes the State Government’s decision to pursue the Transforming Health agenda and the potential for this program to lead to a reduction in the number of nursing/midwifery positions in particular workplaces and across the system as a whole.

The 2015 ADC calls on the government to ensure that the Transforming Health agenda is not pursued to the detriment of employees and job security. It also notes that arrangements for separation packages have recently been altered to reduce the level of payments made to surplus employees taking separation packages. Given that nurses and midwives were, in the vast majority of cases, excluded from accessing the earlier more beneficial schemes and given the special nature of the reforms to health over the coming 3 years, the 2015 ADC calls upon the Government to ensure that nurses, midwives and assistants in nursing are afforded the opportunity to receive a fair payment in cases of redundancy through the negotiation of special provisions with the ANMF (SA Branch).  

CARRIED.

### ACTION TAKEN

Issue raised in correspondence to the Minister for Health and the Premier.

Both responded the Department of Health had been requested to engage constructively with ANMF (SA Branch).

These discussions have occurred in finalising the HR Principles / TVSP arrangements to apply to positions impacted by Transforming Health reforms.

### RESOLUTION

**19. Transforming Health – Sharing the Productivity Gains**

“That, the 2015 ANMF (SA Branch) ADC affirms its belief that when nurses and midwives work in a positive practice environment they will remain in the workforce, and provide safe quality care. Additional productivity and efficiency realised by virtue of significant structural and practice change should be shared with the workforce.

The 2015 ADC notes that a number of aspects of Transforming Health will result in budgetary savings and productivity gains. We believe that employees have played and will continue to play a critical role in productivity improvement. The 2015 ANMF (SA Branch) ADC adopts the position that the Government and SA Health must recognise and share the benefits with employees for their significant role in producing the net productivity and efficiencies expected from the implementation of the Transforming Health agenda. Accordingly the ANMF (SA Branch) will lobby the State Government to seek their commitment to ensure that the productivity gains are shared with the workforce proportionally to the savings realised as part of the Transforming Health process.”  

CARRIED.

Issue of sharing productivity gains raised in correspondence to the Minister for Health and the Premier. Both responded the Department of Health had been requested to engage constructively with ANMF and look at options on a without prejudice basis.

These discussions are ongoing through the 2016 Public Sector enterprise bargaining process.
<table>
<thead>
<tr>
<th>RESOLUTION</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Expansion of the nuclear fuel industry in South Australia</td>
<td>’That, acknowledging the impact of spent nuclear fuel and nuclear accidents and exposures on health, the 2015 ANMF (SA Branch) ADC opposes the extension of the nuclear fuel cycle in South Australia, including the expansion of mining, enrichment and dumping of nuclear fuels.’  CARRIED.</td>
</tr>
<tr>
<td></td>
<td>Issues raised in correspondence to the Premier and submitted to the Royal Commission.</td>
</tr>
<tr>
<td></td>
<td>The 2015 ADC resolution was noted by both parties.</td>
</tr>
<tr>
<td>21. Regulation of PCAs through membership and accreditation processes</td>
<td>’That the 2015 ANMF (SA Branch) ADC reaffirms its support for the regulation of Personal Care Assistants in aged care by the NMBA in the public interest. Recognising the continuing delay in this option being implemented, the 2015 ADC calls on officers to explore other arrangements that would provide some interim regulation of these members of the nursing workforce.’  CARRIED.</td>
</tr>
<tr>
<td></td>
<td>Issue to be addressed through internal planning processes.</td>
</tr>
<tr>
<td></td>
<td>Proposed for implementation in 2016/17 by ANMF, either at a State or Federal level.</td>
</tr>
<tr>
<td>22. Management of Medication Administration in Residential Aged Care</td>
<td>’Recognising the inconsistency of employers in demonstrating compliance with legislation and guidelines surrounding medication administration, the 2015 ANMF (SA Branch) ADC requests Federal ANMF to lobby the Federal Government to ensure that Australian Aged Care Quality Agency Assessors enforce requirements for the effective and safe management and administration of medication, including staffing arrangements, in all aged care services and, where they are not met, ensure that appropriate rectification strategies are implemented.’  CARRIED.</td>
</tr>
<tr>
<td></td>
<td>Referred to the 2015 ANMF Biennial National Conference where it was adopted.</td>
</tr>
<tr>
<td></td>
<td>In addition ANMF (SA Branch) provided feedback to SA Health in relation to revisions to policy in this area.</td>
</tr>
<tr>
<td>23. Workplace Aggression / Bullying in the Aged Care Sector</td>
<td>’That ANMF (SA Branch) and the Federal ANMF lobby the federal government to amend the current legislative provisions for security of tenure in the Com Law User Rights Principles 2014, to include the care recipient and/or significant other.’  LOST.</td>
</tr>
<tr>
<td></td>
<td>RESOLUTION WAS LOST – NO ACTION REQUIRED.</td>
</tr>
</tbody>
</table>
RESOLUTIONS FROM THE 2014 ADC
REFERRED TO THE 2015 ANMF BIENNIAL NATIONAL CONFERENCE HELD IN ADELAIDE, OCTOBER 2015

Reso 4: Call for more Geriatric Mental Health Services
Reso 5: Asylum Seeker Health
Reso 7: Focus on Primary Health Services
Reso 13: Aged Care - condemning withdrawal of Commonwealth funding
Reso 14: Protection of Penalty Rates (withdrawn - issued covered by resolution from Queensland and Tasmania Branches)
Reso 15: Call for increased funding for Public Hospitals
Reso 16: Opposition to Co-Payments for Medicare
Reso 23: Support for Bulk Billing
Reso 26: Condemnation of dismantling of Climate Commission
Reso 27: Condemnation of Federal funding cuts to Dental Health Services
Reso 28: Support for Same Sex Marriage; and
Reso 29: Support for Aboriginal reconciliation and recognition in the Australian constitution

All were carried with the exception of Resolution 29 above, which was withdrawn due to the matter being the subject of an existing Federal ANMF policy.

Following negotiation, a number of SA Branch resolutions were combined with similar resolutions submitted by other State Branches.
# AGREEMENTS LODGED BY ANMF SOUTH AUSTRALIAN BRANCH FOR THE PERIOD 1/7/15 TO 30/6/16

<table>
<thead>
<tr>
<th>Agreement Title</th>
<th>Lodgement Date</th>
<th>Agreement Expiry Date</th>
<th>Coverage of Agreement</th>
<th>Number of eligible employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Tea Tree Gully Indoor Staff Agreement No 8 2015</td>
<td>Lodged 2/7/15</td>
<td>30/6/18</td>
<td>Private Other - Nurses</td>
<td>(250) inc 7 RNs</td>
</tr>
<tr>
<td>St Basil’s Homes (SA) Nursing and Aged Care Employees Enterprise Agreement 2015</td>
<td>Lodged 7/7/15</td>
<td>30/6/18</td>
<td>Aged: Nurses &amp; PCA</td>
<td>173</td>
</tr>
<tr>
<td>St Andrews Hospital Inc Nursing Employees Theatre and Procedural Areas &amp; ANMF Enterprise Agreement 2015</td>
<td>Lodged 30/7/15</td>
<td>10/8/18</td>
<td>Private: Nurses</td>
<td>242</td>
</tr>
<tr>
<td>St Andrews Hospital Inc Nursing Employees (Excluding Theatre and Procedural Areas) &amp; ANMF Enterprise Agreement 2015</td>
<td>Lodged 30/7/15</td>
<td>10/8/18</td>
<td>Private: Nurses</td>
<td>114</td>
</tr>
<tr>
<td>LHI Retirement Services Nursing Staff (Aged Care) – Enterprise Agreement 2015 AE415467</td>
<td>Lodged 24/8/15</td>
<td>30/6/18</td>
<td>Aged Care: Nurses</td>
<td>92</td>
</tr>
<tr>
<td>Tanunda Lutheran Home Inc Nursing Staff &amp; ANMF Enterprise Agreement 2015</td>
<td>Lodged 9/9/15</td>
<td>31/12/16</td>
<td>Aged Care: Nurses</td>
<td>36</td>
</tr>
<tr>
<td>McLaren Vale and Districts War Memorial Hospital Nursing Staff and ANMF Enterprise Agreement 2015</td>
<td>Lodged 9/10/15</td>
<td>30/6/18</td>
<td>Private: Nurses</td>
<td>45</td>
</tr>
<tr>
<td>Mid Murray Homes for the Aged Inc Nursing Staff &amp; ANMF Enterprise Agreement 2015</td>
<td>Lodged 11/11/15</td>
<td>30/6/18</td>
<td>Aged Care: Nurses</td>
<td>16</td>
</tr>
<tr>
<td>Clayton Church Homes Inc Nursing Employees and ANMF Enterprise Agreement 2015</td>
<td>Lodged 19/11/15</td>
<td>31/12/17</td>
<td>Aged Care: Nurses</td>
<td>28</td>
</tr>
<tr>
<td>Clayton Church Homes Inc Aged Care Employees Enterprise Agreement 2015</td>
<td>Lodged 19/11/15</td>
<td>30/6/18</td>
<td>Aged Care: PCA</td>
<td>PCAs from 194 eligible</td>
</tr>
<tr>
<td>The Salvation Army – Linsell Lodge Nursing Employees (Aged Care) &amp; ANMF Enterprise Agreement 2015</td>
<td>Lodged 20/11/15</td>
<td>31/7/18</td>
<td>Aged Care: Nurses</td>
<td>26</td>
</tr>
<tr>
<td>Whyalla Aged Care Nursing Employees and ANMF Enterprise Agreement 2015</td>
<td>Lodged 2/12/15</td>
<td>1/7/18</td>
<td>Aged Care: Nurses</td>
<td>45</td>
</tr>
<tr>
<td>SPORTSMED-SA Hospitals Pty Ltd Nursing Employees Enterprise Agreement 2015</td>
<td>Lodged 3/12/15</td>
<td>1/10/2018</td>
<td>Private: Nurses</td>
<td>137</td>
</tr>
<tr>
<td>St Paul’s Lutheran Homes, Hahndorf (Aged Care) Nursing Care Employees and ANMF Enterprise Agreement 2015</td>
<td>Lodged 9/12/15</td>
<td>28/1/20</td>
<td>Aged Care: Nurses</td>
<td>19</td>
</tr>
<tr>
<td>Agreement Title</td>
<td>Lodgement Date</td>
<td>Agreement Expiry Date</td>
<td>Coverage of Agreement</td>
<td>Number of eligible employees</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>17 Naracoorte Home for the Aged Inc Longridge Aged Care Sector Employees</td>
<td>Lodged 17/12/15</td>
<td>30/4/18</td>
<td>Aged Care: PCAs</td>
<td>25</td>
</tr>
<tr>
<td>Enterprise Agreement 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Hamley Bridge Memorial Hospital Inc Nursing Staff and ANMF Enterprise</td>
<td>Lodged 16/12/15</td>
<td>9/2/19</td>
<td>Private: Nurses</td>
<td>22</td>
</tr>
<tr>
<td>Agreement 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Adelaide Day Surgery Nursing Employees Enterprise Agreement 2015-2018</td>
<td>Lodged 22/12/15</td>
<td>24/2/19</td>
<td>Private: Nurses</td>
<td>28</td>
</tr>
<tr>
<td>20 Royal Flying Doctor Service of Australia (South Eastern Section)</td>
<td>Lodged 8/1/16</td>
<td>30/6/19</td>
<td>Private: Other – Nurses</td>
<td>12</td>
</tr>
<tr>
<td>Cooper Basin Nurses Agreement 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Barunga Village Inc Nursing Employees (Aged Care) &amp; ANMF SA Branch</td>
<td>Lodged 18/1/16</td>
<td>21/2/18</td>
<td>Aged Care: Nurses</td>
<td>23</td>
</tr>
<tr>
<td>Enterprise Agreement 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Fullarton Lutheran Homes Inc Nursing Employees &amp; ANMF (Aged Care) Enterprise</td>
<td>Lodged 18/1/16</td>
<td>8/12/18</td>
<td>Aged Care: Nurses</td>
<td>55</td>
</tr>
<tr>
<td>Agreement 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Boandik Lodge Inc Nursing Employees &amp; ANMF Enterprise Agreement 2015</td>
<td>Lodged 20/1/16</td>
<td>31/12/16</td>
<td>Aged Care: Nurses</td>
<td>47</td>
</tr>
<tr>
<td>24 Lobethal &amp; District Aged Homes Inc Nursing Employees (Aged Care) Enterprise</td>
<td>Lodged 12/2/16</td>
<td>1/12/18</td>
<td>Aged Care: Nurses</td>
<td>14</td>
</tr>
<tr>
<td>Agreement 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Churches of Christ Life Care Inc Nursing Employees – ANMF (Aged Care) –</td>
<td>Lodged 24/2/16</td>
<td>30/6/18</td>
<td>Aged Care: Nurses</td>
<td>128</td>
</tr>
<tr>
<td>Enterprise Agreement 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Bethsailem Care Nursing Employees (Aged Care) &amp; ANMF Enterprise Agreement</td>
<td>Lodged 11/3/16</td>
<td>31/12/17</td>
<td>Aged Care: Nurses</td>
<td>23</td>
</tr>
<tr>
<td>2015</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>27 Helping Hand Aged Care Inc Health Professional Collective Workplace</td>
<td>Lodged 22/3/16</td>
<td>31/3/17</td>
<td>Aged Care: Nurses &amp; others</td>
<td>257</td>
</tr>
<tr>
<td>Agreement 2016</td>
<td></td>
<td></td>
<td></td>
<td>(72)</td>
</tr>
<tr>
<td>28 Eyre Peninsula Old Folks Home Nursing Employees Enterprise Agreement 2016</td>
<td>Lodged 11/4/16</td>
<td>31/12/18</td>
<td>Aged Care: Nurses</td>
<td>19</td>
</tr>
<tr>
<td>29 Riverview Lutheran Rest Home Inc Nursing Employees (Aged Care) &amp; ANMF</td>
<td>Lodged 15/4/16</td>
<td>31/12/19</td>
<td>Aged Care: Nurses</td>
<td>15</td>
</tr>
<tr>
<td>Enterprise Agreement 2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 GP Care Staff Agreement 2015 (Summit Health)</td>
<td>Lodged 20/4/16</td>
<td>1/7/19</td>
<td>Private: Other – Nurses</td>
<td>21</td>
</tr>
<tr>
<td>31 AnglicareSA Limited Aged Care Enterprise Agreement 2015</td>
<td>Lodged 5/5/16</td>
<td>30/6/16</td>
<td>Aged Care: PCAs</td>
<td>620</td>
</tr>
<tr>
<td>32 Balaklava Mill Court Homes Registered Nurse, Enrolled Nurse &amp; Personal</td>
<td>Lodged 26/5/16</td>
<td>1/10/16</td>
<td>Aged Care - Nurses &amp; PCAs</td>
<td>33</td>
</tr>
<tr>
<td>Care Assistant Employees ANMF (Aged Care) Enterprise Agreement 2015</td>
<td></td>
<td></td>
<td>combined</td>
<td></td>
</tr>
<tr>
<td>33 Ridleyton Greek Home for the Aged Nursing Employees &amp; ANMF Enterprise</td>
<td>Lodged 3/6/16</td>
<td>24/6/19</td>
<td>Aged Care: Nurses</td>
<td>45</td>
</tr>
<tr>
<td>Agreement 2016.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Ardrossan Community Hospital Inc &amp; ANMF (Private Sector) Nursing Employees</td>
<td>Lodged 3/6/16</td>
<td>1/1/19</td>
<td>Private: Acute – Nurses</td>
<td>26</td>
</tr>
<tr>
<td>Enterprise Agreement 2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Oakwood Aged Care</td>
<td>Lodged 9/6/16</td>
<td>31/12/18</td>
<td>Aged Care: Nurses</td>
<td>18</td>
</tr>
<tr>
<td>36 Olive Grove Aged Care</td>
<td>Lodged 10/6/16</td>
<td>31/12/18</td>
<td>Aged Care: Nurses</td>
<td>16</td>
</tr>
<tr>
<td>37 Star of the Sea Home for the Aged</td>
<td>Lodged 17/06/16</td>
<td>2/07/18</td>
<td>Aged Care: Nurses</td>
<td>25</td>
</tr>
</tbody>
</table>