CEO/SECRETARY’S REPORT TO THE 2017 ANNUAL DELEGATES CONFERENCE
ANMF (SA Branch)

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

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.

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.
ANMF (SA Branch)

PURPOSE

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

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.

INTEGRITY AND JUSTICE
We act responsibly and honestly in respect our members’ need for balanced advice.

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.

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.

ORGANISATIONAL GROWTH
We aim to grow our membership while ensuring sustainability of the organisation, providing a basis for member loyalty and security.
<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISION, MISSION &amp; VALUES</td>
<td>2 - 3</td>
</tr>
<tr>
<td>OUR YEAR IN REVIEW</td>
<td>6 - 11</td>
</tr>
<tr>
<td>REPRESENT</td>
<td>12 - 21</td>
</tr>
<tr>
<td>INFLUENCE</td>
<td>22 - 31</td>
</tr>
<tr>
<td>SUPPORT &amp; PROTECT</td>
<td>32 - 39</td>
</tr>
<tr>
<td>DEVELOP</td>
<td>40 - 46</td>
</tr>
<tr>
<td>BUILD</td>
<td>47 - 50</td>
</tr>
<tr>
<td>NOTES</td>
<td>56 - 59</td>
</tr>
</tbody>
</table>
2016-17: WHAT A YEAR IT HAS BEEN!

Your union, already the biggest in the country, has smashed through the 20,000-member barrier in South Australia for the first time. Our phenomenal growth defies the trend in the decline in union membership generally and represents a growth of almost 90 per cent during my period in office.

We have faced some significant challenges, some of which will continue in the period ahead including budget constraints, service demands and, of course, ongoing health reform.

We have campaigned in areas such as occupational violence, for Gayle’s Law, for Voluntary Euthanasia with varying success but in all cases with solid support and the respect of the community.

The needs of members in various sectors and settings has continued to be addressed including safe staffing in aged care, regulation and staffing in mental health settings, constantly growing demand in our public hospitals and the vagaries of the funding and insurance systems in private hospitals.

Through all of these challenges, we have made changes and established new services and supports for members.

The first union in SA to do so, we established Union Legal SA as a legal firm to provide services to members. Hundreds of you have already been helped by the firm, and we will continue to expand services to you in the months ahead.

Last year saw us announce the creation of the Rosemary Bryant AO Research Centre in collaboration with the University of South
Australia. The research centre is now a reality and is fast creating a reputation in SA, across the country and beyond.

Next year will see a State election in March and we have prepared a health policy position statement that will be used to obtain commitments from the political parties on their respective policy stances in the lead up to that event.

We have continued to bargain on behalf of members in all sectors, and in 2016, we negotiated a new agreement for members in the SA Public Sector with wage increases, better staffing levels and increases in benefits across areas such as professional development, career structure and other areas. These agreements are vital as they serve to provide a benchmark for the standards to be achieved in other sectors, as well as having a direct impact within the public sector.

We remain in discussion with Public Sector employers over measures that will be used to plan and develop a future workforce. Finalisation of the workforce renewal strategy, including the employment of graduates and encouraging the development of the workforce for the future, has been central to our work in the past year and will continue to be critical in the months ahead.

As I wrote last year when reflecting on the negotiations still under way in the public sector, our capacity to win these matters ultimately relies on your willingness to act.

Too often members feel disempowered in their workplaces, remote from members clustered in large numbers. Sometimes members are pitted against others due to service constraints that put inconsistent and uneven demands on them.

It is important we remember that, ultimately, our common interests and aspirations by far outweigh our differences. Together we can achieve outcomes that would be unachievable on our own or in our own individual workplaces.

That is why the continuing growth of membership is not just a great sign of the health of your union. It is also a reflection of the increased power and capacity that comes with it.

I look forward to working with you over the next year and beyond to use that increased influence in the best interests of our members and the community that you serve.

In closing, I am delighted to present to you the 2017 Annual Delegates Conferences 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 these accomplishments.

Yours sincerely,

Adj Assoc Professor Elizabeth Dabars AM
CEO / Secretary, ANMF (SA Branch)
STRATEGIC PRIORITIES AND ACTIONS FOR 2016 - 2017

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 Worksite Representatives to negotiate and campaign
Mount well-founded claims and obtain quality agreements
Undertake/participate in research to underpin our work

DEVELOP
Ensure Australian Nursing and Midwifery Education Centre capability and currency
Deliver a contemporary Continuing Professional Development program
Provide services that assist members in developing their 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
ANALYSIS COMMENTS OF FINANCIAL REPORTS
FOR YEAR ENDED 30 JUNE 2016

Key Income items:
- Membership income of $10.5 million, which represented a growth of $0.6 million from 2015 due to growth in member numbers from 19,000 to 19,500
- ANMEC income continued to grow through increased courses and increased students, lifting income by $0.5m to $1.7 million
- Total organisational income was $13.4 million

Key Expenditure:
- Representing $1,030,000 – includes Federal Capitation ($364,000)
- Influencing $959,000 – includes Professional Practice project costs ($532,000)
- Supporting and Protecting $310,000 – includes Legal Advisory Service ($240,000)
- Developing $354,000 – includes Professional Development online cost of $177,000
- Building Membership $2,212,000 – includes member benefits of Professional Indemnity, Journey Insurance, Ambassador Card ($500,000), Depreciation and Building related costs ($682,000), Information Technology & Communication costs ($255,000)
- Salaries and Wages $6.3 million – includes all on-costs for 54.5 FTE staff

Total expenditure - $11.4 million

Surplus:
The surplus for the year was $2.0 million, which compared favourably to a surplus in the year ended 30 June 2015 of $1.8 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, as well as four holiday homes, and ensures these properties are maintained at a high standard.

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.
KEY CAMPAIGNS AND ISSUES FOR 2016/2017

Worksite Representatives

The number of Worksite Representatives (WSR) grew from 225 to 274 in the last year. However this year sees another round of WSR elections – so the challenge is on to maintain and grow that number in the period ahead.

Advice, Representation and Services

Approximately 143 members contact our Duty Officer every week for advice and support. During the 2016-17 financial year, our telephone advisory line received 7,426 calls from members, up from 6,662 the previous financial year.

Legal Scheme Services

Services provided by Duncan Basheer Hannon during 2016-17 related to the provision of family law matters, the conclusion of ongoing matters that predated the launch of Union Legal SA, and wills and conveyancing matters up to 1 February 2017.

Services provided by Union Legal SA in 2016-17

233 free first interviews were provided to members, 123 in person and 110 by telephone.

From the 233 first interviews, 171 files were opened.

Of the 171 files opened:
- 91 related to workers compensation matters;
- 47 related to wills;
- 12 related to AHPRA disciplinary proceedings;

and the balance covered a range of member issues including Coroner’s Inquests, defamation, discrimination, crime, conveyancing and general employment issues.
917 individual member representation files were opened during the 2016-2017 financial year, representing an increase of 168 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 ReturnToWork) claims and classification reviews. Many other members were represented by our Worksite Representatives supported by our staff team.

The quality and consistency of member representations has improved over the past financial year, with a consolidated Duty Officer team taking over from a system that saw all officers rostered to the service.

A consolidation of ongoing member cases under the oversight of the Union Legal SA team has also occurred, improving the flow of member cases and the level of support to industrial staff, increasing the capacity for the active review of files and quality of services provided to members.
Stage 1 and Stage 2 Worksite Representative training

During the 2016-17 financial year, 85 Worksite Representatives attended our three-day Worksite Representative (WSR) Courses. Specifically, 56 new Worksite Representatives attended WSR 1 training and 29 Worksite Representatives attended WSR 2 training.

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

Quarterly Worksite Representative Forums

Quarterly Worksite Representative Forums continue to be held with good attendance from both metropolitan and country worksite representatives.

Worksite Representative Charter

The Worksite Representative Charter was updated in December 2016 to include a Code of Conduct.

Changed focus of Advanced Worksite Representative training for 2017-18

The sixth and final Advanced Development Program (ADP) ran in July 2016, after which a review was undertaken to determine the outcomes achieved by the program.

ANMF (SA Branch) Council supported a change in focus for 2017-18 training to replace the ADP with an advanced course over seven days of training per year. The seven days is comprised of three days of initial training, followed by another two days of training both 6 and 12 months later. This training will be focussed on advanced leadership, negotiations skills, recruitment and mapping of worksites, and on developing action plans around current issues within the workplace.

The ability to run the training in intervals will allow the consolidation of learning and ensure participants have the appropriate mentoring and support while working on current issues. It will also allow for further education and training on identified needs once participants are able to put theory into practice.

ANMF (SA Branch) will also provide the opportunity for one or two Worksite Representatives (WSRs) to attend Workplace Union Leaders training provided by SA Unions each year. This will provide exposure to movement-wide issues and different organising strategies to workplace issues.

Translating training of WSRs into their workplaces and mentoring by ANMF (SA Branch) officers will be a key focus of our training and organising activities in the next year.
Violence and Aggression

It has long been ANMF’s position that violence and aggression against health professionals in any setting is unacceptable. A 2014 Monash University study revealed that nearly 70 per cent of nurses, midwives and personal carers had experienced violence and aggression at work in the previous year.

We have consistently lobbied the Minister for Health and SA Health to fully implement policies and strategies to appropriately manage, monitor and report violence against nurses and midwives, following a public statement made by ANMF (SA Branch) in April 2016 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 safe workplaces.

Often the capacity of the ED to provide care is compromised by intoxicated or drug-affected patients, with recent research showing almost all nurses and doctors in EDs have experienced violence in the workplace.

In response to frustration at the lack of progress by SA Health in addressing increasing incidents of violence against health care professionals, ANMF (SA Branch) publicly raised our concerns in November 2016 and outlined the actions required. We reiterated our view that the policy position of SA Health should be, in cases where the individual has legal capacity over their decision-making, the consequence of violence and aggression should be the withdrawal of services to that individual. We also proposed that patients, visitors and families should also be subject to consequences and it should be public knowledge that their entitlement to public health services will be restricted or withdrawn in the event of violent or aggressive conduct.

Whilst supporting the work underway to launch a public campaign focusing on violence within EDs, we called on the Health Minister and SA Health to agree further work needs to occur to extend the campaign beyond acceptable behaviour within EDs and to also ensure there are real consequences for violent behaviour, including active prosecutions. Action is taken by ANMF (SA Branch) when members report an incident to us. We immediately notify relevant managers to ensure the appropriate protection and support is provided.

In early 2017, ANMF (SA Branch) also put Local Health Network CEOs on notice that they would be held personally responsible for breaching their duty of care obligations to provide a safe working environment under Occupational Health and Safety legislation, should they not prioritise action to prevent violence occurring. We required them to:

- provide reports on the status of implementation of the relevant SA Health ‘Challenging Behaviour Strategy’ policy introduced in 2015;
- identify priority areas for additional training; and
- target activities for high-risk settings, including drug and alcohol services and where dementia and/or delirium are common diagnoses.

We will continue to work to implement programs that will address violence in all its forms in the workplace, and hold employers responsible for providing a safe workplace.
Safety of Rural and Remote Area Nurses

Following the March 2016 murder of Remote Area Nurse Gayle Woodford in the APY lands, there was a tremendous outpouring of support for remote area nurses by the profession and the community.

At the time of the tragedy, we 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—not only to enable remote nurses to emotionally support each other, but to improve health treatment in remote communities.

Since that time, ANMF (SA Branch) has been actively working with Federal ANMF and Senator Skye Kakoschke-Moore of the Nick Xenophon team, while working with the SA Minister for Health to effect reforms to better protect rural and remote area nurses.

ANMF (SA Branch) welcomed the State Government’s commitment to introducing “Gayle’s Law” in June 2017 and agreed to work with the Government to progress its implementation. We will continue to campaign heavily for this law to cover both State-operated and independent/federally funded health providers.

Whilst we also welcomed the June 2017 release of the ‘Safety and Security Guidelines for Remote and Isolated Heath’, developed by a federal government-funded project team involving the ANMF, they do not go far enough to protect the interests of nurses in remote locations. The introduction of these well-developed guidelines represents a step forward in protecting the safety of remote care workers; however ANMF (SA Branch) will continue its efforts—including with the ANMF on a national level—to campaign for enforceable regulations to protect our members.

Penalty Rates Campaign

The Fair Work Commission’s removal of Sunday penalty rates for retail and hospitality workers from 1 July 2017 is cause for great concern.

While such attacks to date have only directly impacted on workers in the retail, hospitality and tourism sectors, it is likely that it is only a matter of time before such changes flow on to other industries.

The effect of such cuts 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.

In 2016-17, following campaigning by ANMF, health provider Sonic HealthPlus backed down on its proposed 25 per cent cut to Sunday penalty rates—an outcome the Federal ANMF Secretary Lee Thomas said would have surely marked “the start of a slippery slope” for nurses working in aged care.

In response to these threats, ANMF (SA Branch) encouraged members to unite at the May Day rally held on 6 May 2017 in Adelaide. The 2017 rally attracted a record number of nurses, midwives and personal care assistants, accompanied by friends from other industries and unions, taking a public stance to defend penalty rates and sending a strong message that cuts for nursing and midwifery staff will not be tolerated.

We will continue to campaign against any cuts to members’ rights and entitlements.
CALHN Dispute

In mid-January 2017, nurses at the Royal Adelaide Hospital (RAH) and TQEH met to consider industrial action in response to a decision to cut further bed numbers at both hospitals.

Given the bed closures were in breach of earlier commitments to reopen beds closed over Christmas, ANMF (SA Branch) withdrew from ongoing consultation forums at the RAH and Queen Elizabeth Hospital (CALHN) until the issues were resolved.

The proposed bed closures flew in the face of high patient demand and were in conflict with commitments made by both the Premier and Minister for Health. ANMF (SA Branch) called on the Minister for Health to urgently intervene to ensure the Government’s commitment on beds was honoured.

Pressure applied by ANMF (SA Branch) and its members, who were prepared to take action to oppose the bed cuts, resulted in a reversal of plans to close beds at the RAH and TQEH.

Emergency Department Overcrowding

In response to growing safety concerns associated with high levels of activity in metropolitan Emergency Departments during April 2017, ANMF (SA Branch) publicly called for urgent action.

ANMF (SA Branch) officers met with SA Health heads, seeking their absolute commitment to prioritising the management of emergency care at major metropolitan hospitals.

ANMF (SA Branch) called for SA Health to implement a whole-of-metropolitan response to the issue to address patient flow issues.

Successful campaigning for additional measures to effectively manage such elevated levels of demand recently started to show signs of relief for members working in the Flinders Medical Centre (FMC) Emergency Department.

The FMC Emergency Department had been experiencing in excess of 90 patients at any one time and, in some instances, 15-20 patients waiting for a bed, intensifying member concerns over patient safety, staff fatigue and lack of management intervention to support escalation. During one such period of extreme overcrowding, ANMF (SA Branch) called SafeWork SA representatives to the site so they were aware, first-hand, of the dangers facing staff and patients. It was a decision that also attracted the attention of the media.

Due to the strong stand taken by ANMF (SA Branch) and its members, a number of measures advocated by ANMF (SA Branch) and agreed with SALHN management have since been implemented to improve patient flow in and out of the Emergency Department at this hospital. These measures included more proactive management of inpatient beds, a continued review by SALHN Executive of elective surgery lists until activity stabilised and the introduction of an additional Medical Consultant shift in the late afternoon/evening to support demand.

The measures also included the introduction of a Patient Transport Team to streamline the patient transfer process—a service that expanded from weekdays to weekends just weeks after implementation.

The Patient Transport Team includes a Nurse and Patient Services Assistant who work closely with Bed Managers and clinical areas to transfer admitted patients. The team’s responsibilities include patient handover, as well as provisions.
for preparing patients for transfer by packing up their belongings, patient transport and bed cleaning.

ANMF (SA Branch) continues to work with members and CEOs of Local Health Networks to ensure clear escalation pathways are in place and support new initiatives to improve patient flow. The unacceptably elevated levels of ramping reported by the Ambulance Employees’ Union (AEU) in June 2017 raised significant concerns and sparked a coordinated response from ANMF (SA Branch), the AEU and the Salaried Medical Officers’ Association (SASMOA).

MENTAL HEALTH REFORM

**Adult Community Mental Health Redesign Project**

This Redesign Project was completed in 2016, with ANMF (SA Branch) Vice President Jocelyn Douglass seconded to the Senior Project Officer role to lead engagement with members working in community teams. The project involved high levels of consultation with multi-disciplinary community mental health teams to inform the review’s findings and recommendations. Major findings of the review identified the following action was needed:

- organise work flow in the teams in sub-specialty streams;
- return local triage and FTE from Mental Health Triage 0800-2200 to the community teams to manage flow of referrals;
- eliminate system-wide management bullying practices and culture;
- ensure backfill of frontline positions;
- define core business rules, clinical pathways and discharge/transfer of care criteria;
- simplify minimum documentation standard requirements;
- support clinicians to utilise their discipline skill set, including professional development needed to achieve team objectives; and
- develop genuine staff consultation committees, inclusive of frontline staff.

The focus of SA Health to date has been to identify cultural problems linked to bullying practices within community mental health. In July 2017, agreement was reached to implement recommendations from the Deloitte Report into Community Health. This includes significant changes to the team structures, which will be piloted in South Adelaide over the next six months.
Deloitte Community Mental Health Report

SA Health developed a draft position for consultation on the implementation of the recommendations contained within the Deloitte Community Mental Health Report. ANMF (SA Branch) sought feedback from members to ensure their active consultation and participation in developing a Model of Care to apply across all Local Health Networks. This will also incorporate specialist streaming of services, systems and processes for the management of workload, and the maintenance of the adequate ratio of nurses compared with other staff groups to enable nurses to provide the additional services specific to the nursing role.

Development of SA’s new Mental Health Strategic Plan

Commissioner Chris Burns, head of the SA Mental Health Commission founded by the State Government in October 2015, has been engaged with a wide range of South Australians and stakeholder groups, including people with lived experience of mental illness, their families and carers, and service providers in the private, NGO and government sectors to develop a mental health strategic plan for the State. The Commissioner believes that strengthening the mental wellbeing of South Australians is essential to build their mental resilience, focussing on promotion, prevention and early intervention.

ANMF (SA Branch) has been consulted through this process and invited to identify priorities for inclusion in a key findings discussion paper available from June 2017. The Commission proposes to finalise and release the SA Mental Health Strategic Plan before the end of 2017.

Major changes announced to disability and domiciliary care in South Australia

South Australian Ministers Vlahos and Bettison released a joint media statement on 8 February 2017 outlining proposed changes for disability and domiciliary care in South Australia arising from the implementation of the National Disability Insurance Scheme (NDIS).

The SA public sector will seek to transfer significant services to the non-government sector over the coming years to boost their competitiveness in the new NDIS market, with members in the community program area and in the metropolitan Domiciliary Care Services to be affected most immediately.

The Government made a commitment to ensure employment security for DCSI employees and to actively support staff transferring to alternative roles if they do not wish to move with the services. ANMF (SA Branch) is supporting members impacted by these changes.
Makk and McLeay Nursing Home at Oakden

On 17 March 2017, the Australian Government Department of Health imposed sanctions on Makk and McLeay Nursing Home at Oakden, part of the Northern Adelaide Local Health Network (NALHN).

Clearly, the issues identified raised serious concerns, particularly in light of earlier issues identified at the Makk and McLeay Nursing Home in 2007. In response, ANMF (SA Branch) provided advice to members regarding their professional practice obligations.

Following a review by the Chief Psychiatrist (supported by a small team of eminent experts), in early April 2017, a report was released that was damning of clinical care and the treatment of consumers over a considerable period.

ANMF (SA Branch) had been actively involved in supporting NALHN to respond to the need to provide education in areas, such as restraint and medication management. We must ensure that safe and effective nursing care of the highest possible quality is provided in all practice settings and that members understand and fulfil their professional obligations.

At the same time ANMF (SA Branch) continues to support members who have been confronted by allegations in relation to their practice and others who have been impacted by the media scrutiny and reporting.

In June 2017, a Senate Inquiry into Aged Care Quality Agency and Aged Care Complaints (Oakden) was announced, with its report due in February 2018. In addition, an ICAC inquiry headed by Commissioner Bruce Lander has been set up under terms of reference that include examination of the adequacy of complaint mechanisms and actions taken by public servants and ministers in relation to Oakden. The scope of the ICAC enquiry reaches back to 2007, when Oakden failed national accreditation requirements and came under sanctions.

We believe the issues at Oakden largely resulted from a failure of management and auditing processes, with an undue focus on individual staff in the media portrayals. Recognising that this issue, and others currently impacting on the public’s confidence in SA health services, need a focussed and strategic approach, ANMF (SA Branch) welcomed recent comments made by SA Health Chief Executive Ms Vickie Kaminsky, who also spoke of the need for change.
ANMF (SA Branch) Position Statement for the South Australian Parliamentary Election 2018

More than 1.1 million voters are expected at the polls on 17 March next year to determine the political party that will form Government for the next four years in South Australia.

A position statement, endorsed by the ANMF (SA Branch) Council, for the South Australian Parliamentary Election 2018 was released in early July 2017. The document sets out priorities for future health service provision and will be used to influence the policy response of all major political parties on issues relevant to nursing, midwifery and public health.

The position statement covers a range of broad health-related issues, including climate change and power generation, as well as issues impacting more directly on the nursing and midwifery workforce, such as public hospital clinical and governance issues, emergency care, day and sub-acute services, workforce and professional practice issues, outsourcing and public infrastructure issues. ANMF (SA Branch) is seeking to broaden the focus of health care provision to bring a greater focus on primary health care and preventative measures to reduce hospitals admissions, along with seeking support for creating and funding additional advanced practice and nurse practitioner roles.

To maximise the overall health of the South Australian community, we are calling on the future State Government to recognise the impact of social determinants of health, including education, employment, housing and social isolation, and to prioritise action to address these issues.

The major parties’ responses to the issues and ideas advanced by ANMF (SA Branch) for policy adoption will be provided to members ahead of the 2018 state election. Party responses will also frame the debate at our 2017 Professional Conference at which representatives of the major parties have been encouraged to outline their policy commitments.
Transforming Health

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 has continued throughout 2016-2017.

ANMF (SA Branch) has long championed the need for health reform based on gaps in service and duplications with 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 Emergency Departments 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 Royal Adelaide Hospital and the need for redevelopment of other sites (for example, expansion of beds at the Lyell McEwin Hospital in Adelaide’s 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.

Recognising that changes to sites and service delivery are inevitable as part of this process, ANMF (SA Branch) negotiated Transforming Health Human Resource (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 contract basis, rather than via temporary or casual contracts. Targeted Voluntary Separation Package (TVSP) Scheme arrangements (including HR Principles) were subsequently negotiated with SA Health and are subject to a Deed of Agreement between the ANMF (SA Branch) and relevant employers in a form that is enforceable at law. This provides a further level of assurance to members about the operation of the HR principles, which were previously only subject to an agreement between the union and SA Health that could have been difficult to enforce.

From the timing of the release of 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 they are no longer required to meet community needs. 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.

The Transforming Health Liaison Officer position, established in September 2015, is a role funded by SA Health from 2016 – 2019 that has continued to assist ANMF (SA Branch) to maintain engagement with members throughout the reforms and alert our other officers to issues that require intervention and resolution through a program of regular site visits.
ANMF (SA Branch) has strongly advocated for a health reform agenda, recognising the need for change to improve effectiveness, efficiency and access to health services. Significant change was needed to transform our health system into a model that functions better and more efficiently for the people who work within it as well as the end users.

Since the announcement of Transforming Health (TH) the ANMF (SA Branch) has been steadfast in representing the rights and conditions of our members in every key decision taken under the auspices of TH. This includes:

- actively participating in discussions and forums
- consulting with members to provide comment on discussion papers in relation to proposed strategies designed to meet the Transforming Health agenda
- actively challenging SA Health and Local Health Networks (LHNs) to consider strategically the application of the reform agenda and its whole-of-system impact
- advocating for and gaining commitment from SA Health on the consistent application of SA Health - HR Principles for Nursing and Midwifery (February 2017), which provides the platform to ensure fairness and equity for nurses, midwives and carers throughout all Transforming Health or health reform initiatives
- obtaining Ministerial intervention that ‘… beds will only be closed when efficiencies can be demonstrated and that reductions in beds and other resources are possible’
- facilitating professional action at individual health sites where LHNs have attempted to close beds without consultation and/or without due consideration of the Ministerial Statement.

During public announcements of proposed health spending in the 2017-18 State budget, the Premier stated that the Transforming Health reform agenda would be completed with the opening of the nRAH, planned for September 2017. However, ANMF (SA Branch) will continue to work closely with members, local health network executive and SA Health heads to ensure any future health reforms deliver improved outcomes—for patients, for nurses and midwives, and for the future health of South Australia.
INFLUENCE

New Royal Adelaide Hospital

A major cornerstone of the Transforming Health agenda was the commissioning of the new Royal Adelaide Hospital (nRAH). Lengthy delays have been experienced during this substantial project to deliver a state-of-the-art hospital on a new site at the western end of North Terrace through a Public Private Partnership. Following a series of disputes between the State Government and the project’s builders, technical completion was achieved in early 2017, signalling that testing of the new hospital ahead of commercial acceptance and commissioning could commence.

Over the last 12 months, ANMF (SA Branch) officers have met regularly with Central Adelaide Local Health Network (CALHN) Executive seeking information in relation to design, models of care, safe staffing and commissioning requirements. We have repeatedly raised serious concerns about the lack of information provided on the number of beds (the nRAH will have 100% single inpatient beds), configurations and a workforce model that would support the nRAH—information needed to consult on models of care for several key clinical services, such as mental health, outpatients and critical care services.

Following the late March 2017 release of the detailed plans required to commence consultation with members, ANMF (SA Branch) officers have been working with CALHN nursing executives to confirm models of care and clinical practice changes to develop safe staffing standards for each clinical directorate and consult with members on these proposals. Consultation extended to the impact of major changes in technology such as medication management, clinical record documentation through the Enterprise Patient Administration System (EPAS), new ways of working within 100% single rooms and direct admissions.

Since April 2017 a significant number of consultation meetings have been held for each ward/area and service within the nRAH to discuss proposed staffing numbers and/or Nursing Hours per Patient Day (NHPD) to support the transition to the new hospital. As at 30 June 2016, agreement has been reached in the majority of areas, with the remaining areas undergoing the final stages of consultation.

In April 2017, the State Government’s announcement of an opening date for the new Royal Adelaide Hospital was cautiously welcomed by ANMF (SA Branch) as “a milestone for all involved” and a solid date to work towards. However, there are ongoing remediation works in areas, such as the Technical Suites, that will need to be completed prior to the scheduled move date.

At that time, the Government confirmed that 300 inpatients would move into the new facility from Monday 4 to Wednesday 6 September, with a fourth day set aside as a contingency. The Minister also announced the Emergency Department (ED) at the new hospital would start taking new patients from 7am on Tuesday 5 September when the old ED would close.

During 2016-17, ANMF (SA Branch) has been conducting joint research with CALHN, the University of Adelaide and King’s College London (KCL) to explore the impact of the nRAH’s single-room accommodation on nursing staff and working practices, patient care outcomes and satisfaction. More detailed commentary on this research activity is provided in the Development section of this report.
Federal and State Budget pressures impacting on health

As you would be aware, the May 2014 Federal Budget 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 cutting preventative health programs by $400 million over the proceeding four years.

The 2017-18 Federal budget delivered some positive news, including ending the freeze on Medicare Benefits Schedule payments (which had been affecting primary medical services and costs to consumers) and increasing the Medicare levy to provide an income stream to support the full rollout of the National Disability Insurance Scheme (NDIS). Absent though was any announcement on the future workforce to support the rollout of the plan.

Issues of concern include the anticipated net reduction in subsidies delivered through the updated National Efficient Price (NEP), expected to flow to South Australian public hospitals in the next three years. Another major concern was the lack of any new commitments to fund the aged care sector, with a significant investment required to address the issues plaguing this sector.

The South Australian budget released on 22 June 2017 announced a range of capital works spending in health, including:

- $9.2 million for an eight-bed emergency extended care unit at Modbury Hospital
- $250 million for a new Emergency Department (ED), operating theatre and day surgery suite at The Queen Elizabeth Hospital, with cardiac services to also remain onsite;
- $52.5 million to extend the ED at Lyell McEwin Hospital
- $3.5 million for two new operating theatres at Flinders Medical Centre;
- $528 million for a new Adelaide Women’s Hospital to be built adjacent to the nRAH;
- $24 million to upgrade the existing Women’s & Children’s Hospital (and an unfunded commitment for a new Children’s Hospital in the vicinity of the nRAH in the future).

Initial assessments of the 2017-18 budget raises serious concerns as, while an additional $195 million was announced to be spent on capital works on public hospitals over the next three years, health services are now to absorb the costs of wage increases to staff under enterprise agreements, which amounts to more than $110 million each year.

The state’s health system will remain under significant pressure due to the additional costs associated with the nRAH, cuts associated with earlier budget efficiency measures and the impact of expected growth in demand (another 10,000 patients in the next 12 months).

ANMF will continue to press Governments, at state and federal levels, 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.

We maintain that new funding needs to be drawn from sectors that can afford to pay, rather than through levies that impact on everyone, and support measures such as the ‘Robin Hood tax’, which could raise significant amounts of revenue by targeting a small and extremely wealthy sector of the population.
Advanced Practice Roles

ANMF (SA Branch) has called for the urgent implementation of vital new advanced nursing and midwifery roles to improve patient outcomes.

The establishment of Advanced Nursing and Midwifery Clinical Practice roles is critical to improving and strengthening South Australia’s health system. These roles have been globally linked to improved patient care, a reduction in hospital admissions and a shorter length of stay for patients, as nurses/midwives working to an approved full scope of practice will build their capacity and capabilities to enhance the patient experience.

ANMF (SA Branch) wrote to the SA Health Minister on 23 November 2016 seeking support for the establishment of Advanced Nursing and Midwifery Clinical Practice roles. In response, the Government has provided support for scholarships related to the creation of Nurse Practitioner roles, which has now been extended to advanced practice roles.

This includes the new nurse-endoscopist program being implemented at the Queen Elizabeth Hospital and Huntington’s and Parkinson’s Nurses to support people with neurological conditions to remain in the community and provide early intervention to reduce hospitalisation.

Review of Midwifery Standards for Practice

The Nursing and Midwifery Board of Australia (NMBA) sets the national standards, codes and guidelines that nurses and midwives must meet to be registered in Australia.

ANMF (SA Branch) has actively contributed to the Federal ANMF response to the review of the Midwifery Standards for Practice. In early July 2017, the NMBA released a communiqué on the public consultation stage of the draft standards, inviting comments by 25 August 2017.

Federal ANMF officers are also represented on the project working group for the review of Midwifery Standards for Practice.

Enrolled Nurse Accreditation Standards 2017

Following active participation in the public consultation and ANMF lobbying at the national and state level, the Australian Nursing and Midwifery Accreditation Council (ANMAC) released the Enrolled Nurse Accreditation Standards 2017 in June 2017.

These standards replace the ‘Enrolled Nurses Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia—with Evidence Guide,’ published in February 2009 by ANMAC.

Enrolled Nurses and Medication Administration

In October 2016, the Nursing and Midwifery Board of Australia (NMBA) released a Fact Sheet relating to Enrolled Nurse (EN) medication administration. The FAQ sheet was updated following prompting by the ANMF.

Consistent with our understanding, the document clarified that ENs did not have to complete the current prescribed courses, however they must have completed relevant medication administration education/training at some stage of their career, prior to the introduction of the national scheme.
Voluntary Euthanasia

Consistent with our declared policies at state and national levels, ANMF (SA Branch) expressed support for the Voluntary Euthanasia Bill 2016, whilst proposing some amendments to safeguard the interests of both members and the community. Guest speakers at the 2016 Professional Conference and Annual Delegates Conference included Andrew Denton and the Hon Duncan McFetridge, both proponents of legislative change in this area.

On 21 October 2016, Dr McFetridge tabled a new bill in Parliament titled the Death with Dignity Bill 2016. This Bill incorporated the amendments ANMF (SA Branch) had sought and provided additional certainties in response to concerns raised through more recent consultation with SA Members of Parliament and other interested parties. We wrote to State MPs urging their positive consideration and support for the Death with Dignity Bill 2016 and held meetings with several key MPs to address any outstanding concerns they may have had.

Throughout the lobbying process, ANMF (SA Branch) worked closely with Assisted Dying Australia, the SA Voluntary Euthanasia Society and the Federal ANMF Secretary to lobby for passage of a bill. We also encouraged the participation of members, where possible, in our lobbying of South Australian Members of Parliament.

The Death with Dignity Bill 2016 was introduced into Parliament on 16 November 2016 and, despite progressing to the Committee stage and further amendments being accepted, the Bill was defeated by a single vote on the third reading. The vote count was 23-23, with the Speaker of the House using his casting vote to defeat the legislation.

Whilst this was a disappointing outcome, the Victorian Government is currently moving to introduce legislation (as a Government Bill) to allow the use of voluntary euthanasia in that State. Through its Health Position Statement for the 2018 State election, ANMF (SA Branch) is seeking a commitment from prospective Governments that similar legislation will be drafted in South Australia, in collaboration with an expert committee, including palliative care physicians, nurses and consumer advocates, based on the Victorian and recent SA Bills, which will in turn reflect the legislation now in place in Oregon and elsewhere in North America.
VOLUNTARY EUTHANASIA BILL
2017 International Midwives’ & Nurses’ Days

The 2017 themes for International Midwives (5 May) and Nurses Days (12 May) were ‘Midwives, Mothers and Families: Partners for Life!’ and ‘Nurses: A Voice to Lead – Achieving the Sustainable Development Goals.’

Midwives and nurses are in a strong position to lead, given their central role in providing care and support to the community and the trust the community places in both professions.

To celebrate both special days this year, we encouraged members to contribute to a photo gallery collection of comments explaining why they love being part of the nursing and midwifery family. A range of promotional materials, including posters, sticker badges and balloons were produced and made widely available to support worksite celebrations on 5 and 12 May.

To raise public awareness of the contribution of the professions, ANMF (SA Branch) set up an information stand at West Lakes Westfield Shopping Centre on 12 May 2017. Several ANMF (SA Branch) staff were onsite to provide free blood pressure checks to the public, balloons and stickers. The Minister for Health visited the stand and took advantage of opportunity to have his blood pressure tested (aptly, just days after announcing an opening date for the new Royal Adelaide Hospital).

On 30 March 2017, members joined the delegation led by the ANMF (SA Branch) CEO/Secretary to attend an event hosted by Member for Elder Annabel Digance MP at Parliament House, who addressed the House of Assembly to highlight the importance of midwives ahead of International Day of the Midwife. Ms Digance joined the Premier, Minister for Health, Nat Cook MP and The Hon Gail Gago MLC to host refreshments for ANMF (SA Branch) members.

A second event hosted by Member for Fisher Nat Cook MP was held on 11 May when Ms Cook addressed Parliament in support of International Nurses Day, highlighting the significant contribution of the nursing profession to the SA community. The former nurse joined the Minister for Health, Annabel Digance MP and the Hon Gail Gago, MLC to host refreshments for ANMF (SA Branch) members in attendance.
Paid Parental Leave Campaign (PPL)

In August 2013, the Federal Government released its policy for Paid Parental Leave (PPL) with a promise that it would deliver a genuine scheme to give mothers six months’ leave based on their actual wage. This was to enable women to take time out of the workforce to establish a family while reducing financial pressures. Following election to Government, the Coalition withdrew its 26-week PPL promise, committing only to the 18-week scheme already in place. An additional revision was subsequently announced, seeking to withdraw access to both employer-funded and government-funded Paid Parental Leave.

ANMF (SA Branch) launched a community campaign in response on 21 November 2016. The campaign included a petition calling on all SA Senators to oppose proposed changes to PPL in the Senate, with lobbying particularly focussed on the Nick Xenophon team who was likely to be pivotal to Senate voting on the issue. A public rally was also held on 28 November 2017 in the parklands adjacent to the Women’s & Children’s Hospital to raise awareness of the importance of the issue for families.

In response to lobbying, the Government’s proposed PPL scheme was amended to remove plans to withdraw access to both employer-funded and government-funded PPL as a concession to secure passage of the Bill through the Senate.

More needs to be done in this area to challenge future Governments to provide a minimum of six months’ PPL, which is the minimum period recommended by the World Health Organisation to provide babies with the best start in life.
ANMF (SA Branch) officers completed formal discussions with SA Government representatives in July 2016 to negotiate a new NMEA. In the absence of a Government offer or any assurances over the terms of what the offer would be by the end of August 2016, member meetings commenced from 2 September to discuss the need and type of industrial action to be implemented. The first of a four-stage plan of industrial action was implemented by Public Sector members in the week commencing 26 September 2016 with the campaign theme: It is time to ‘Stand Up’ and ‘Stand Together’.

An improved Government offer was received days later on 28 September. Soon after, the offer was accepted by members of the 2016 Public Sector EB Consultation Committee and supported by our Executive on 29 September 2016.

In the ballot that followed in November/December 2016, the new Enterprise Bargaining Agreement was overwhelmingly supported by public sector nurses, midwives and assistants in nursing.

Major elements of the 2016 Enterprise Agreement included:

- 2.5% wage increase each year for the life of the agreement
- Improved pay scale increments for Enrolled Nurses and Registered Nurse Level 1 and Level 2
- Recognition of Enrolled Nurse (Certificate) work value through changes to classification structures
- Staffing Levels and Skills Mix improvements
- 2016 Nursing and Midwifery Career Structure finalisation
- Changes to Registered Nurse/Midwife Level 3 and Level 4 conditions relating to overtime
- Professional Development allowance increases
Conditions of Employment protected and extended

Visual display NMEA 2016 agreed and actual staffing levels (shift by shift)

The payment of wage increases and back-pay was not finalised until early March 2017. ANMF (SA Branch) wrote to the Treasurer, the Minister responsible for Shared Services, on behalf of members to express disappointment at the delay in payment of back-pay and updated pay rates, particularly in light of the advance notice provided of the new rates to apply.

The Enterprise Agreement also delivered a commitment for SA Health to actively consult with ANMF (SA Branch) to develop, within the first 12 months of the Agreement, a Workforce Renewal Plan, to be supported by an agreed strategy to address the current and future nursing and midwifery workforce requirements of the public health system.

Major elements of this plan will be specific actions aimed at improving attraction, retention, transition to retirement whilst at the same time developing graduates, specialist clinicians and emergent leaders. Joint work on this critical plan has commenced.
Reclassification Workshops

ANMF (SA Branch) implemented a series of workshops designed to support Registered Nurses and Midwives at Level 1 who are eligible for reclassification to Level 2 but had not successfully applied to do so. The three-hour workshop employed an interactive, ‘hands on’ approach to equip participants to apply for reclassification. So far, more than 100 attendees have attended this year, with further workshops scheduled for July and September 2017.

2016 Nursing and Midwifery Career Structure finalisation

The draft report Nursing and Midwifery Career Structure Review 2015-2016 Project Finalisation Report was released in June 2016. The review findings led to proposed changes in emphasis and detail rather than fundamental changes to the structure.

Through 2016 Public Sector Enterprise Agreement negotiations, it was agreed transition to the new career structure should occur by direct “title-translation”, maintaining the status quo in terms of current positions.

Workload and safe staffing arrangements - Refinement of SA Staffing and Skills Mix Model

Following consultation with members, the 2016 Nursing/Midwifery Enterprise Agreement also delivered an update to the South Australian Safe Staffing Model.

The outcomes of the 220 reviews of inpatient ward/units across different specialities—including adult, paediatric, mental health and specialty services—initiated by both ANMF (SA Branch) and Local Health Networks under the 2013 Enterprise Agreement are reflected in the revised Appendix 2 of the 2016 Public Sector NMEA. So too are many changes to the professional standards referenced for staffing decisions in a number of areas.

The Business Rules and the Nursing/Midwifery Hours Per Patient Day (N/MHPPD) review process continues to be a very successful and acceptable review mechanism and process, ensuring that minimum safe staffing is maintained where there is an identified trigger for change.

Application of the Business Rules has continued under the new Agreement, including at a range of larger country hospitals including Mount Gambier, Port Pirie, Port Augusta and Whyalla Hospital & Health Services.

Quarterly N/MHPPD reports for each ward/area, required to be provided by ANMF (SA Branch) through the 2013 and 2016 Enterprise Agreements, enable ANMF (SA Branch) to identify any staffing concerns and raise them directly with the relevant Local Health Network. Where concerns are raised, ANMF (SA Branch) demands the provision of base rosters, details of the safe staffing contingency plans in place to meet unexpected patient demand, and a commitment to ensure minimum safe staffing levels are consistently met. Where safe staffing levels continue to be breached, ANMF (SA Branch) has the option to take the matter to the Fair Work Commission where fines can be applied for each individual breach of the Enterprise Agreement.
New Graduates – Transition to Professional Practice (TPPP) Program

In response to a nearly six per cent reduction of graduates in the TPPP Program, the majority at Central Adelaide Local Health Network in 2017, ANMF (SA Branch) lobbied SA Health and the Local Health Networks to increase next year’s intake to at least the previous year’s level of more than 500 graduates. Recently, CALHN has confirmed the TPPP intake numbers will be at previous year level, which will translate to another 23 new graduates.

Country Health Services

The past 12 months have seen several disputes between ANMF (SA Branch) and Country Health SA Local Health Network (CHSALHN). We lodged a dispute application on 22 December 2016 against CHSALHN for breaches of safe staffing requirements set out in the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013 and urgently sought detailed data regarding inpatient staffing at the Mount Gambier and Districts Hospital.

In late January, ANMF (SA Branch) requested patient and ward activity data from CHSALHN required to undertake a Business Rules Review for Mount Gambier, Port Pirie, Port Augusta and Whyalla Hospital & Health Services. These reviews are still underway at the time of writing.
Independent Review of Mount Gambier and Districts Health Service

The report of the independent review into the Mount Gambier and Districts Health Service was released in March 2017 along with a response from CHSALHN. ANMF (SA Branch) was supportive of the findings, which substantially supported the positions taken by ANMF (SA Branch) in relation to staffing of the Emergency Department (ED) and the health service generally. We raised concerns both publicly and directly with CHSALHN that they had not adopted all of the report’s recommendations as claimed, including those relating to after-hours coordination of the ED and Nurse Practitioner role backfill.

We are continuing to work with members to monitor the impact of the reforms adopted by CHSALHN on staff and the community served by the Mount Gambier and Districts Health Service.

At the same time, ANMF (SA Branch) remains in dispute with CHSALHN over concerns Registered Nurses in some instances are being directed by management to delegate medicine administration to unregulated healthcare workers. It is understood that Direct Care Workers (DCWs) are managing medication administration for high-care residents or residents who have not been identified as able to self-administer (but require assistance). Members affected by the issue at Port Pirie Hospital and Health Services (Hammill House) and at Mannum and Waikerie hospitals have been undertaking action to secure the safe administration of medication in Aged Care facilities within CHSALHN. They have been wearing purple scrubs and t-shirts as a visual demonstration of their concerns and distributing a petition to facility patients, family, and/or carers detailing their reasons for action, while providing an assurance that patient care will not be affected.

Despite numerous attempts by ANMF (SA Branch) to alert CHSALHN to the issue, including highlighting the action breaches professional standards and poses a potential threat to the registration of Registered Nurses held responsible for medication administration, to date CHSALHN has failed to adequately respond, prompting ANMF (SA Branch) to escalate member action. We will continue to apply pressure on CHSALHN until such time as this policy decision is reversed.

Other issues on which ANMF (SA Branch) has raised member concerns in the last 12 months include:

- proposed changes to staffing and rostering, including proposals to cut EN shifts and replace with carers; and
- staffing implications arising from changed medical cover arrangements at several country sites.

ANMF (SA Branch) has lodged several disputes in the SA Industrial Relations Commission (SAIRC) due to a lack of consultation around proposed changes and been successful in ensuring the status quo is maintained until adequate consultation has taken place.

The proposed extension of regional multi-campus Director of Nursing/Midwifery (DON/M) roles has again impacted on country members, leading ANMF (SA Branch) to conduct a country survey on Regional DONs and structures, while consulting directly with members in sites impacted by the shared role. ANMF (SA Branch) recently opposed the proposed multi-campus DON/M role for Quorn Health Services, Hawker Memorial Hospital and Leigh Creek Health Services due to a number of concerns raised by members, including the travelling distance between sites.
ANMF welcomed the Federal Government’s decision to resume the Senate Inquiry: The Future of Australia’s Aged Care Sector Workforce in September 2016, following the 2017 Federal election.

Federal ANMF and specifically ANMF (SA Branch) have been very active over the past 12 months in completing Phase Two of the ANMF Aged Care Staffing and Skills Mix Research. Phase Two was led by ANMF (SA Branch) in conjunction with Flinders University and University of South Australia. The resulting report titled ‘The National Aged Care Staffing and Skills Mix Report 2016 – Meeting residents’ care needs’, released in December 2016, highlights the urgent need for an evidence-based staffing methodology so residential care facilities have the right number of staff—with the right qualifications—to ensure safe, quality aged care for our elderly and vulnerable, and reduce risks for members working in aged care.

Key findings include:

- Residents should receive an average 4 hours and 18 minutes of care per day – compared to the current 2 hours and 50 minutes now being provided.
- A skills mix of 30% Registered Nurses, 20% Enrolled Nurses and 50% Personal Care Workers/Assistants is the minimum to ensure safe residential care.

Federal and SA Branch ANMF representatives presented evidence at a Senate Inquiry hearing in Launceston on 31 October 2016. ANMF (Tasmanian Branch) members also participated in the hearing.

In May 2017, Monash University released research collated from Coronial investigations into nursing home deaths over the past decade, which revealed the number of deaths in nursing homes from preventable causes has quadrupled, reaffirming the critical need for mandated nurse and carer to patient ratios. The most frequent causes of death were falls (81.5%), choking (7.9%) and suicide (4.4%).

In addition to staffing issues, the issue of Elder Abuse has received considerable attention in the past 12 months, with an SA Parliamentary Committee into Elder Abuse established in October 2016. ANMF (SA Branch) will appear before this Committee in July 2017. In June 2017, the Australian Law Reform Commission released its report into Elder Abuse, which found the absence of minimum staffing levels and appropriate skills mix was resulting in the abuse of elderly, vulnerable nursing home patients. Launched on World Elder Abuse Day (15 June 2017), the report found:

- the proportion of Registered and Enrolled Nurses has decreased;
- the proportion of Assistants in Nursing/Personal Care Workers (AIN/PCWs) has increased; and
- 70 per cent of direct care workers in residential care are AIN/PCWs, some of whom have not met minimum training qualifications.

In June 2017, the Federal Government launched a further Senate Inquiry into the ‘Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised’. ANMF will make a submission to this Senate Inquiry.

In June/July 2017, SafeWork SA also focused on aged care by commencing an audit of manual handling in all Residential Aged Care Facilities in South Australia.

Later this year, at a Federal and state Branch level, ANMF will launch an aged care campaign based around the findings of The National Aged Care Staffing and Skills Mix Report 2016 – Meeting residents’ care needs.‘

ANMF believes it is time for the Government to step in and address the crisis in aged care.

We will be calling on members across all sectors to support and participate in ANMF’s campaign to prompt the Government to address staffing and care needs to improve the lives of residents in aged care facilities and those who care for them.
Aged Care and Private Sector Bargaining

In the past 12 months, we have successfully negotiated and lodged 36 enterprise agreements for members (25 in the non-government aged care sector and 11 in the private sector). There are approximately 55 agreements under active negotiation as at 30 June 2017.

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

A further 36 agreements are due for re-negotiation in the 2017-2018 financial year.

Examples of agreements delivering positive outcomes to members:

**AGED CARE:**

**Boneham Aged Care Services Inc Aged Care Sector Employees & ANMF-SA Enterprise Agreement**

This agreement delivered a number of benefits to members:

- Wage increases of 2.5% per annum over 3 years of the Agreement, in addition to 8 months of back pay;
- Recognition of ANMF Worksite Representatives;
- 5 additional days for the purpose of Union Training;
- Introduction of 4 weeks paid parental leave;
- A new basic entitlement for both full-time and part-time employees to a contract which specified hours and shifts;
- Introduction of a new entitlement to domestic violence leave;
- For the purposes of redundancy, employees with a length of service of 9 years or longer will be entitled to 16 weeks payment, rather than 12;
- Introduction of a minimum engagement for development and training; and
- Incremental advancement will occur at 1560 hours.

**AGED CARE:**

**Ananda Aged Care Nurses Enterprise Agreement**

This Agreement delivered a significant improvement in conditions for the members it covers including:

- 2.5% wage increase per year, over three years, backdated to 1 July 2016;
- Increases to all penalties, commensurate with the wage increases;
- Introduction of overtime penalties for those with an unrelieved meal break and is interrupted, until such time as the meal break can be completed in full;
- Introduction of an entitlement to be paid a meal allowance when/if required to be available for duty during prescribed breaks;
- Introduction of a clause regarding Casual Conversion;
- Higher duties allowance payable to Level 3 Registered Nurses (previously only level 1 & 2);
- Introduction of a new entitlement to domestic violence leave;
- Introduction of 4 weeks Paid Parental Leave;
- Recognition of Worksite Representatives and two days training leave; and
- Introduction of an entitlement to a right to representations (rather than simply a “support person”).
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:

- 3% wage increase per year for 4 years (Note: Public Hospitals receive 2.5% per year), further closing the gap between Public Sector and our ACHA nurses;
- Increase to all major allowances by 3% (including on-call, re-call, over-time, meals etc.)
- A new right to 5 days per year Domestic Violence Leave;
- An increase from 4 weeks annual leave to 5 weeks annual leave for all 5-day employees (from 1 Jan 2018);
- A new right to take up to 10 days’ annual leave as single days;
- An Increase to 3 days Compassionate Leave;
- Second and subsequent recalls will result in 200% being paid for all hours (from 1 July 2019);
- A new meal allowance to be provided after 2 or more hours of overtime and 4 or more hours of overtime;
- Significant improvements to the consultation clause which will require ACHA to consult about roster change and notify the ANMF about all change;
- A new right to a contract of employment, with specified minimum hours and rostering arrangements for each employee;
- An improved classification structure for level 3 nurses;
- An increased allocation (and flexibility of allocation) of uniforms; and
- A new “no detriment” clause for late shift changes – as a result, members will still be paid the late penalties (and suffer no financial detriment).
The ANMF (SA Branch) continues to demonstrate its commitment to evidence-based practice and has been leading the implementation of the Best Practice Spotlight Organisation (BPSO®) Program in Australia since 2012.

This internationally acclaimed and highly successful program was developed by the Registered Nurses’ of Ontario (RNAO) and aims to support the implementation of Best Practice Guidelines (BPGs) at an organisational level.

As well as maintaining momentum with the three guidelines already implemented, the two designate BPSO® sites—Northern Adelaide Local Health Service (NALHN) and Central Adelaide Rehabilitation Service (CARS)—continue to expand the program at their respective sites by implementing additional BPGs. The NALHN BPSO® team is implementing ‘Promoting Safety – Alternative Approaches to the Use of Restraints’ and, having contributed to the international review of the newly released guideline, ‘Delirium, Dementia and Depression in Older Adults – Assessment and Care’, is now implementing this BPG.

The CARS team is implementing ‘Promoting Continence Through Prompted Voiding’ and ‘Reducing Foot Complications for People with Diabetes’. Both guidelines were selected by Practice Champions who identified these areas for their particularly relevance to the rehabilitation setting and in enhancing practice and therefore patient outcomes. This is a notable example of nurses leading from the bedside.

With the ongoing support of SA Health, two candidate sites—Central Adelaide Local Health Network Mental Health Directorate (CALHN MHD) and Women’s and Children’s Health Network (WCHN)—continue their journey towards achieving BPSO® designation.

The CALHN MHD team has developed their ‘Chaperone Project’ to support the implementation of the ‘Promoting Safety – Alternative Approaches to the Use of Restraints’ BPG and has commenced work associated with the implementation of their second BPG, ‘Assessment and Care of Adults at Risk for Suicidal Ideation’. Their third BPG, ‘Person and Family Centred Care’ will be implemented early next year.

WCHN has chosen to simultaneously implement their three BPGs—‘Person and Family Centred Care’, ‘Care Transitions’ and ‘Woman Abuse: Screening, Identification and Initial Response’—to build on the synergy of work already underway and to support and promote a sustainable cultural change.

To facilitate knowledge transfer and the sharing of experiences, ANMF (SA Branch) has hosted several knowledge exchange forums to enable BPSO® designates and candidates to share their learnings with each other. An RNAO Virtual NQuIRE® (Nursing and Quality Indicators for Research and Evaluation) Boot Camp has also been held, allowing our BPSO® candidates and designates to ‘meet’ with the RNAO NQuIRE team and gain insight into the evaluation of structural, process and outcome indicators related to the RNAO BPG’s.

The BPSO® Program continues to make a positive impact on the care delivered to clients through evidence-based practice, collaboration and knowledge transfer.
Following overseas presentations in Barcelona in November 2016 as a guest lecturer at the University of Lleida and in Beijing to the Beijing Association of the Integrating of Traditional and Western Medicine in April 2017, ANMF (SA Branch) Director, Operations & Strategy Rob Bonner again took to the stage in June 2017 to address thousands of nurses and nursing industry associations in Spain during the International Council of Nurses (ICN) Congress.

The five-day event explored the leading role of nurses in the transformation of care, focussing on universal health coverage, staffing and skills mix/regulation, the Sustainable Development Goals and human resources for health.

ANMF (SA Branch) presented two papers at the ICN Congress on:

(1) Development of the Australian Residential Aged Care Staffing and Skills Mix Model

This paper described the stages of research, which produced the resident care profiles, interventions and associated timings that were ultimately validated through separate and independent studies; and

(2) Does evidence-based practice make sense? An Australian economic evaluation of the BPSO®

This paper provided a model for the measurement of evidence-based changes in nursing practice and the financial impacts of nursing care, which is increasingly important within a financially constrained system.

At the conclusion of the ICN Congress, the Registered Nurses Association of Ontario (RNAO) held a one-day symposium with representatives from 13 countries across the globe that are either already leading the BPSO® Program in their jurisdictions or about to commence their evidence-based practice journeys.

As part of this symposium, ANMF (SA Branch) Director, Operations and Strategy Rob Bonner used the RNAO international platform to lead a session on the Economic Evaluation of Best Practice Spotlight Organisation (BPSO®), providing a unique forum to exchange knowledge on advancing nursing and improving health and healthcare around the world.

Attendance at international events such as the ICN enables ANMF (SA Branch) officers to expand networks with other similar organisations representing nurse and midwives and has the potential to lead to future collaboration in terms of research and information-sharing.
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 per cent single-occupancy rooms, vastly different from the current environment and structure of the RAH. A Kings College London (KCL) research team led by Dr Jill Maben and colleagues (2015) conducted an extensive evaluation of the move from 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) has conducted 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 a two-phased approach: the first captures the data pre-move to the nRAH site; the second phase captures data 12 months post-move. The study will focus on the care delivery and work practices of nurses in current wards—comprising a mix of single and multi-bed room accommodation—and the patient experience and expectations of the new environment.

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

An External Oversight Group met in June 2017 to finalise the report of the first stage of the research project. A summary has been provided to the RAH staff in the sample wards as feedback. The next phase of the research will be refined during a workshop to be held in the week of the conference.
In this project, conducted by UniSA with the support of ANMF (SA Branch) and SafeWork SA, a behaviourally orientated risk audit tool for workplace bullying was developed and evaluated. In three studies, behavioural indicators of organisational functioning in three core areas were identified and selected for inclusion in the tool. The areas are: (1) administrating and coordinating working hours; (2) managing work performance; and (3) shaping relationships and the work environment.

Once the tool was developed, two evaluation studies were conducted. The first focussed on using the tool to predict a range of work health and safety outcomes in 25 hospital wards within the Southern Adelaide Local Health Network. The second gathered feedback from a range of end users who trialled the tool in their work.

The project was completed in June 2017, with the results showing the risk audit tool:

- Predicts concurrent exposure to workplace bullying, beyond other known (i.e. evidence-based) risk factors;
- Accurately discriminates amongst hospital work units that are rated (based on independent criteria) as high, medium, and low risk on a range of work health and safety measures (bullying, violence, threatening behaviour, absenteeism, patient safety incidents, and staff safety incidents);
- Should be used at the team or work unit level, rated by multiple team members; and
- Is regarded as highly valuable by end users in terms of the range of potential applications of the tool and its relevance, comprehensiveness, and distinctiveness.

Overall, the research has produced a workplace bullying risk audit tool that is effective in identifying bullying risk and priority areas for risk control measures, and that has a broader work health and safety application to address psychosocial risks. Future research is needed to establish the predictive validity of the tool over a longer timeframe.
Our Registered Training Organisation, Australian Nursing and Midwifery Education Centre (ANMEC) continues to move forward. In the past financial year, 168 students in South Australia and nationally graduated from ANMEC with nationally accredited qualifications, compared with 143 students in 2015-16.

Over the past financial year, ANMEC has had a total of 316 enrolments compared with 282 enrolments in 2015-2016 across the following accredited courses:

- Certificate III Health Services Assistance
- Certificate III in Individual Support (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

ANMEC has continued to receive state public training funding under WorkReady. During 2017-18, we will finalise a student payment scheme that will provide access to tuition for students with payments to follow graduation and free ANMEC from the constant ring of changes and burdensome reporting under the federal government schemes.

Highlights during 2016-17 include:

1. Annual quality indicator survey report to the training regulator rated student satisfaction at 94.5% in 2017 compared with 80.5% in 2016.
2. 12 graduates of the first Graduate Certificate in Wound Management qualification delivered nationally.
3. Employability data from destination evidence rated at 70% for both the Diploma of Nursing and Certificate III in Individual Support (Aged Care).
4. VET in school students has grown from 31 students across two regions in 2016 to 89 students across 4 regions in 2017, now covering all metropolitan regions.

The Certificate III in Individual Support (Aged Care) partnership and the graduate outcomes of employability has been widely promoted by Southern Cross Care and Helping Hand Aged Care.

ANMEC Continuing Professional Development (CPD) Program

During 2016-2017, the ANMEC CPD Program has delivered 116 workshops attended by 945 participants.

Another 48 workshops will be offered to members and organisations from July to December 2017.
Continuing Professional Development (CPD) – Free Online Program

Announced as a new initiative at the 2011 Professional Day, members have had access to free online CPD tutorials since early November 2011 as a benefit of ANMF (SA Branch) membership. 110 modules are currently available.

As at 30 June 2017, 8,195 members have joined online CPD and a total of 50,000 tutorials have been undertaken since commencement of the program. Between 1 April and 30 June 2017, 5,000 tutorials were completed by members, representing the highest use of the service since commencement, exceeding the previous quarterly record of 4,561 set in April-June 2016.

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 and republished. The conversion of modules in 2015-2016 to a new, more interactive, more mobile-friendly version has been welcomed by members.

<table>
<thead>
<tr>
<th>Nutritional considerations post bariatric surgery</th>
<th>Nursing assessment for Trachoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic wound management</td>
<td>Pre-hospital thrombolysis for ST elevated myocardial infarction</td>
</tr>
<tr>
<td>Ultrasound in sports medicine</td>
<td>Radiotherapy for non-small cell lung cancer</td>
</tr>
<tr>
<td>Pre-hospital management of stroke</td>
<td>New treatments for chronic hepatitis C</td>
</tr>
<tr>
<td>Cholesterol and triglycerides: An introduction</td>
<td>Basic life support for nurses</td>
</tr>
<tr>
<td>Depo-Provera: Indications and use</td>
<td>Hazardous manual tasks</td>
</tr>
<tr>
<td>The controversial role of neonatal ultrasound in screening for development dysplasia of the hip</td>
<td>Mechanisms of skeletal muscle contraction</td>
</tr>
<tr>
<td>Family violence – Screening and assessment</td>
<td>Diabetic ketoacidosis – An introduction</td>
</tr>
<tr>
<td>Failure to thrive – an introduction</td>
<td>Urinalysis – A diagnostic test</td>
</tr>
<tr>
<td>Career progression in health care</td>
<td>Gastroenteritis in aged care</td>
</tr>
<tr>
<td>Strategies to enhance team work in the acute care setting</td>
<td>Gastrointestinal radiation injury – pathophysiology, prevention and treatment</td>
</tr>
<tr>
<td>The role of physiotherapy in the management of neurodegenerative disorders</td>
<td>Hepatitis B – An update</td>
</tr>
<tr>
<td>Enhanced tailored treatment plans for type 2 diabetes</td>
<td>Diabetic foot ulcers – Nursing management and care</td>
</tr>
<tr>
<td>Oral health – nursing assessment and interventions</td>
<td>Obesity during pregnancy</td>
</tr>
<tr>
<td>Paediatric Febrile neutropenia</td>
<td></td>
</tr>
</tbody>
</table>
The ANMF (SA Branch) library continues to offer professional support and access to a comprehensive selection of up-to-date resources for staff, students and members as well as an increasing number of external students studying with ANMEC.

The library also provides information from directed searches for the professional support of ANMF (SA Branch) staff in many different areas including Midwifery, Legal, Skills Mix and Career Support. The total number of library loans in 2016-17 was 3,146, up from 2,695 in 2015-16; and the ANMF (SA Branch) library webpage consistently scores an average of 1,250 visits/6,800 hits per annum. Our interlibrary loan supply/request of articles to and from other libraries is also increasing, providing a much-needed service to many health and research libraries Australia-wide.

Records Management for the organisation is adapting to a completely virtual system, expected to be finalised for all teams by January 2018. ANMF (SA Branch) has committed to having all records stored in one location and secured from internal and external threats such as viruses, creating integrity for future records.
It is an absolute pleasure to announce that the ANMF (SA Branch) continues to grow stronger. We were extremely pleased to reach the significant milestone of 20,000 members in the first quarter of 2017. Through our 20,000 members competition, almost 800 members submitted photos and the resulting collage of photographs—along with 20,000-member commemorative plaque—displayed in the foyer of the ANMF office makes a fantastic addition to our office. This year, we celebrate 20,197 members as at 30 June 2017. This represents a huge growth in membership, of almost 90%, since March 2008 when Adj Assoc Professor Elizabeth Dabars AM took office as ANMF (SA Branch) CEO/Secretary. Congratulations must be extended to all activists and members, the ANMF (SA Branch) team and all our supporters on this achievement.
ANMF (SA Branch) initiatives supporting members and the professions

Union Legal SA expands its services

Union Legal SA was established as a trust wholly owned by the ANMF (SA Branch) to operate from 1 July 2016. This service is providing valuable legal advice to members on a range of issues, including Workers’ Compensation and Coronial Inquest matters.

From 1 February 2017, Union Legal SA expanded its services to ANMF (SA Branch) members with some significant savings to include:

- Wills and Estate planning
- Enduring Powers of Attorney and Advance Care Directives
- Deceased Estates and Probate/Letters of Administration
- Conveyancing and Criminal Matters

As planned, Union Legal SA is delivering a seamless legal service to our members and at the same time improving ANMF (SA Branch)’s internal capacity to deal with organisational legal matters. Regional members are supported by using teleconferencing, emails and visits when necessary.

I am delighted to announce that the services provided by Union Legal SA will now become available to the immediate family of members of the ANMF (SA Branch) from 1 September this year.

The free components of the service will continue to be only available to members but the reduced fee services in areas such as WorkCover, property and general legal services will be available to family members at the same rate as the reduced cost to members. I’m sure you will agree that this will be a very useful service to our members across the state.

Rosemary Bryant AO Research Centre

Announced by the CEO/Secretary to members at the 2016 Annual Professional Conference, the formal launch of the Research Centre took place on 8 February 2017 at University of South Australia. The launch was attended by the Research Centre’s namesake Ms Rosemary Bryant AO, the immediate past President of the International Council of Nurses and former Director of Nursing at the Royal Adelaide Hospital.

Under the leadership of its Director Professor Marion Eckert, the small team of researchers is working hard to establish its ongoing research program. The Research Centre will build on the role ANMF (SA Branch) has carved in implementing and advancing evidence-based practice through leadership of the Best Practice Spotlight Organisation (BPSO) program, an initiative now being implemented in three of the five Local Health Networks in South Australia.

Whilst the Research Centre will focus on nursing and midwifery research, it is also strategically placed to develop strong national and international multidisciplinary partnerships to maximise the impact of its research in health care settings in Australian and across the world. Opportunities for further collaboration and funding are being pursued, whilst scholarships, an annual symposium and attracting visiting scholars to Adelaide are also being explored.

The establishment of the Foundation has moved a step closer with the formation of the company in July 2017. We can now proceed to register for charitable purposes to facilitate fundraising raise funds for research.
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;
- Ongoing benefits for members through the reduced cost of child care at Goodstart Early Learning centres, discounts on a range of insurances through AON, discounts on installing solar panels through ZEN Energy and benefits through the Ambassador program;
- The commencement of the ANMF (SA Branch)’s own legal service, Union Legal SA in July 2016 has improved the legal services available to members by providing a very timely and heavily discounted service. Services include a wills and conveyancing service.

Ongoing development of our communication strategy

ANMF (SA Branch) continues to develop its online communications strategy in light of growing trends towards the use of web-based electronic communications and social media. This strategy builds on changes made in early 2016 to move to digital distribution of In Touch monthly (whilst maintaining a quarterly hard copy magazine In Practice) and introduce targeted e-Bulletins tailored to specific sectors: public, private, aged care, and rural and remote.

A change to be adopted for 2017-18 is a move to a weblog (blog) format to incorporate all ANMF (SA Branch) online member news materials on our website. Weekly e-Bulletins will become sector news as part of the blog format with members still to receive an email notification directing them to the latest news on their relevant sector via our website, which remains the central information resource for members. The new blog will enable members to directly engage with ANMF (SA Branch) communications, by providing the opportunity to ‘like’ or ‘share’ the story, make comments or share the story via their own social media and email channels.

A demonstration of the blog was recently given to the quarterly representatives forum and will be provided at the 2017 Annual Professional Conference.

ANMF (SA Branch) is currently finalising the development of a mobile application (app) with a local developer. Designed for members to use at work, the app will have a language change ability and will provide members with access to a range of features, including a medications calculator, shift planner and calendar, flash cards to facilitate communication with patients when language is an obstacle, the ability to directly report industrial issues by email, and direct access to main areas of the ANMF (SA Branch) website.
Holiday Homes

ANMF (SA Branch) Holiday homes have been available exclusively for members since November 2014. Many members have enjoyed a well-earned break at heavily discounted prices at one of four homes at Goolwa Beach or Port Hughes. Each property is locally managed and equipped to ensure members have a relaxing time all year round.

We continue to investigate options to improve and build on the current range of member benefits and services to ensure they meet member needs.

Redevelopment of the ANMF (SA Branch) office and land

After increasing the number of available car parks at the rear of the branch office in July 2016, plans have been progressed to extend the office and education facility. After almost 10 years occupying the Ridleyton office, the new facility is needed to support a continued growth of ANMEC education programs and enable ANMF (SA Branch) to continue to provide exceptional facilities for members.

The extension (impression below) will encompass a new building with a 500-seat auditorium able to accommodate the 2018 Annual Professional Conference and Annual Delegates Conference. Plans have been progressing quickly, with building works due to commence in August 2017 for completion in early 2018. Some disruption will occur to parking and access during construction, but contingencies are being worked through to ensure it will be business as usual during construction.
<table>
<thead>
<tr>
<th>RESOLUTION</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Funding for Community Nursing in HACC &amp; ECC Programs</strong></td>
<td>Issue raised in correspondence to the Hon Jack Snelling, Minister for Health and the Hon Zoe Bettison, Minister for Communities and Social Inclusion. A response was received from the Minister for Health advising, whilst supportive of community-based health care, there was currently no additional funding available within the TH program budget to redirect to HACC &amp; ECC Programs. He did make reference to the new Rehabilitation Model of Care, which involves significant expansion of the SA Health clinical workforce, including nursing, in the community. The need for expansion of funding to primary care services is once again central to our policy platform for the 2018 election.</td>
</tr>
<tr>
<td>‘That the 2016 ANMF (SA Branch) Annual Delegates Conference calls upon ANMF (SA Branch) to lobby the State Government / Department of Health to increase the funding allocated for Community Nursing in HACC &amp; ECC Programs.’</td>
<td>CARRIED.</td>
</tr>
<tr>
<td><strong>2. Call for audit of current security arrangements across CHSA</strong></td>
<td>Issue raised in correspondence to the CEO of the Country Health SA Local Health Network and the Minister for Health. Response received from M. Geraghty, CEO advising CHSALHN is committed to providing safe and secure workplaces, with security arrangements regularly reviewed, including by SA Health Security. Reference was also made to mandatory training provided to CHSALHN staff to equip them to deal with potentially threatening situations to be undertaken at least every three years.</td>
</tr>
<tr>
<td>‘That the 2016 ANMF (SA Branch) Annual Delegates Conference calls upon ANMF (SA Branch) to initiate discussions with the Government/DOH to conduct an audit of current security arrangements across CHSA with a view to advancing and providing secure workplaces for ANMF (SA Branch) members and the public.’</td>
<td>CARRIED.</td>
</tr>
<tr>
<td><strong>3. Rehabilitation Nursing</strong></td>
<td>Issue raised in correspondence to the NMBA and AHPRA. Response received from NMBA referred to reviews of EN and RN accreditation standards and encouraged ANMF (SA Branch) to engage in the consultation process to ensures the standards are fit for purpose.</td>
</tr>
<tr>
<td>‘That the 2016 ANMF (SA Branch) Annual Delegates Conference calls upon ANMF (SA Branch) to lobby ANMAC to include Rehabilitation Nursing as an elective in the curriculums for the Bachelor of Nursing and the Diploma of Enrolled Nursing in Australia.’</td>
<td>CARRIED.</td>
</tr>
</tbody>
</table>
4. Climate Change Policy

‘That the ANMF adopts the position that:

1) Nurses and Midwives undertake, wherever possible, to raise awareness of climate change and take steps to mitigate its effects such as supporting initiatives that favour energy efficient and environmentally sustainable use of products in health care services.

2) At risk groups, such as the elderly and very young people, socially isolated and the poor be identified and focussed on by nurses/midwives at times of weather extremes such as heat waves, bushfires and droughts.

3) ANMF should cooperate fully with health organisations, government and NGOs to raise awareness of climate change and its related health hazards and assist wherever possible to mitigate its effects.’

CARRIED.

ANMF (SA Branch) became a member of Global Green and Healthy Hospitals in 2017 – an organisation which supports existing efforts around the world to promote greater sustainability in the health sector, therefore strengthening health systems globally.

This resolution will also be referred to the 2017 ANMF Biennial National Conference for consideration.

5. Legislated staffing numbers

‘That the 2016 ANMF (SA Branch) Annual Delegates Conference calls on ANMF (SA Branch) to lobby the State Government to legislate on staffing numbers in all areas of SA Health.’

CARRIED.

ANMF (SA Branch) has raised this issue directly with the Minister for Health and gained his commitment to support discussions between ANMF (SA Branch) and SA Health to reach agreement on legislated staffing numbers.

The need to ensure that any legislation builds on current industrial regulation rather than undermine those standards will be an important matter for resolution.
## Agreements lodged by ANMF South Australian Branch for the period 1/7/16 to 30/6/17

<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>Australian Red Cross Blood Service Nursing Enterprise Agreement South Australia 2016.</td>
<td>Lodged 11/7/16</td>
<td>30/6/19</td>
<td>Other – Nurses</td>
<td>146</td>
</tr>
<tr>
<td>The RSL Care Nurses Enterprise Agreement 2015.</td>
<td>Lodged 11/7/16</td>
<td>30/6/18</td>
<td>Aged Care – Nurses</td>
<td>48</td>
</tr>
<tr>
<td>Keith and District Hospital Inc Nurses Enterprise Agreement 2015</td>
<td>Lodged 5/8/16</td>
<td>30/6/18</td>
<td>Private - Nurses</td>
<td>22</td>
</tr>
<tr>
<td>Riverview Lutheran Rest Home Inc Nursing Employees (Aged Care) &amp; ANMF-SA Enterprise Agreement 2016</td>
<td>Lodged 15/8/16</td>
<td>31/12/19</td>
<td>Aged Care – Nurses</td>
<td>14</td>
</tr>
<tr>
<td>Longridge Aged Care Nursing Employees Enterprise Agreement 2016</td>
<td>Lodged 15/8/16</td>
<td>31/12/17</td>
<td>Aged Care – Nurses</td>
<td>6</td>
</tr>
<tr>
<td>Barossa Village Inc Nursing Employees (Aged Care) &amp; ANMF Enterprise Agreement 2016</td>
<td>Lodged 18/8/16</td>
<td>01/01/19</td>
<td>Aged Care – Nurses</td>
<td>41</td>
</tr>
<tr>
<td>Wheatfields Incorporated Nursing Employees (Aged Care) &amp; ANMF Enterprise Agreement 2016</td>
<td>Lodged 18/8/16</td>
<td>6/10/19</td>
<td>Aged Care – Nurses</td>
<td>19</td>
</tr>
<tr>
<td>City of Holdfast Bay (Alwyndor Aged Care) Enterprise Agreement 2016 -2019</td>
<td>Lodged 1/9/16</td>
<td>30/6/19</td>
<td>Aged Care – Nurses &amp; PCA (State)</td>
<td>35 / 77</td>
</tr>
<tr>
<td>Lerwin Nursing Home and ANMF Enterprise Agreement 2015</td>
<td>Lodged 21/10/16</td>
<td>30/6/18</td>
<td>Aged Care – Nurses (State)</td>
<td>21</td>
</tr>
<tr>
<td>James Brown Memorial Trust Enterprise Agreement 2016</td>
<td>Lodged 19/10/16</td>
<td>30/6/19</td>
<td>Aged Care Nurses &amp; PCA</td>
<td>(350) 39 RN 24 EN 141 PCA</td>
</tr>
<tr>
<td>City of Onkaparinga Municipal Officers &amp; Nurses Enterprise Agreement 2016</td>
<td>Lodged 3/11/16</td>
<td>31/12/18</td>
<td>Private – Nurses – Other (State)</td>
<td>586</td>
</tr>
<tr>
<td>The Society of Saint Hilarion Inc Nursing Employees (Aged Care)&amp; ANMF Enterprise Agreement 2016</td>
<td>Lodged 4/11/16</td>
<td>19/12/19</td>
<td>Aged Care - Nurses</td>
<td>47</td>
</tr>
<tr>
<td>The Society of Saint Hilarion Aged Care Sector Employees Enterprise Agreement 2016</td>
<td>Lodged 4/11/16</td>
<td>30/6/19</td>
<td>Aged Care – PCA &amp; Others</td>
<td>(198) 127 PCA</td>
</tr>
</tbody>
</table>
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<tbody>
<tr>
<td>Allity Enterprise Agreement (South Australia) 2014 - variation</td>
<td>Lodged 16/11/16</td>
<td>30/6/18</td>
<td>Aged Care – Nurses &amp; PCA</td>
<td>1364</td>
</tr>
<tr>
<td>Matthew Flinders Home Inc Nursing Employees &amp; ANMF Enterprise Agreement 2015</td>
<td>Lodged 22/11/16</td>
<td>31/12/18</td>
<td>Aged Care – Nurses</td>
<td>31</td>
</tr>
<tr>
<td>North Eastern Community Hospital Nursing Employees &amp; ANMF Enterprise Agreement 2017</td>
<td>Lodged 24/11/16</td>
<td>31/12/19</td>
<td>Private – Nurses</td>
<td>136</td>
</tr>
<tr>
<td>Goel Nominees Nursing Employees (Aged Care) &amp; ANMF Enterprise Agreement 2016</td>
<td>Lodged 16/12/16</td>
<td>30/6/19</td>
<td>Aged Care – Nurses</td>
<td>39</td>
</tr>
<tr>
<td>Burnside War Memorial Hospital Inc Nursing and Midwifery Employees ANMF Enterprise Agreement 2016</td>
<td>Lodged 20/12/16</td>
<td>3/10/19</td>
<td>Private – Nurses</td>
<td>191</td>
</tr>
<tr>
<td>Royal District Nursing Service of SA Ltd Nurses Enterprise Agreement 2016</td>
<td>Lodged 21/12/16</td>
<td>1/8/19</td>
<td>Private – Nurses - Other</td>
<td>375</td>
</tr>
<tr>
<td>Nganampa Health Council Inc Community Health Nursing Employees &amp; ANMF SA Branch Enterprise Agreement 2017</td>
<td>Lodged 22/12/16</td>
<td>31/12/19</td>
<td>Private – Nurses</td>
<td>17</td>
</tr>
<tr>
<td>Resthaven Residential Aged Care &amp; Community Services Enterprise Agreement 2016</td>
<td>Lodged 22/12/16</td>
<td>30/6/19</td>
<td>Aged Care – PCAs and others</td>
<td>1667</td>
</tr>
<tr>
<td>Whyalla Aged Care Residential and Home Care ANMF SA and United Voice Enterprise Agreement 2016</td>
<td>Lodged 20/1/17</td>
<td>1/7/19</td>
<td>Aged Care – PCAs and others</td>
<td>174</td>
</tr>
<tr>
<td>St Joseph’s House Nursing Employees (Aged Care) &amp; ANMF Enterprise Agreement 2016</td>
<td>Lodged 10/2/17</td>
<td>30/6/18</td>
<td>Aged Care – Nurses</td>
<td>22</td>
</tr>
<tr>
<td>Port Lincoln Aboriginal Health Service Employees Enterprise Agreement 2016</td>
<td>Lodged 4/4/17</td>
<td>31/3/19</td>
<td>Private- Nurses - Other</td>
<td>41</td>
</tr>
<tr>
<td>Pennwood Village Nursing Employees (Aged Care) &amp; ANMFSAA Enterprise Agreement 2016</td>
<td>Lodged 6/4/17</td>
<td>1/7/20</td>
<td>Aged Care – Nurses</td>
<td>22</td>
</tr>
<tr>
<td>Ananda Aged Care Nurses Enterprise Agreement 2016</td>
<td>Lodged 11/4/17</td>
<td>30/6/19</td>
<td>Aged Care – Nurses</td>
<td>51</td>
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<tr>
<td>Barossa Village Incorporated United Voice &amp; ANMF Carers &amp; Support Staff Enterprise Agreement 2016</td>
<td>Lodged 27/4/17</td>
<td>30/6/19</td>
<td>Aged Care – PCAs</td>
<td>(129) 79 PCA</td>
</tr>
<tr>
<td>Australian Nursing and Midwifery Federation South Australian Branch Employees Agreement 2017</td>
<td>Lodged 1/5/17</td>
<td>1/9/19</td>
<td>Private - Other</td>
<td>10</td>
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<td>1/9/19</td>
<td>Private - Other</td>
<td>62</td>
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<tr>
<td>Boneham Aged Care Services Inc Nursing Employees (Aged Care) &amp; ANMF- SA Enterprise Agreement 2016</td>
<td>Lodged 22/5/17</td>
<td>31/1/20</td>
<td>Aged Care – Nurses</td>
<td>19</td>
</tr>
<tr>
<td>Boneham Aged Care Services Inc Aged Care Sector Employees &amp; ANMF- SA Enterprise Agreement 2016</td>
<td>Lodged 22/5/17</td>
<td>31/1/20</td>
<td>Aged Care – PCAs and others</td>
<td>(80) PCA, &amp; others</td>
</tr>
<tr>
<td>Minda Inc Nursing Employees ANMF South Australian Branch Enterprise Agreement No 7 2017</td>
<td>Lodged 23/5/17</td>
<td>30/6/19</td>
<td>Aged Care - Nurses</td>
<td>15</td>
</tr>
<tr>
<td>Pika Wiya Aboriginal Health Service Aboriginal Corporation Nursing Employees &amp; ANMF Enterprise Agreement 2017</td>
<td>Lodged 23/5/17</td>
<td>30/9/19</td>
<td>Private –Other</td>
<td>5</td>
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<tr>
<td>Gilbert Valley Senior Citizens Homes (Riverton) Inc Nursing Employees ANMF – SA (Aged Care) Enterprise Agreement 2016</td>
<td>Lodged 26/5/17</td>
<td>30/6/19</td>
<td>Aged Care – Nurses</td>
<td>8</td>
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<tr>
<td>Boandik Lodge Inc United Voice &amp; ANMF Aged Care Employees Enterprise Agreement 2017</td>
<td>Lodged 15/6/17</td>
<td>30/11/19</td>
<td>Aged Care – PCAs and others</td>
<td>372 264 PCA</td>
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<tr>
<td>Regis Aged Care, ANMF South Australia and United Voice South Australia Enterprise Agreement 2017</td>
<td>Lodged 29/6/17</td>
<td>30/9/20</td>
<td>Aged Care – Nurses, PCAs and others</td>
<td>RNs 50 ENs 33 Care Staff 239 Support Services 105</td>
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Notes