

NURSING/MIDWIFERY (SOUTH AUSTRALIAN PUBLIC SECTOR) ENTERPRISE AGREEMENT 2013

File No. 05508/2013B

This Agreement shall come into force on and from 6 November 2013 and have a nominal expiry date of 1 September 2016

THE COMMISSION HEREBY APPROVES THIS ENTERPRISE AGREEMENT PURSUANT TO SECTION 79 OF THE FAIR WORK ACT 1994.

DATED 6 NOVEMBER 2013



A handwritten signature in black ink, appearing to read "Lars Burt".

COMMISSION MEMBER

NURSING/MIDWIFERY
(SOUTH AUSTRALIAN PUBLIC SECTOR)
ENTERPRISE AGREEMENT 2013



**Government
of South Australia**

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Public Sector Workforce Relations
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PART 1 – APPLICATION AND OPERATION OF AGREEMENT

1.1 TITLE

This Agreement is known as the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013 (the “Agreement”).

1.2 ARRANGEMENT

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1.3 DEFINITIONS

1.3.1 In this Agreement, unless the contrary intention appears:

“ANMF”	means the Australian Nursing and Midwifery Federation (SA Branch).
“Award”	is the <i>Nurses (South Australian Public Sector) Award 2002</i> (created by the Industrial Relations Commission of South Australia, effective from the first full pay period on or after 1 April 2007).
“AIN/M”	means Assistant in Nursing/Midwifery.
“association”	means an association that is registered under the <i>Fair Work Act 1994</i> (SA) and is a party to this Agreement. For the purposes of this Agreement association means the ANMF.
“Chief Executive”	means the person who is the principal administrative officer within the named agency, or delegate thereof.
“DCSI”	means the Department for Communities and Social Inclusion.
“DHA”	means the Department for Health and Ageing/SA Health.
“employer”	means the applicable employer bound by this Agreement, or delegate thereof.
“employee”	means an employee bound by this Agreement.
“EN”	means Enrolled Nurse.
“Health unit”	means SA Ambulance Service, a hospital and/or a health service incorporated pursuant to the <i>Health Care Act 2008</i> (the “Act”).
“Health Unit Site”	means a site at which the activities of an incorporated hospital or SA Ambulance Service are undertaken.
“HR Manual”	means the applicable employer human resources manual (i.e. SA Health (Health Care Act) Human Resources Manual or DCSI HR Manual).
“Inpatient unit”	means a unit, the purpose and function of which is to provide services to a patient or client following that person’s admission to a hospital.
“IRCSA”	means Industrial Relations Commission of South Australia.
“LHN”	means the hospitals incorporated under the <i>Health Care Act 2008</i> (SA) namely: Northern Adelaide Local Health Network; Central Adelaide Local Health Network; Southern Adelaide Local Health Network; Country Health SA Local Health Network; and, for the purpose of these definitions also refers to the Women’s and Children’s Health Network
“N/MHPPD”	means Nursing or Midwifery Hours Per Patient Day.
“party”	means the persons, entities and associations referred to in clause 1.4.
“Patient care area”	means ward/s, patient service unit/s or team/s (including nursing/midwifery staff) providing direct care to patients/clients.
“RN”	means Registered Nurse.
“RN (Mental Health)”	In a mental health service, ward, unit or team RN means a Registered Nurse who is either enrolled in an approved Mental Health course or who holds qualifications in mental health practice.

“RM” means Registered Midwife.

This “Agreement” means the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013.

1.4 SCOPE & PARTIES BOUND BY THE AGREEMENT

- 1.4.1 This Agreement is binding upon the Chief Executive, Department of the Premier and Cabinet, the Chief Executive, Department for Health and Ageing, the Chief Executive, Department for Communities and Social Inclusion (the employers); and
- 1.4.2 Employees who are Registered or Enrolled Nurses, Midwives and RN (Mental Health) (however titled) who are registered or enrolled (or otherwise listed) pursuant to the *Health Practitioner Regulation National Law (South Australia) Act 2010* (or successor legislation) and Assistants in Nursing/Midwifery.
- 1.4.3 This Agreement is binding on the Australian Nursing and Midwifery Federation (SA Branch). For the purposes of this Agreement the Enterprise is defined as the DHA; DCSI; SA Ambulance Service and hospitals and health units incorporated pursuant to the *Health Care Act 2008* (SA).

1.5 DATE & TERM

- 1.5.1 This Agreement will operate from the date of approval by the IRCSA with a nominal expiry date of 1 September 2016.

1.6 RENEGOTIATION

- 1.6.1 The parties to this Agreement agree that negotiations in respect of a new Agreement will commence no earlier than March 2016.

1.7 RELATIONSHIP TO THE AWARD

- 1.7.1 This Agreement is to be read and interpreted wholly in conjunction with the *Nurses (South Australian Public Sector) Award 2002* (the Award) or any successor thereto; provided that where there is inconsistency between this Agreement and the Award this Agreement takes precedence to the extent of that inconsistency.
- 1.7.2 This Agreement replaces and supersedes the *Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2010*.

1.8 PURPOSE

- 1.8.1 This Agreement reaffirms the parties' commitment to the achievement of best practice and continuous improvement. The Agreement also provides for salary increases that recognise:
- (i) the contribution that nursing/midwifery employees are making to improvements in productivity and efficiency in the South Australian public health sector during the life of this Agreement;
 - (ii) the need to attract and retain qualified nursing and midwifery staff in the public sector; and
 - (iii) all changes in work value up to and including 1 September 2013.

1.9 PRINCIPAL UNDERTAKINGS

- 1.9.1 The parties bound by the Agreement acknowledge that the provision of health services in this State is subject to ongoing development and restructuring in order that the best possible health outcomes are achieved for the people of South Australia. To this end it is acknowledged that the *South Australian Health Care Plan 2007-2016* released on 6 June 2007 by the Minister for Health provides the platform for health service reform.
- 1.9.2 The parties bound by the Agreement are committed to actively engage over clinical change and workforce reform initiatives designed to achieve ongoing health services improvements.

- 1.9.3 The parties bound by the Agreement are also committed to the identification and implementation of initiatives to improve standards of care, productivity and efficiency at the clinical, health unit, and departmental level.
- 1.9.4 In making this Agreement and in the course of its operation, the parties are expressly committed to existing terms and conditions of employment not being reduced.

1.10 AIMS & OBJECTIVES

1.10.1 The aims and objectives of this Agreement are to:

- (i) improve the structure, productivity, efficiency and effectiveness of the South Australian public health sector through the introduction of initiatives at the enterprise or health unit level;
- (ii) attract nurses/midwives to, and retain nurses/midwives in, permanent full time or part time employment in the South Australian public health sector and to reduce reliance on temporary contracts and/or casual and/or agency staff to meet ongoing and planned workforce requirements;
 - (a) DHA recognises that permanent part or full time employment is the preferred form of engagement for employees covered by this Agreement;
 - (b) DHA recognises that casual employment and agency engagements are not the preferred modes of employment, and DHA will work towards minimising the use of casual and agency workers in all health units. Without limiting the generality of this commitment, the employers bound by this agreement will work to ensure that employees are offered permanent arrangements that will allow them to meet both their work and family commitments through effective promotion and implementation of flexible work arrangements.
- (iii) provide for continuous workplace transformation with the objective of continuous service improvement;
- (iv) improve the delivery of care and services to patients;
- (v) continue to implement initiatives that support appropriate workforce flexibility, mobility, development and performance;
- (vi) facilitate flexible working hours to enable employees to balance their work and other responsibilities whilst at the same time enabling health units to meet the demands on their services;
- (vii) provide for an effective system for safe inpatient unit nursing/midwifery staffing levels and skill mix within the South Australian public health system;
- (viii) ensure an ongoing stable industrial relations framework at the health unit level that assists health units to improve efficiency and business performance; and
- (ix) ensure ongoing cooperation between the parties to achieve improvements in occupational health and safety performance.

1.11 NO EXTRA CLAIMS

- 1.11.1 This Agreement and its salary schedules will be taken to have satisfied and discharged all claims of any description (whether as to monies or conditions).
- 1.11.2 The rates of pay provided for in this Agreement are inclusive of all previously awarded safety net adjustments and all future increases during the term of this Agreement, arising out of State Wage Case decisions, including safety net adjustments, living wage adjustments or general increases, howsoever described.
- 1.11.3 Subject to this clause, the employees, the ANMF and employer parties undertake not to pursue any further or other claims within the parameters of this Agreement, except where consistent with State Wage Case principles.
- 1.11.4 The provisions of this clause do not preclude an application being made to the IRCSA to vary the Agreement for the specified clauses below:

- Clause 4.2 – Career Structure Review;
- Clause 3.1.9 and 3.1.14 – to give effect to variations to Appendix 2 staffing agreed between DHA and ANMF; and
- A proposal or request for or to make a Workplace Flexibility Agreement will not be considered as a claim or extra claim, provided that in no circumstances whatsoever will there be any actual or threatened industrial action, nor threatened or actual cessation or limitation of duties or service delivery in relation thereto.

1.11.5 To give effect to an agreed matter, the variation will be taken to have been agreed by the parties if the applicable employer to this Agreement and ANMF agree to the variation.

1.12 NOT TO BE USED AS A PRECEDENT

1.12.1 This Agreement is not to be used as a precedent in any manner whatsoever to obtain similar arrangements or benefits elsewhere in the South Australian public sector.

PART 2 – CONSULTATION AND DISPUTE RESOLUTION

2.1 CONSULTATION

- 2.1.1 It is an accepted principle that effective workplace relationships can only be achieved if appropriate consultation between the industrial parties occurs on a regular basis.
- 2.1.2 In particular, where nursing/midwifery staff are affected, the parties are to consult in relation to any planned initiatives and strategies that are designed to achieve the objectives of the Principal Undertakings (clause 1.9).
- 2.1.3 The following consultation principles are applicable:
- (i) Consultation involves the sharing of information and the exchange of views between employers and the persons or bodies that must be consulted and the genuine opportunity for them to contribute to any decision-making process.
 - (ii) Consultation is the process by which management and employees or their representatives jointly examine and discuss issues of mutual concern. It involves managers actively seeking and then taking account of the views of employees, either directly or through their representatives, before making a decision. Meaningful consultation depends on those being consulted having adequate information and time to consider it. It is important to remember that merely providing information does not constitute consultation;
 - (iii) Employers must consult in good faith;
 - (iv) Workplace change that affects a significant number of nursing/midwifery employees should not be implemented before appropriate consultation has occurred with ANMF representatives; and
 - (v) ANMF representatives are to be given the opportunity to adequately consult with the people they represent in the workplace, in relation to any proposed changes that may affect employees' working conditions or the services employees provide.
 - (vi) The parties agree that consultation should be directed towards, but may not in all cases result in agreement over the matters under discussion/the proposed change. In such circumstances it is acknowledged that the ANMF may, where industrial matters are in dispute, seek external review of the decision by the IRCSA.
 - (vii) It is also acknowledged by the ANMF that management may elect to proceed with implementation of measures which are not agreed following an appropriate period and form of consultation. Subject to industrial matters that are referred to the IRCSA the ANMF will not persist with industrial action in relation to clinical or professional matters in such situations.

2.2 GRIEVANCE & DISPUTE SETTLEMENT PROCEDURE

Any grievance, industrial dispute or matter likely to create a dispute is to be dealt with in accordance with the manner set out hereunder:

- 2.2.1 The parties to the Agreement are obliged to make every endeavour to facilitate the effective functioning of these procedures.
- 2.2.2 The parties or their representative(s) will make themselves available for consultation as required under these procedures.
- 2.2.3 The employee or employee representative should discuss any matter affecting an employee with the supervisor in charge of the section or sections in which the grievance, dispute or likely dispute exists.
- 2.2.4 If the matter is not resolved at this level the employee or employee representative should ask for it to be referred to an appropriate manager who will arrange a conference to discuss the matter.
- 2.2.5 The consultation process as described in 2.2.4 will be commenced within 24 hours of the grievance, dispute or likely dispute having been indicated, or within such longer or shorter time as may be agreed by the parties.

- 2.2.6 If a matter cannot be resolved using the above procedures, the parties should enter into consultation at a higher level on both sides, as the parties consider appropriate. At this level of consultation officers of the DHA or DCSI, and Public Sector Workforce Relations as appropriate, may be involved.
- 2.2.7 At any stage in the procedures after consultation between the parties has taken place in accordance with the procedure, either party may request and be entitled to receive a response to its representations within a reasonable time as may be agreed upon by the parties.
- 2.2.8 If the grievance, dispute or likely dispute is not resolved in accordance with these procedures either party may refer the matter to the IRCSA for conciliation or in the event that conciliation fails to fully resolve the matter for determination, the IRCSA may then:
- a) Arbitrate the dispute; and
 - b) Make a determination that is binding on the parties to the dispute.
- Note: If the IRCSA arbitrates a dispute, it may also use the powers that are available to it under the Fair Work Act 1994 (SA).*
- A decision that the IRCSA makes when arbitrating a dispute is agreed by the parties as being a determination for the purpose of Division 4 of Part 3 of Chapter 5 of the *Fair Work Act 1994 (SA)*. Therefore, an appeal may be made against that decision.
- 2.2.9 Without prejudice to either party, and except where a bona fide health and safety issue is involved, work should continue on a status quo basis while the matters in dispute are being dealt with in accordance with these procedures. On a status quo basis will mean the work situation in place at the time the matter was first raised in accordance with these procedures.
- 2.2.10 If there is undue delay on the part of any party in responding to the matter creating a grievance, dispute or likely dispute, the party complaining of the delay may take the matter to another level of the procedure if the party believes it is desirable to do so.
- 2.2.11 In the event of a party failing to observe these procedures the other party may take such steps as determined necessary to resolve the matter.
- 2.2.12 These procedures will not restrict the health unit or its representatives or its employees or representatives, which may be a duly authorised official of the ANMF, making representations to each other.

ENFORCEMENT

- 2.2.13 If the ANMF reasonably believes that in respect of its members there is a purported breach or non-compliance with this Agreement as approved in relation to or arising from:
- i. an express basis on which this Agreement is made; or
 - ii. a parliamentary process that reduces or removes an employment benefit; or
 - iii. an existing condition; or
 - iv. a condition prescribed in this Agreement,

the ANMF may, without otherwise limiting its rights, seek redress to the IRCSA in relation thereto.

2.3 WORKPLACE FLEXIBILITY

- 2.3.1 The parties agree that an agency (for the purposes of this clause 'agency' is DHA and/or DCSI) may negotiate and reach agreement at a workplace level with employees within that workplace (including an individual employee), on more flexible employment arrangements that will better meet the operational needs of the workplace having regard to the needs of employees (including taking into account employees' family and other non-work responsibilities).
- 2.3.2 This clause applies to a proposal by an agency or employee/s within a workplace to negotiate and agree flexible employment arrangements to operate within a workplace (a "Workplace Flexibility Proposal").
- 2.3.3 Where an agency or employee/s intends to initiate a Workplace Flexibility Proposal, the initiator will notify the agency or employee/s (as applicable) within the workplace likely to be affected, of the terms of the proposal and the manner in which it is intended to operate. The agency will provide such information to the ANMF and will consult with the ANMF and affected employee/s in accordance with the consultative principles in this Agreement.

- 2.3.4 Consultation in respect of a Workplace Flexibility Proposal will have regard to operational efficiency and productivity work and non-work impacts on individual affected employees and whether the Proposal has policy implications across agencies in the public sector. Where such policy implications arise, the affected employee/s, or ANMF, or the agency may refer the Proposal to the Chief Executive SA Health or Chief Executive, Department for Communities and Social Inclusion (as appropriate) for consultation with those employee/s and with the ANMF, and wider consultation as appropriate.
- 2.3.5 A Workplace Flexibility Proposal may not be put to a vote by affected employees where it proposes employment arrangements that are less favourable (considered as a whole) than arrangements applying pursuant to this Agreement (including a relevant Award) provided that this requirement will be deemed to be met where the relevant agency and the ANMF has agreed that this requirement has been met.
- 2.3.6 Where a majority of affected employees agree (whether by ballot or otherwise) to a Workplace Flexibility Proposal, the employment arrangements agreed will be provided in writing and will apply as if incorporated as an appendix to this Enterprise Agreement (a "Workplace Flexibility Agreement").
- 2.3.7 A party may apply to vary this Agreement to add any Workplace Flexibility Agreement as an Appendix to remove any uncertainty in the operation of this clause in giving effect to any Workplace Flexibility Agreement. The parties agree that any such application will be dealt with in accordance with the Variation clause in this Enterprise Agreement and will operate only in respect of the agency and workplace specified within the schedule.

PART 3 – STAFFING AND WORKLOADS

3.1 SAFE STAFFING LEVELS

- 3.1.1 Health unit sites are to staff to meet patient/client demand according to the relevant indicators for that setting.
- 3.1.2 As a minimum, staffing levels must be in accordance with the provisions of this clause read in conjunction with the provisions of Appendix 2 which sets out the detail of minimum staffing levels for each inpatient care area and other relevant patient care areas. The approach to implementation of Appendix 2 is directed towards preserving the status quo at the time of implementation and thereafter unless agreement is reached to vary these arrangements using processes established by the business rules.
- 3.1.3 The specified staffing set out above shall be implemented progressively with full effect from 4 months after the date of approval of this agreement.
- 3.1.4 DHA/ANMF will develop business rules that will support the operation of this clause in all relevant workplaces. The Nursing/Midwifery Hours per Patient Day (N/MHPPD) business rules will be developed and amended by agreement of the parties, provided that the business rules must be consistent with the provisions of this agreement.
- 3.1.5 In applying the N/MHPPD where that is the nominated measure for minimum staffing, health unit sites will:
- 3.1.5.1 Multiply the N/MHPPD for the patient care area by the number of beds that are expected to be occupied or utilised on a regular basis for the period for which staffing is to be determined and then multiply the product by the number of days in the period within which the hours must be balanced.
- 3.1.6 In patient care areas for which a ratio has been nominated as the measure for minimum staffing, the patient care area must maintain staffing to ensure the ratios are achieved for the period for which staffing is to be determined.
- 3.1.7 For all metropolitan health unit sites and Mt Gambier, Pt Augusta, Pt Pirie and Whyalla Hospitals the period within which the hours must be balanced is 14 days.
- 3.1.8 For all other country health units sites the period within which the hours must be balanced is 28 days.
- 3.1.9 DHA/ANMF may agree during the life of this agreement to alter the staffing levels set out in appendix 2 where:
- there is a significant change to the patient population of the patient care area; or
 - there are significant changes in practice, equipment or to models of care that may impact on the requirement for nursing/midwifery staff; or
 - there are significant changes to the distribution of work across times of the day and/or days of the week; or
 - there are any significant changes to the environment in which work is performed
- 3.1.9.1 Consultation with the ANMF (SA Branch) will be initiated by the health unit site to determine whether there should be adjustment, by agreement of the parties, to the stipulated N/MHPPD. In considering such matters the parties will have regard to efficient practice in other similar patient care areas or from areas which provide care to similar groups of clients/patients.
- 3.1.9.2 The process will involve N/MHPPD allocation based on characteristics such as patient complexity and acuity, intervention levels, resource consumption, existing prescribed N/MHPPD for similar units and current efficient practices in SA Public Hospitals. The process will include:
- Consultation with staff in the determination of appropriate N/MHPPD
 - Consultation with CSC/Staff in the distribution of nursing/midwifery hours over the relevant period
- 3.1.10 In balancing hours within the relevant period, the health unit site must ensure that, as a minimum, all of the hours available for direct patient care are rostered and worked within the period at an individual ward/unit level. In producing rosters for the relevant period the health site will include all direct patient care, project and other indirect hours.
- 3.1.11 The CSC (or equivalent) will, in consultation with their staff, allocate the direct care nursing/midwifery hours available for staffing across the relevant period in which they are to be balanced with due regard to expected care needs of patients/clients and the workload pattern of their ward.
- 3.1.12 When, on a shift, the CSC (or equivalent) considers that patient care needs cannot be sufficiently met from the nurses/midwives immediately available and that additional hours should be provided in order to meet patient/client demand, the CSC (or equivalent) will consider solutions consistent with the business rules but which include options for action such as:
- deployment of nurses/midwives from/to other wards/units;
 - additional hours for part time staff;
 - engagement of casual/agency nursing/midwifery staff;
 - overtime;
 - prioritisation of nursing/midwifery activities on the ward/unit;
 - reallocation of patients.

- 3.1.13 Where sufficient nursing/midwifery staff are not available, the CSC (or equivalent) may, with approval from the Director of Nursing and Midwifery (or delegate) limit admissions when discharges occur from the ward/unit. Such approval will not unreasonably be withheld.
- 3.1.14 The implementation of the N/MHPPD model shall be undertaken by DHA/ANMF in a way that allows for ongoing development and refinement of the model to achieve consistent nursing/midwifery hours and ratios across DHA taking into consideration patient complexity and acuity, intervention levels and resource consumption.

3.2 SPECIAL ADDITIONAL PROVISIONS FOR COUNTRY HOSPITALS AND HEALTH UNIT SITES

- 3.2.1 The N/MHPPD for health unit sites managed by Country Health SA LHN are stipulated in Appendix 2.
- 3.2.2 Staffing for Commonwealth licensed aged care beds will be 3.2 NPCHPPD averaged across CHSALHN high care beds by the nominal expiry of this Agreement. The increase to 3.2 is subject to a commensurate increase in ACFI funding being provided to reflect increased care needs.
- 3.2.3 Health unit sites other than those listed at Appendix 1 are agreed as being minimum staffed health units; that is sites for which staffing levels and mix are unchanging from day to day or by time of the day. In these sites a minimum of 1 registered nurse and 1 other nurse/midwife must be on duty at all times. These staff are in addition to the DON/M and the Clinical Nurse Coordinator roles.

3.3 SKILLS MIX PROVISIONS

- 3.3.1 In health unit sites (other than country health unit sites) the skill mix for inpatient units is 70:30 registered nurses/midwives to enrolled nurses/assistant in nursing/midwifery. DHA or ANMF may seek to have the skill mix in a health unit site or part thereof adjusted should any role, service requirement or change in service volume occur in such health unit site or part thereof.
- 3.3.2 In country health unit sites the skill mix is maintained at the level set out in Appendix 4 (with a positive/negative tolerance factor of 5%) averaged over a 12 month period. DHA or ANMF may seek to have the skill mix in a country health unit site or part thereof adjusted should any role, service requirement or change in service volume occur at that country health unit site or part thereof.
- 3.3.3 Graduate nurses/midwives are to be included in the RN/M ratio but are not, unless otherwise agreed between the parties, to be rostered as the only registered nurse/midwife in a health unit site or patient care area in the first 6 months of employment.

3.4 NEW COMMUNITY MODEL PROVISIONS

- 3.4.1 Overarching principles in workload allocation will be applied in community and community mental health settings as contained in the document 'Nursing and Midwifery Community Health and Community Mental Health Overarching Principles in workload allocation'

3.5 STAFFING: DEPARTMENT FOR COMMUNITIES AND SOCIAL INCLUSION

- 3.5.1 Staffing applicable to DCSI is set out in Appendix 5.

3.6 ROSTERING ARRANGEMENTS

- 3.6.1 Rostering is by a 7 day roster, other than for Monday to Friday workers, except where service delivery does not extend over 7 days of the week.
- 3.6.2 Notwithstanding 3.6.1 above, an employee may request a fixed day(s) off. An employee cannot be required to nominate a fixed day off at the instigation of the employer.

3.7 STANDARD 10 HOUR NIGHT SHIFTS

- 3.7.1 The night shift standard length is 10 hours subject to the following:
 - (i) Night shift lengths of less than the 10 hour standard may be agreed by a majority of nursing/midwifery employees in any particular ward or discrete work area following a ballot of such employees.
 - (ii) If, due to staff changes or if the majority of nursing/midwifery employees subsequently wish to revert to the 10 hour standard, the roster will revert to include the 10 hour night shift within the ensuing 12 week period.

- (iii) The ability of any ward or discrete work area to implement the standard 10 hour night shift will depend upon sufficient staffing numbers (with appropriate skill mix) being available at that ward or work area to be able to maintain such standard shift arrangement without incurring overtime or using casual/"agency" staff (other than normal overtime or incidental use of casual/agency staff to cover absences on leave, etc.). However once introduced, the 10 hour night duty will be maintained, subject to the provisions of clause 3.7.1(i) above.
- (iv) Some of the additional shift "overlap" time created by the introduction of 10 hour night shifts is to be used for professional development purposes. Over the course of any 12 month period the "overlap" time spent on professional development activity must equate to a minimum of 1 day per nurse/midwife on average.
- (v) For those nursing/midwifery employees working shifts of greater than 10 hours, nothing in this Agreement requires the reduction of such shifts, and that any changes to these shifts would require consultation at the local level with affected nursing/midwifery staff and their ANMF representatives.
- (vi) Shift lengths of greater than 10 hours may continue to be introduced in accordance with clause 5.1 of the Award.

3.7.2 Ordinary hours of duty are defined as 152 within a cycle not exceeding 28 days.

3.8 CASUAL EMPLOYEES

3.8.1 A casual employee is engaged for a minimum of 3 hours.

3.8.2 Following assessment, casuals who have been engaged to work on a pattern of hours that are regular are to be converted to permanent employment status. Regular hours for casuals means employees who work some of their hours in a predictable fashion and those hours are rostered on an ongoing basis. In addition such employees may work extra hours that meet the unplanned or irregular needs of the health unit from time to time.

3.8.3 Assessment of substantive FTE for casuals under the preceding clause is based on consideration of those hours worked in a predictable manner and those hours rostered on an ongoing basis.

3.8.4 Casual employees who are unable to accept offers of employment due to the birth of a child (as long as the break between engagements does not exceed 12 months) maintain continuity of service for the purposes of long service leave only. Such breaks between engagements are not counted for the purposes of calculating the entitlement for long service leave.

3.9 PART TIME EMPLOYEES – MINIMUM SHIFT LENGTH

3.9.1 The minimum shift length for a part time employee is 3 hours.

3.10 PERFORMANCE REVIEW AND DEVELOPMENT

3.10.1 Performance review and development of employees will be developed/maintained for all nursing/midwifery staff during the life of this Agreement.

3.10.2 Employers must consult with employees and the ANMF over the model of performance review and development process to be adopted within the service and which must be directed towards fair and reasonable assessment of the employee's strengths in performance as well as identifying areas for development. An employer must provide opportunities and resources to meet the development needs of employees identified through the performance development processes.

3.10.3 Performance review and development processes must not be intertwined with disciplinary processes at any time. Where performance issues have been unable to be resolved through normal performance development processes, a disciplinary process should be commenced in place of the performance development process.

3.11 MIDWIFERY CASELOAD PRACTICE AGREEMENT

3.11.1 The Midwifery Caseload Practice Agreement is set out in Appendix 7. The provisions of this Appendix may be extended to other health unit sites not currently using the model following agreement with the respective

LHN the affected employees and the ANMF. Provisions within Appendix 7 may be varied by mutual agreement of the respective LHN and the ANMF.

PART 4 – CAREER STRUCTURE

4.1 CAREER STRUCTURE

4.1.1 The career structure / classification descriptors are detailed in Appendix 8.

4.2 CAREER STRUCTURE REVIEW

4.2.1 DHA and the ANMF will undertake a joint review of the career structure and classification descriptors during the first 12 months of this Agreement following approval by the IRCSA. DCSI will be consulted about the Review. The Terms of Reference for the Review are set out at Appendix 8A.

4.3 INCREMENTAL PROGRESSION

4.3.1 Nursing/midwifery employees will be entitled to progress to the next increment higher than their previous increment on their next annual anniversary date (or after completion of 1610 hours for casual/part time employees but no earlier than 12 months) in accordance with existing incremental progression dates.

4.4 ENROLLED NURSE WITH CERTIFICATE QUALIFICATIONS

4.4.1 Progression to increment 7 for ENs (Certificate) is subject to meeting the qualifications criteria detailed in Appendix 8.

4.5 ENROLLED NURSE WITH DIPLOMA OF NURSING QUALIFICATIONS

4.5.1 Employees classified in the EN with Certificate salary scale who undertake a post-enrolment Diploma translate to the Enrolled Nurse with Diploma qualification salary scale on an increment-to- increment basis.

4.6 REGISTERED NURSE/MIDWIFE LEVEL 2 (RN/M2)

4.6.1 Registered Nurses/Midwives Level 2 with portfolio responsibilities will be supported through the provision of portfolio management time. This is calculated for specific portfolio areas and responsibilities within a unit/service and is not based on a time allocation for each Level 2 position. The allocation will be in line with the 'Guiding Principles for Portfolio Management – Nurse/Midwife (Level 2) Classification' which notes the agreed methodology used to calculate the FTE requirement for Portfolio management was based on 1 FTE per 150 nursing/midwifery staff (FTE).

4.7 REGISTERED NURSE/MIDWIFE LEVEL 3 (RN/M3) AND LEVEL 4 (RN/M4) (INCLUDING NURSE PRACTITIONER)

4.7.1 Full-time Level 3s and Level 4s (RN/M 3/4) will, unless otherwise agreed between the employee and their manager, be entitled to one programmed day off ('PDO') per 28 day cycle, on the basis that the PDO will not be backfilled. Where a RN/M 3/4 is required by the RN/M 5/6 to work rostered shiftwork, the appropriate shift penalties as prescribed in clause 5.3 of the Award are payable.

4.7.3 In circumstances where an RN/M 3/4 is required by the RN/M 5/6 and is recorded to be on-call, the RN/M 3/4 will receive the appropriate on-call allowance in accordance with clause 8.5 of this Agreement. Overtime does not otherwise apply to this classification.

4.7.4 An RN/M 3/4 who is approved to be rostered on-call and is subsequently recalled to work, will be entitled to recall payments at overtime rates as prescribed in clause 5.4.5 of the Award.

4.7.5 Registered Nurse/Midwife Clinical Service Coordinators (Level 3 or 4)

- Who provide pivotal coordination of patient/client care delivery in a defined ward/unit/service/program; and
- Whose main focus is the line management, coordination and leadership of nursing/midwifery activities to achieve continuity and quality of patient care; and
- Who are accountable for the outcomes of nursing/midwifery practice in the specific practice setting;

Are to be provided with 5 days per week during which time they will not be counted towards meeting patient/client demand for staffing related purposes. Clinical Service Coordinators may allocate a component of this time to the Associate Clinical Services Coordinator.

4.8 REGISTERED NURSE/MIDWIFE LEVEL 5 (RN/M5) AND LEVEL 6 (RN/M6)

- 4.8.1 Employees classified at this level have no fixed hours of duty in accordance with clauses 4.4.1, 5.1, 5.3 and 5.4.2 of the Award. Notwithstanding this, employees classified at this level are not expected to work excessive hours. Chief Executives or delegates are required to ensure that the hours worked are reasonable in order to provide sufficient time free from all duty and that time off at the reasonable convenience of both the employee and health units is made available when excessive hours have been worked.
- 4.8.2 The Chief Executive will consult with the ANMF in relation to any identified RN/M 5 or RN/M 6 position that the Chief Executive considers provides levels of leadership, expertise, judgement and accountability congruent with the Executive stream.
- 4.8.3 The RN/M Level 6 work level descriptors contained in Appendix 8 may be varied by agreement between the parties where there is a need to ensure the descriptors adequately reflect any new organisational structure.

PART 5 – PROFESSIONAL DEVELOPMENT

5.1 PROFESSIONAL DEVELOPMENT

5.1.1 Nurses and midwives will have access to the following professional development:

- An average of 3 days professional development leave per annum (pro rata for part-time employees, and excluding casuals). Up to 1 day of this leave will be undertaken during the shift “overlap” time made available as a result of the standard 10 hour night shift referred to in clause 3.7.1 where that shift length is worked;
- Staff development, conference leave and study assistance provisions as provided by the HR Manual;
- Emergency Nursing and Midwifery Education courses (ENAME) for Country Health SA nurses and midwives;
- Teaching Hospital approved courses;
- Transition to Professional Practice.

5.1.2 Skills maintenance/training will be provided by the employer in addition to the 3 days and will include the following training:

- Fire safety
- Manual handling
- Hand hygiene
- Basic Life Support (CPR)
- Aggression Management (where relevant and required in specific health settings)
- Drug calculations
- Child protection
- Implementation or maintenance of clinical systems
- Administration and/or record keeping
- Advanced Life Support (where relevant and required in specific health settings)

5.2 PROFESSIONAL DEVELOPMENT REPORTING & FUNDING

This clause operates from date of approval until 30 June 2016.

5.2.1 Health unit sites will monitor and report on Professional Development activity as provided at clause 5.2.2. The report shall be produced quarterly by the LHN Executive Director Nursing and Midwifery and provided to the ANMF. The report may also be used by the Professional Development Forum to inform itself for the purposes of its activities as provided in clause 5.3.2.

5.2.2 The report will include an acquittal of all moneys spent on all professional development activities undertaken by nurses and midwives. It will also report on the number of days (expressed as hours) spent on professional development activity against the nursing/midwifery FTE on a ward/service/department basis.

5.2.3 Funding detailed below is provided to all sites. In sites where ProAct is utilised the report is to acquit all activity against the following criteria in terms of financial spend and hours/days per category. In sites where staff complete a time sheet, the acquittal will be in total hours and total financial spend:

- An amount equaling \$700 per employee for the average of 3 days professional development leave for activities including Clinical Unit orientation/preceptorship; specific training for introduction of new technology or clinical skills and accreditation of identified clinical skills; the maintenance of competency requirements for safe practice and the introduction of new nursing practices;
- An amount equaling 1% of the nursing/midwifery payroll budget for the unit/service/department provided for activities including conference and study leave and course reimbursement as provided by the HR Manual;
- An amount equaling \$200 per employee in Country Health SA for ENAME and other country specific professional development expenditure;
- An amount that totals \$10.5 million as distributed to the LHNs for the following purposes: Transition to Professional Practice, and Nursing/Midwifery Capability Development programs (i.e. Teaching Hospital approved courses).

5.3 PROFESSIONAL DEVELOPMENT MONITORING

This clause operates from date of approval until 30 June 2016.

- 5.3.1 LHNs will establish site/service level nursing and midwifery Training and Professional Development Forum/s that include ANMF Worksite Representative/Learning and Professional Development Representatives. ANMF representatives will be provided with relevant information and reasonable time to participate in the forum.
- 5.3.2 Each Training and Professional Development Forum will meet at least quarterly to discuss and review:
- The number of applications for professional development and study assistance (including conferences etc.);
 - The number of approvals of such applications by classification and work areas;
 - Priorities for nursing/midwifery professional development needs within the health service to assist in the future determination of assistance requests;
 - Processes for the consideration of requests and allocation of resources.
- 5.3.3 DHA will consult with the ANMF where any changes to professional development activities and/or funding for such activities is contemplated.
- 5.3.4 Where issues about access to, or utilisation of, professional development provisions are unable to be resolved at the forum, the matter shall be resolved in accordance with the Grievance and Dispute Settlement Procedure outlined in clause 2.2 of this Agreement.

5.4 PROFESSIONAL DEVELOPMENT ALLOWANCE

- 5.4.1 This clause will operate from the first full pay period on or after 1 July 2016 and the provisions of Clause 5.2 above will cease to have effect and be replaced by this clause.
- 5.4.2 A Professional Development Allowance ('PD Allowance') of \$700 per annum will be payable from the first full pay period on or after 1 July 2016, subject to the following eligibility criteria and conditions:
- 5.4.2.1 The PD Allowance will apply on a pro rata basis for part-time employees (*i.e. an employee working 0.5FTE will be paid an allowance of \$350 pa*)
- 5.4.2.2 The PD Allowance will not apply to the following employees:
- a) casual employees;
 - b) engaged to work less than 16 hours a fortnight;
 - c) engaged on a single term/contract for a period of less than 12 months duration (*i.e. an employee engaged on consecutive 12 month contracts will be eligible*);
 - d) classified as an AIN/M, on the basis that they are a student in a course that will lead to registration or enrolment as a nurse/midwife;
 - e) Nurses/Midwives for the period they are undertaking the 12 month Transition to Professional Practice Program.
- 5.4.3 The PD Allowance will be paid into salary on a fortnightly basis including during periods of paid leave. It will not apply for any other purposes of the Agreement or the award, such as overtime or recall, shift penalties and other allowances.
- 5.4.4 The PD Allowance is provided on the basis that it will be used by Nurses/Midwives to contribute to the obligations as required for Australian Health Practitioner Regulation Agency / Nursing and Midwifery Board of Australia registration under the National Registration and Accreditation Scheme, to demonstrate that they have completed the required hours of professional development.

5.5 PROFESSIONAL DEVELOPMENT CONSULTATION

- 5.5.1 This clause will operate from 1 July 2016 and the provisions of Clause 5.3 above will cease to have effect and be replaced by this clause.
- 5.5.2 LHNs or larger health unit sites will establish consultative forums that provide a mechanism for discussion of issues related to professional development leave, priorities for professional development within the organisation and processes for approval of all forms of scholarships, subsidies and funding for conferences, professional development and education of nursing and midwifery staff. These forums will include representatives of the ANMF and such other participants as are agreed between the parties.

PART 6 – SALARIES AND RELATED ARRANGEMENTS

6.1 SALARIES

- 6.1.1 The salary increases prescribed hereunder apply to all classifications from the dates indicated and subsume any subsequent adjustments arising from Safety Net Reviews awarded by the IRCSA during the life of the Agreement.
- 6.1.2 The salary increases recognise the need to attract and retain qualified nursing and midwifery staff in the public health system and take into account all work practice changes and improved efficiency initiatives implemented since 1 June 2010 as well as the ongoing implementation of productivity/efficiency measures during the life of this Agreement.
- 6.1.3 Salary schedules and operative dates are provided in Appendix 6 and provide:
- General salary increases of 3% p.a. effective from the first full pay period commencing on or after:
 - 1 October 2013;
 - 1 October 2014; and
 - 1 October 2015.

6.2 SALARY SACRIFICE ARRANGEMENTS

- 6.2.1 This sub-clause applies for the period an employee enters into a Salary Sacrifice Agreement (SSA). A SSA is the formal administrative instrument between the employer and the employee that enables salary sacrifice arrangements to be put in place.
- 6.2.2 An employee may elect to salary sacrifice part of the employee's salary. Salary for the purpose of calculating the amount that may be sacrificed includes, where applicable, responsibility allowance, on-call allowance, overtime payments (including recall payments), shift and weekend penalty payments and annual leave loading.
- 6.2.3 Where an employee enters into a SSA with an employer, the employee will indemnify the employer against any taxation liability whatsoever arising from, or in respect of, that SSA.
- 6.2.4 Notwithstanding any other provision or Schedule of this Agreement, where an employee has entered into a SSA the salary payable to that employee is the salary payable under the SSA.
- 6.2.5 Any entitlement to payment of overtime, leave loading or shift/weekend penalty allowance is based on the salary that would have been payable had the employee not entered into a SSA.
- 6.2.6 Where, on cessation of employment, the employer makes a payment in lieu of notice; or a payment in respect of accrued annual leave (including pro-rata annual leave) or long service leave entitlements, the payment thereof is to be based on the salary that would have been payable had the employee not entered into a SSA.
- 6.2.7 For the purpose of this sub-clause "taxation liability" means any liability of any description that may be pursuant to a Tax Act howsoever described.

PART 7 – OTHER CONDITIONS

7.1 RECALL TO WORK, OVERTIME AND TIME OFF IN LIEU OF OVERTIME

- 7.1.1 Where a part time employee works an ordinary shift and is recalled to work on that same day, payment of overtime for the recall to work applies, according to Award provisions.
- 7.1.2 Where an employee is recalled to work and the actual time worked is less than the minimum of 3 hours on such recall(s), the time worked is considered as interrupting the 8 consecutive hours off duty. That is, clauses 5.4.10 and 5.4.11 of the Award apply.
- 7.1.3 At the request of an employee and where agreed to by management, where an employee is recalled to duty the payment of recalls to work may be deferred and accumulated to be taken as time off in lieu (TOIL) with a period of annual leave. Employees may accumulate up to 2 weeks time off in lieu of payment for such recalls.

7.2 DAYS IN LIEU OF PUBLIC HOLIDAYS

- 7.2.1 Those mental health sites that had provision for days in lieu of payment for certain named public holidays until it was removed by ballot under the 1998 Agreement, will continue to make this provision available pursuant to the provisions of 7.2.3 or 7.2.4 for current employees only. Those employees who wished to avail themselves of this provision must have elected to do so by 31 August 2001.
- 7.2.2 Those mental health sites that retained the days in lieu provision referred to in 7.2.1, whether or not as a result of a ballot under the 1998 Agreement, will continue to make the provision available for current employees only.
- 7.2.3 Any current employee, who has elected to receive days in lieu pursuant to 7.2.1, or is currently receiving days in lieu pursuant to 7.2.2, and who is rostered for duty over 7 days of the week will not be paid penalty rates for work performed on the following public holidays (Australia Day, Easter Saturday, Easter Monday, Anzac Day and Proclamation Day), nor will the employee receive an additional day's payment if rostered off duty on these days. Instead, the employee will be granted 5 days off, to be taken in conjunction with a period or periods of annual leave.
- 7.2.4 Any current employee, who has elected to receive days in lieu pursuant to 7.2.1, or is currently receiving days in lieu pursuant to 7.2.2, and who is not rostered for duty over 7 days of the week but is required to work in ordinary hours on any of the public holidays named in 7.2.3, will not be paid penalty rates for the work performed on that day. Instead, the employee will be granted a day off to be taken in conjunction with a period (or periods) of annual leave for each such day worked.
- 7.2.5 At an employee's initiative and with the agreement of the employer, additional days off accrued under 7.2.3 or 7.2.4 may be taken at a time other than in conjunction with a period/s of annual leave.
- 7.2.6 For all other public holidays the provisions of the Award apply.
- 7.2.7 An employee may at any time elect to be paid for public holidays (pursuant to the provisions of the Award) instead of taking days in lieu. Once made, such election is permanent.
- 7.2.8 For the purposes of this clause, the term "current employee" means any RN (Mental Health) employed in the public sector as at 31 August 2001. Any nurse appointed to the public sector after that date does not have access to days in lieu of public holidays worked. Current employees who transfer between mental health sites may, subject to 7.2.7, retain the days in lieu of public holidays provision.
- 7.2.9 Nothing in this sub-clause precludes the operation of clause 6.3.7(d) of the Award.

7.3 PART TIME EMPLOYEES WORKING VARIABLE SHIFTS – PUBLIC HOLIDAYS

- 7.3.1 A part time employee engaged to work variable shifts over a 5 day week (Monday to Friday), who is not required to work on a public holiday falling on Monday to Friday is to be paid for such day if the employee's established pattern of work indicates that the employee would have worked on that day had it not been a public holiday.

7.4 MEAL BREAKS

- 7.4.1 Employees are entitled to an unpaid meal break on each day or shift of not less than 30 minutes or not more than 60 minutes duration.
- a) Where an employee is required by an authorised person to work more than 5 hours without having had, or commenced, an unpaid meal break, the employee will be paid an additional 50% of the employee's ordinary hourly rate from the commencement of the sixth hour until such time as the employee is provided with an uninterrupted meal break or until the completion of the employee's ordinary hours of work for that day or shift. It is not the intention of the parties that these clauses or penalties will detract from providing an employee with a break after 5 hours of work.
 - b) Where an employee requests to take their meal break no later than 6 hours from the commencement of work the provisions of sub-clause a) above shall not apply. If such an employee is required by an authorised person to work more than 6 hours without having had, or commenced, an unpaid meal break the employee will be paid an additional 50% of the employee's ordinary hourly rate from the end of the sixth hour until such time as the employee is provided with an uninterrupted meal break or until the completion of the employee's ordinary hours of work for that day or shift.
- 7.4.2 Where an employee is interrupted during an unpaid meal break by a call to duty, such unpaid meal break is to be counted as time worked and the employee must be allowed a meal break as soon as practicable. Should it be impracticable for the employee to have a meal break during the remainder of the employee's ordinary working hours, overtime applies to the interrupted meal break.
- 7.4.3 Where an employee is required to remain available for duty during a meal break, the employee is to be paid at ordinary time rates (i.e. base rate and appropriate shift allowance where applicable) for the period of the break and such time is not to count as ordinary time. Such breaks are to be limited to half an hour. Where the employee is required by an authorised person to resume work during the meal break and the employee is unable to complete their interrupted meal break during the remainder of the employee's ordinary working hours, overtime applies to the interrupted meal break.

7.5 DAYLIGHT SAVING

- 7.5.1 Employees will be paid at ordinary time rates (i.e. base rate and Sunday penalty rate) for the extra hour worked in the month that Daylight Saving ceases and have the option to either work an extra hour or to take one hour leave without pay in the month that Daylight Saving commences, such that it will be of no additional cost to DHA.

7.6 PERSONAL/CARERS LEAVE

Each employee is credited with 120 hours Personal/Carers leave per annum. Personal/Carers leave subsumes sick leave provisions provided by clause 6.2 of the Award, as well as special leave for urgent pressing necessity, care of sick child, bereavement leave and moving house as provided by the HR Manual.

7.6.1 Definitions

7.6.1.1 Personal/Carers leave is defined as leave approved by the employer for absences from work on account of:

- (a) Personal illness;
- (b) Illness of "family member" as defined;
- (c) Bereavement as defined; and
- (d) Urgent pressing necessity as defined.

7.6.1.2 Family member is defined as a member of the employee's household, near relative of the employee, or any other person who is dependent on the employee's care or support,

- 7.6.1.3 Bereavement:** The death of a person closely related to an employee. The employee is either emotionally distressed or attends the funeral or related arrangements or provides emotional support to another person closely related to the employee.
- 7.6.1.4 “Closely related”** will include an employee’s wife, husband, father, mother, father in law, mother in law, brother, sister, child, stepfather, stepmother, stepchild, de-facto spouse, guardian, foster parent, step parent, step brother/sister, half-brother/sister or other family member as defined in this clause.
- 7.6.1.5 Urgent Pressing Necessity:** A matter that must be attended to by the employee that cannot be reasonably attended to by the employee outside the employee’s ordinary hours of work. Examples of urgent pressing necessity include:
- (a) A requirement to appear in court either as a subpoenaed witness or is defending a civil right. Court appearances in other circumstances must be covered by recreation leave or leave without pay.
 - (b) Protection of the employee’s family/property directly affected by flood or bushfire.
- 7.6.2 Entitlement**
- 7.6.2.1 All employees who are absent from work on account of matters relating to Personal/Carers leave, as defined above, are on application, eligible for personal/carers leave without deduction of pay as provided in this clause. Personal/Carers leave is credited and recorded on the basis of 120 hours per annum on an employee’s service year date of each year irrespective of an employee’s roster configurations/arrangements. The entitlement is available on a pro rata basis for part time employees.
- 7.6.3 Limitations to Personal/Carers Leave Entitlement**
- 7.6.3.1 During the first 6 months of service no employee is entitled to a grant of leave exceeding 60 hours.
- 7.6.3.2 During the first 12 months of service no employee is entitled to such a grant exceeding 120 hours.
- 7.6.3.3 No Personal/Carers leave is to be granted on account of:
- (a) an illness caused by misconduct of the employee;
 - (b) an illness that arises from circumstances within the employee’s control e.g. sunburn;
 - (c) normal period of absence for confinement;
 - (d) attending business that could otherwise be done outside the employee’s ordinary hours of duty e.g. rostered days off, flexi-time, PDOs, scheduled days off etc.; or
 - (e) any other circumstances which are not specifically stated in, or intended by, the definitions in this clause.
- 7.6.3.4 Personal/Carers Leave for part time employees is to be paid at the employee’s usual salary for the number of hours normally worked.
- 7.6.3.5 Personal/Carers Leave accrues from year to year without limit.
- 7.6.3.6 Before being entitled to be paid Personal/Carers Leave the employee will within 24 hours of commencement of any period of absence, inform the employer of his/her inability to attend for duty, and as far as practicable, state the reason for the absence and the estimated duration of the absence.
- 7.6.3.7 Personal/Carers Leave is debited by the hour. Where a public holiday occurs on a day when an employee is absent on paid Personal/Carers leave, payment at ordinary rates is to be made for the day and the public holiday will not be deducted as a days Personal/Carers leave.
- 7.6.3.8 Any employee absent on account of Personal/Carers leave due to personal or family illness for more than three working days must forward a medical certificate signed by a registered medical practitioner to the employer or, if the absence is not more than 5 working days a dental certificate signed by a dental practitioner. For all urgent pressing necessity and bereavement leave, the employee is required to produce other documentation sufficient to justify the granting of paid leave.

- 7.6.3.9 An employee may also be required to provide a medical certificate, or other documentation, for absence on Personal/Carers leave for less than 3 days.
- 7.6.3.10 An employee absent due to Personal/Carers leave on the working day before and/or the working day after the employee's programmed day off/scheduled day off is not entitled to payment for such working day(s), unless the employee provides a medical certificate or statutory declaration.
- 7.6.3.11 Where an employee is absent due to Personal/Carers leave on a programmed day off/scheduled day off, such day stands as the programmed day off/scheduled day off, and another day will not be substituted for that programmed day off/scheduled day off. Personal/carers pay is not paid in addition to the payment for the programmed day off/scheduled day off and the day is not to be debited as Personal/Carers leave.
- 7.6.3.12 Where an employee has been advised of a requirement to work on a programmed day off/scheduled day off and is subsequently absent on that day due to personal/carers leave, the day is paid as a programmed day off/scheduled day off and a substitute day is not granted.
- 7.6.3.13 An employee if required must submit an appropriate medical certificate (or other documentation) for each week of absence.
- 7.6.3.14 In the case of personal illness, an employee, if so required must submit a medical certificate of fitness on resumption of work after any period of absence.
- 7.6.3.15 Where an employee is absent on leave without pay (other than for Workers Compensation or unpaid sick leave with a medical certificate) each hour of leave without pay which is not counted as service during a service year will reduce the Personal/Carers leave to be credited to an employee on the next service year date.

7.7 ANNUAL LEAVE

- 7.7.1 This clause will apply in addition to annual leave entitlements provided by Clause 6.1 of the Award.
- 7.7.2 An employee, other than an employee rostered over 7 days, will be granted 5 additional working days or 7 additional calendar days of leave where that employee is rostered on-call for 1 in 2 weekend on-call periods averaged over a service year (i.e. a minimum of 47 weekend on-call periods). A weekend on-call period is defined as a maximum of 24 hours that spans all or any part of a weekend day or public holiday. Such an additional week is to be treated in the same manner as annual leave for all purposes.
- 7.6.4 An employee who is required to be regularly rostered for duty over 6 days of the week (including Saturday and/or Sunday) will be granted annual leave at a rate of 2 1/12 working days or 2 11/12 calendar days for each completed month of service (equivalent to 5 weeks leave per service year).

7.8 ANMF REPRESENTATIVES – RECOGNITION AND LEAVE

- (i) DHA shall recognise all representatives of the ANMF that are authorised as such by the Secretary or their nominee.
- (ii) The representatives may be various worksite representatives, OHS&W representatives or Learning and Professional Development & Policy representatives.
- (iii) The employer will, in recognising these representatives provide them with reasonable time, during working hours, to undertake their work as union representatives including meetings with the employer and their representatives and the capacity to visit and interview employees in the workplace provided that all reasonable steps are taken to minimise or prevent interruption to work.
- (iv) The employer will also provide reasonable space on an ad hoc basis to the representatives to interview employees in an appropriate and confidential manner, provide reasonable access to the telephone, internet and other means of communication that can assist the representatives seek advice or guidance from ANMF staff.
- (v) All ANMF representatives shall be entitled to 10 days leave every 2 years as provided in the HR Manual for trade union training. In addition, those ANMF representatives or members that are elected to be delegates to the annual conference of the ANMF may utilise union education leave.
- (vi) An employee elected to the Council or the Executive of the ANMF shall be entitled to leave without pay as necessary to allow them to attend monthly meetings as scheduled for a period of 3 hours plus reasonable travel time.

PART 8 – PENALTIES AND ALLOWANCES

8.1 CLINICAL DUTIES - REGISTERED NURSE/MIDWIFE LEVELS 5 AND 6 (RN/M5 and 6)

- 8.1.1 Where a RN/M 5 or 6 is required to be on-call for clinical nursing/midwifery duties, the relevant on call allowance as provided for in clause 8.5 will be paid.
- 8.1.2 Where a RN/M 5 or 6 is recalled to work to perform clinical nursing/midwifery duties having left the workplace (and whether or not she/he is on-call at the time of the recall), the RN/M 5 or 6 is entitled to be paid at the appropriate rate based on the RN/RM 3 rate of pay for the time spent on such recall, with a minimum of 3 hours payable.
- 8.1.3 In lieu of overtime payment, the RN/M 5 or 6 may elect to take the equivalent time worked as TOIL, according to clause 7.1.
- 8.1.4 Overtime payments or TOIL do not apply in circumstances where the RN/M 5 or 6 works in excess of 8 hours continuously or where the return to work is for purposes consistent with the duties of management, including attendance at Board meetings, security and non-nursing/midwifery emergency call outs etc.

8.2 RURAL AND REMOTE SERVICE INCENTIVE PAYMENTS

- 8.2.1 Employment incentive payments are payable to nursing/midwifery staff in rural and remote areas. The incentive payments are set out in Appendix 9.
- 8.2.2 The health unit sites affected and their Zone allocation are also set out in Appendix 10.
- 8.2.3 Conditions of payment
- (i) after the fifth year in a specific Zone, no incentive payment is applicable;
 - (ii) no period of leave without pay will attract the incentive payment;
 - (iii) eligible employees employed on a part time basis will be entitled to payment on a pro rata basis in the same proportion as their part time hours bear to full time;
 - (iv) the incentive payment will accrue and be payable on a fortnightly basis under the same conditions as payment of Locality Allowances (and in addition to any Locality Allowances payable);
 - (v) employees new to the public health sector appointed to a permanent or temporary position in a health unit site located in Zone 2, 3 or 4 are eligible for the incentive payment and will commence at Year 1 from the date of their appointment;
 - (vi) existing employees not located in Zone 2, 3 or 4, appointed to a permanent or temporary position in a site located in Zone 2, 3 or 4 are eligible for the incentive payment and will commence at Year 1 from the date of their appointment;
 - (vii) existing employees located in health unit sites within Zones 2, 3 or 4 with less than 5 years service in sites within a specific Zone are eligible for the incentive payment and will commence at their relevant Year of service within a particular Zone;
 - (viii) existing employees located in health unit sites within a specific Zone (regardless of whether they are in receipt of the incentive payment or otherwise) who are appointed during the life of the Agreement to a permanent or temporary position in a site within another Zone are eligible for the payment and will commence at Year 1.
- 8.2.4 Incidental Payments
- 8.2.4.1 In addition to the Zone Payments in 8.2.2, the following incidental payments will apply to employees appointed to positions at health unit sites located in Zones 2, 3 or 4 on a permanent or temporary basis or who are seconded from sites not included in Zones 2, 3 or 4;

8.2.4.2 This payment shall be paid only once, at the time of taking up the appointment within any zone and

Incidental Payments	Payable from the first full pay period on or after 1 October 2013	Payable from the first full pay period on or after 1 December 2014	Payable from the first full pay period on or after 1 October 2015
	\$	\$	\$
Zone 2	379	390	402
Zone 3	505	520	535
Zone 4	631	650	670

applies separately to each Zone.

8.3 NIGHT SHIFT PENALTY

8.3.1 All employees other than Registered Nurses/Midwives at level 5 and 6 are to be paid a penalty rate of 20.5% when working on rostered night shifts Monday to Friday inclusive.

8.3.2 The above night shift penalty is to apply in lieu of the rate prescribed in sub-clause 5.3.1(b) of the Award.

8.4 NURSE/MIDWIFE IN-CHARGE ALLOWANCE

8.4.1 A Nurse/Midwife In-Charge Allowance will be paid to a RN/RM1 in a particular ward or unit whenever a higher-level nurse/midwife, is not rostered to be on duty. Only 1 payment of the allowance will be made in respect of any one shift. Provided that a RN/RM1 who is in receipt of a Responsibility Allowance will not be entitled to also receive the Nurse/Midwife In-Charge Allowance.

8.4.2 The allowance will be paid as follows:

\$12.60	per shift from the first full pay period on or after 1 October 2013;
\$13.00	per shift from the first full pay period on or after 1 October 2014; and
\$13.40	per shift from the first full pay period on or after 1 October 2015

8.5 ON-CALL ALLOWANCE

8.5.1 Every employee who is not a casual employee may be required to participate in an on-call roster.

8.5.2 The applicable on-call rates are set out as per the following table:

On-call Allowance	payable from the first full pay period on or after 1 October 2013	payable from the first full pay period on or after 1 October 2014	payable from the first full pay period on or after 1 October 2015
Monday - Friday	\$29.20	\$30.10	\$31.00
Weekends/Public Holidays/Rostered Days Off	\$51.05	\$52.55	\$54.15

8.5.3 The on-call rates apply on a per period basis, i.e. between rostered shifts, to a maximum of 24 hours. Where the period spans 2 days attracting different rates a single payment of the higher rate is to be made. Where an employee is rostered to be on-call for a period that extends over 2 rostered days off work, they will be entitled to a payment in respect of each rostered day off at the relevant rate.

8.5.4 Where nursing/midwifery staff employed in country health unit sites are rostered on-call but are not provided with 2 consecutive days per fortnight free from being rostered on-call, then such employees are to be paid double the applicable on-call rate (as provided for at clause 8.5.2 above) for each time they are rostered on-call until they are granted 2 consecutive days free from on-call.

8.5.5 Employees rostered on-call and required to perform work from home will be entitled to payment at overtime rates (or time off in lieu by agreement) for actual time worked at home, provided that the total time spent so working in any on-call period is at least 30 minutes.

8.6 RESPONSIBILITY ALLOWANCE

- 8.6.1 The allowances prescribed in clause 4.6 of the Award are available to registered nurses/midwives level 1 and level 2 classifications in health unit site and DCSI categories 6.1 to 6.5 (where no after-hours coordinator is engaged) and to the Level 3/4 (RN/M3/4) classification in other health unit sites. The allowances are set out in the following table:

Responsibility Allowance	payable from the first full pay period on or after 1 October 2013 \$pa (phr)	payable from the first full pay period on or after 1 October 2014 \$pa (phr)	payable from the first full pay period on or after 1 October 2015 \$pa (phr)
DON/M classification 6.1-6.2	3241 (1.64)	3339 (1.69)	3439 (1.74)
DON/M classification 6.3	3241 (1.64)	3339 (1.69)	3439 (1.74)
DON/M classification 6.4-6.5	5404 (2.73)	5567 (2.81)	5734 (2.90)
Grade 4-6 (as per award)	6481 (3.37)	6675 (3.36)	6875 (3.46)

8.7 ADDITIONAL DUTIES ALLOWANCE

- 8.7.1 Payment of an allowance may be authorised where an employee continuously performs duties in addition to the employee's normal duties for a period of 5 consecutive days or more.
- 8.7.2 Where the employee is performing such additional duties at the request of the employer, and the additional duties do not form substantially the whole of the duties of a higher position, the employee is paid an allowance.
- 8.7.3 The appropriate allowance is determined according to the provisions of part 5-1-1 "Temporary Appointment to a Higher Level and Additional Duties Allowance" of the HR Manual.

8.8 HYPERBARIC ALLOWANCE

- 8.8.1 An employee who, during any week, is required to participate in a hyperbaric chamber treatment in the Hyperbaric Medicine Unit at the Royal Adelaide Hospital will be paid an allowance that week. This allowance is paid in recognition of the consequential limitations on employees' social and recreational activities.
- 8.8.2 The allowance will be paid as follows:

\$20.15	from the first full pay period on or after 1 October 2013
\$20.75	from the first full pay period on or after 1 October 2014; and
\$21.35	from the first full pay period on or after 1 October 2015

- 8.8.3 Eligibility to work in the Hyperbaric Medicine Unit, assessment of fitness for hyperbaric exposure, surface intervals, etc. will be applied as prescribed in the relevant RAH Hyperbaric Medicine Unit policies and procedures.

8.9 UNIFORM ALLOWANCE

- 8.9.1 A uniform allowance of \$8.00 per week from the first full pay period on or after the date of approval of this Agreement by the IRCSA is paid to full time employees (pro rata part-time and excluding casuals) where required to wear a distinctive uniform or item of clothing.:
- 8.9.2 This allowance is not payable where uniforms are provided free of cost to the employee.
- 8.9.3 This allowance is not payable during periods of leave and will not apply for any other purposes of this enterprise agreement or the award, such as overtime or recall, shift penalties and other allowances.

8.10 ALLOWANCE FOR ADDITIONAL QUALIFICATIONS

- 8.10.1 The amounts of the allowances for additional qualifications and conditions regarding eligibility are set out in Appendix 11. The provisions of clause 4.3.1(a) of the Award as it relates to a Bachelors Degree in Nursing will not apply in addition to the terms of this Agreement.
- 8.10.2 An employee will only be eligible for payment of an allowance in respect of one qualification (the highest relevant qualification held), i.e. no employee is entitled to payment in respect of more than one additional qualification.

PART 9 – WORK LIFE FLEXIBILITY

9.1 PAID MATERNITY/ADOPTION LEAVE

- 9.1.1 Paid maternity leave and paid adoption leave applies in accordance with this clause.
- 9.1.2 Subject to this clause an employee, other than a casual employee, who has completed 12 months continuous service immediately prior to the birth of the child, or immediately prior to taking custody of an adopted child (as applicable), is entitled to 16 weeks paid maternity or adoption leave on or after 1 October 2010 (the “applicable maximum period”). An “adopted child” is a child under 16 years old.
- 9.1.3 An employee who, at the time of commencing such paid maternity or adoption leave and has been employed in the SA public sector for not less than five (5) years (including any periods of approved unpaid leave):
- (a) will be entitled to eighteen (18) weeks (the “applicable maximum period”); and
 - (b) if commencing an absence on maternity leave or adoption leave on or after 30 June 2014, will instead be entitled to twenty (20) weeks (the “applicable maximum period”).
- 9.1.4 The following conditions apply to an employee applying for paid maternity leave or paid adoption leave:
- 9.1.4.1 The total of paid and unpaid maternity/adoption/parental/special leave is not to exceed 104 calendar weeks in relation to the employee’s child. For the purposes of this clause, child includes children of a multiple birth/adoption.
- 9.1.4.2 An employee will be entitled to the applicable maximum period, paid at the employee’s ordinary rate of pay (excluding allowances, penalties or other additional payments) from the date maternity/adoption leave commences. The paid maternity/adoption leave is not to be extended by public holidays, rostered days off, programmed days off, scheduled days off or any other leave falling within the period of paid leave.
- 9.1.4.3 At the time of applying for paid maternity leave or paid adoption leave, the employee may elect in writing:
- (a) To take the paid leave in 2 periods split into equal proportions during the first 12 months of the commencement of their paid leave; or
 - (b) To take the paid leave at half pay in which case, notwithstanding any other clause of this Agreement, the employee will be entitled, during the period of leave, to be paid at half the ordinary rate of pay (excluding allowances, penalties or other additional payments) from the date maternity/adoption leave commences; or
 - (c) A combination of (a) and (b).
- 9.1.4.4 Where both prospective parents are employed by DHA or by DCSI, a period of paid maternity/adoption leave (as applicable) may be shared by both employees, provided that the total period of paid maternity and adoption leave does not exceed the applicable maximum.
- 9.1.4.5 Part time employees will have the same entitlements as full time employees, but paid on a pro rata basis according to the average number of contracted hours during the immediately preceding 12 months (disregarding any periods of leave).
- 9.1.4.6 During periods of paid or unpaid maternity leave, sick leave with pay will not be granted for the normal period of absence for confinement. However, any illness arising from the incidence of the pregnancy may be covered by personal/carers leave to the extent available, subject to the usual provision relating to production of a medical certificate and the medical certificate indicates that the illness has arisen from the pregnancy.
- 9.1.4.7 This clause operates notwithstanding the *Paid Parental Leave Act 2010 (Cth)* effective from 1 January 2011.
- 9.1.4.8 Provisions relating to unpaid maternity/adoption leave that are contained in the HR Manual will continue to have application except where they may be inconsistent with the terms of this Agreement.

9.2 PAID PARTNER LEAVE

- 9.2.1 Subject to this clause an employee (other than a casual employee) is entitled to access up to one calendar week (i.e. five working days) (pro rata for part-time employees) of their Personal/Carers Leave entitlement on the birth or adoption of a child/ren for whom the employee has direct parental care responsibility. The leave will be taken as full working day/s within 3 months of the birth or adoption of the child/ren.
- 9.2.2 It is not intended that this paid partner leave entitlement will detract from any more beneficial entitlement or arrangement applicable within a health unit, DHA or DCSI as at the commencement of this clause (i.e. an 'existing arrangement'). An employee can make use of that existing arrangement or the paid partner leave, but not both.
- 9.2.3 Except in relation to an existing arrangement; DHA or DCSI specific paid partner leave policy; or a requirement of this clause, the administrative arrangements within DHA or DCSI for taking this leave will generally be as applicable to Personal/Carer's Leave.

9.3 BREAST FEEDING FACILITIES

- 9.3.1 Where possible, breast-feeding facilities will be made available for employees.

9.4 RETURN TO WORK ON A PART TIME BASIS

- 9.4.1 Subject to this clause, an employee is entitled to return to work after maternity or adoption leave on a part time basis, at the employee's substantive classification level, until the child's second birthday and may then revert to full time. The days and hours for the part time arrangement will be as agreed between the relevant Chief Executive and the employee.
- 9.4.2 The following conditions apply to an employee applying to return on a part time basis:
- (a) the employee will provide such request at least 6 weeks prior to the date on which the employee's maternity or adoption leave is due to expire, and will provide to the Chief Executive (or delegate) such information as may reasonably be required, including the proportion of time sought, and the date of the relevant child's second birthday.
 - (b) prior to an employee's return, the requested part time arrangements will be discussed between the employer and the employee having regard to operational requirements. The employer will not unreasonably refuse a request to work a designated proportion of time and will provide reasons for refusing any such request.
 - (c) at least 6 weeks prior to the relevant child's second birthday, the employee will advise the Chief Executive (or delegate) whether the employee will revert to employment on a full time basis or seeks to continue to be employed on a part time basis.
- 9.4.3 An employee's return to work part time will be on a non-discriminatory basis so as to operate in the same manner as any other employee returning from a period of leave.

9.5 VOLUNTARY FLEXIBLE WORKING ARRANGEMENTS

- 9.5.1 The parties acknowledge the mutual benefit to the employer and employees that is gained from obtaining balance between work and other (including family) commitments for all employees covered by this Agreement.
- 9.5.2 The employer commits to the promotion of, and the improvement of employee awareness of these provisions, and will make every effort to enable employees to achieve flexible working arrangements consistent with this provision unless there are specific operational circumstances that prevent approval of an employee proposal/application. Where an application is not approved due to operational circumstances, reasons will be provided in writing by the relevant Chief Executive or delegate.
- 9.5.3 A Chief Executive or delegate will consider an employee's request to participate in a VFWA having regard both to the operational needs of the health unit or particular workplace, and the employee's circumstances.
- 9.5.4 This clause applies for the period an employee participates in a VFWA.

- (a) Subject to this clause, the salary or wages payable to an employee, or applicable to a position, where the employee elects to participate in a VFWA, will be adjusted to take account of the VFWA in which the employee is participating, notwithstanding any other provision in, or Schedule of, this Agreement or the Award.
- (b) Where an employee is participating in a Purchased Leave type of VFWA, the rate of pay to be used for calculating overtime payments, leave loading or shift penalties will be the rate of pay that would have been payable had the employee not been participating in the Purchased Leave arrangement.
- (c) Where an employee is participating in a Compressed Weeks type of VFWA, the nominated normal hours for any day will constitute the employee's ordinary hours for the day. Overtime will only be payable where the employee is required to work hours in excess of those ordinary hours on any day or in excess of the total of those ordinary hours in a week.
- (d) Where, on cessation of employment, the employer makes a payment in lieu of notice; or a payment in respect of accrued recreation or long service leave entitlements (instead of transferring leave credits to another employer party to this Agreement in the event the employee immediately becomes employed by that employer party), the payment thereof (or the transferred leave credits) shall have regard to any period/s in which the employee participated in a VFWA and be adjusted accordingly.

9.6 REIMBURSEMENT OF REASONABLE CHILD CARE COSTS

- 9.6.1 Where an employee, other than a casual employee, is given less than 24 hours prior notice that the employee is required to work outside of their ordinary hours of work, and consequently the employee utilises paid child care, the health unit will reimburse the reasonable child care costs incurred by the employee arising from performing such work, subject to this clause.
- 9.6.2 The prior period of 24 hours is to be calculated from the time at which the work is to begin.
- 9.6.3 The work, or the hour/s to be worked, is not part of a regular or systematic pattern of work or hour/s performed by the employee.
- 9.6.4 The reimbursement will be in respect of the reasonable costs incurred by the employee in respect of the work.
- 9.6.5 Reimbursement will be made for child care costs in respect of Registered Care or Approved Care after all other sources of reimbursement have been exhausted.
- 9.6.6 Where the child care costs are incurred for child care not in a registered or approved centre, reimbursement will be made in accordance with a child care reimbursement rate, and guidelines, published from time to time by the Commissioner for Public Employment.
- 9.6.7 The employee will provide the agency with a Child Benefit Claim Form for either Registered Care or Approved Care, tax invoice/receipt, or other supporting documentation as may from time to time be required detailing the cost incurred, or reimbursement sought, in respect of the work.
- 9.6.8 For the purposes of this clause, a reference to work is a reference to the work outside the employee's ordinary hours, or regular or systematic pattern of work or hour/s, for which less than 24 hours prior notice is given.

9.7 REIMBURSEMENT OF REASONABLE TRAVEL COSTS

- 9.7.1 Where an employee, other than a casual employee, is required to work outside of their ordinary hours of work and the period of work starts or finishes outside of the ordinary timetabled operating hours of public transport, the employee will be entitled to reimbursement of reasonable home to work or work to home (as applicable) travel costs, subject to this clause.
 - (a) The work, or the hour/s to be worked, is/are not part of a regular or systematic pattern of work or hour/s performed by the employee.
 - (b) The employee ordinarily uses public transport.

(c) Travel is by the most direct or appropriate route.

(d) Reimbursement of reasonable taxi costs, or mileage at a rate determined from time to time by the Commissioner for Public Employment.

9.7.2 The employee will provide the agency with such tax invoice/receipt or other supporting documentation as may from time to time be required detailing the cost incurred or reimbursement sought.

PART 10 – OCCUPATIONAL HEALTH, SAFETY AND WELFARE (OHS&W)

10.1 OHS&W RESPONSIBILITIES

- 10.1.1 In accordance with the *Work Health and Safety Act 2012 (SA)*, health units will ensure as far as is reasonable that all employees will be provided with a workplace environment, systems of work, plant and equipment and substances that minimise the risk of injury or illness while they are at work. DHA and DCSI are committed to providing services to the community in an environment that is safe and non-threatening.
- 10.1.2 DHA will provide the ANMF with a report identifying current OHS&W representatives in nursing/midwifery areas. The report will be updated as necessary throughout the life of the Agreement.
- 10.1.3 The SA Health Respectful Behaviour policy (or its successor) will continue to be implemented/maintained by DHA during the life of this Agreement.
- 10.1.4 Manual handling policies and procedures based on the Department of Health Manual Handling Guidelines will continue to be implemented/maintained during the life of the Agreement by health units that do not have equivalent policies and procedures in place.

10.2 LEAD APRONS AND RELIEF BREAKS

- 10.2.1 Employees required to wear a lead apron or similar protective clothing during the course of their normal duties are to be provided with appropriate, light weight aprons or protective clothing.
- 10.2.2 Managers of employees required to wear lead aprons are required to undertake an assessment of the risks and implement a safe system of work; this is inclusive of, but not limited to, short relief breaks during or between cases, wherever practicable.
- 10.2.3 Employees wearing lead aprons continuously for periods in excess of 6 hours in any one shift and without a rest break will be released from duty with pay for the remainder of the shift wherever practicable. Where an employee is not able to be released during the shift for a minimum of 2 hours, commencement by that employee of their next shift will be delayed by at least the equivalent of the number of hours continuously worked greater than 6 hours on the previous shift.

10.3 PRE-EMPLOYMENT HEALTH SCREENINGS

- 10.3.1 The employer's duty of care to clients is acknowledged. This duty of care includes a need to ensure, during the selection process, that prospective employees do not pose a potential threat to clients of the health unit.
- 10.3.2 Where the employer requires health screening/testing, the employer will meet the reasonable costs for such tests.
- 10.3.3 Information gathered by the employer must be relevant to a need to check and assess any such risk factors and must remain confidential to the health unit and to the individual prospective employees and not be provided to third parties. The prospective employee must be given access to information collected and an opportunity to respond.
- 10.3.4 The prospective employee's consent is to be obtained before seeking any such information.

10.4 DOMESTIC / RELATIONSHIP VIOLENCE

- 10.4.1 The parties acknowledge that an employee who is experiencing domestic or relationship violence (actual or threatened) can make reasonable use of, and a health unit or DCSI will provide reasonable access to, existing leave and flexible and safe working arrangements. DHA will facilitate an amendment to that effect (including general arrangements for use/access) in the SA Health (Health Care Act) Human Resources Manual consistent with the publication of a Commissioner's standard or determination issued under the Public Sector Act 2009 (SA). The parties acknowledge that DCSI has developed a relevant policy.

PART 11 – SIGNATORIES TO THE AGREEMENT

..... Date.....
Chief Executive, Department of the Premier and Cabinet
as the declared employer for public employees (Reg. 4, *Fair Work Act (General) Regulations 2009 (SA)*)

..... Date

Witness

..... Date.....
Chief Executive, Department for Health and Ageing

..... Date.....

Witness

..... Date.....
Chief Executive, Department for Communities and Social Inclusion

..... Date.....

Witness

..... Date.....
CEO/Secretary
Australian Nursing & Midwifery Federation (SA Branch)

..... Date.....

Witness

PART 12 – APPENDICES

APPENDIX 1- STAFFING METHODOLOGIES IN EMERGENCY DEPARTMENTS, INTENSIVE CARE UNITS, PERI-OPERATIVE SERVICES AND ENDOSCOPY UNITS

The standards of:

- The College of Emergency Nursing Australasia (2007)
- The Australian College of Critical Care Nurses (2003)
- The Gastroenterological Society of Australia (2006)
- The Australian College of Operating Room Nurses (2010)

have been agreed for application within relevant services under this Agreement.

The summaries set out below do not reflect the full language and context of the standards but are intended as a ready reference. If there is doubt over the intention or meaning of the summarised information, please refer to the full standards for advice and interpretation.

The following aspects of the identified standards will be applied in Emergency Departments, Intensive Care Units, Peri-Operative Services and Endoscopy Units.

CENA STANDARDS 2007

(Applicable to Emergency Departments)

Tertiary: FMC, LMH, RAH, TQEH, WCH, (NB TQEH to be treated as a General Hospital once service changes)

General: NHS, Modbury

Country: Mt Gambier, Whyalla, Port Pirie, Port Augusta, Gawler, Port Lincoln & Berri

- 1 nurse to every 3 pts in dept (regardless of pt status e.g. admitted, emergency & short stay)
- 1 triage nurse and 2nd triage RN or triage assistant RN/EN (excluding CHSA)
- For Tertiary EDs only - dedicated Resus Team comprised of 3 RNs or 2 RNs and 1 EN minimum 1 senior emerg trained RN
- For General EDs– dedicated Resus Team comprised of 1 senior emerg trained RN as Resus Nurse Team Leader
- Shift Coordinator who is a senior emerg trained RN (for CHSA sites: can be the hospital Shift Coordinator who may not be emergency trained)
- Mental Health Nurse (. For CHSA sites: role can be available for all the hospital)
- Minimum skill mix of 1 RN at level 2 and level 3 to be included in the above
- Emergency Nurse Practitioner as per requirement of individual department
- ED Nurse Educator (Level 3 or above) which may be included as a part of other roles

Extended short care

(NHS EECU staffed as part of ED)

- 1 Level 2 RN per shift included in below:
- 1 nurse to every 4 pts + Shift Coordinator
- Senior RN experienced in patient population for that care area

ACCCN STANDARDS 2003

(Applicable to ICU, HDU, CCU, PICU)

Metro + Mt Gambier and Whyalla in CHSA only

- 1:1 nurse pt ratio for ICU pts
- 1:2 nurse pt ratio for HDU pts
- Clinical Coordinator/Team Leader - 1 per shift must be supernumerary for all shift (excluding CHSA)
- 50% post graduate qualified critical care nurses
- Access Nurse / Float Nurse (excluding CHSA): Role may be incorporated into the Clinical Coordinators role, however the Clinical Coordinator should not be the only contingency nurse available for emergency admissions
 - <50% nurses ICU post grad qualification = 1:4 Access Nurse to Pts
 - 50 - 75% nurses ICU post grad qualification = 1:6 Access Nurse to Pts

>75% nurses ICU post grad qualification = 1:8 Access Nurse to Pts

- 1 designated Clinical Nurse Educator (excluding RGH, CHSA)
- Where ICU/casualty nursing staffing are required to provide services in other parts of the health unit (i.e. MET, code-blue, STEMI), they will be considered as an additional resource.

GESA STANDARDS 2006

(Applicable to Endoscopy Units)

- An experienced Endoscopy Nurse with therapeutic endoscopic skills is required to solely assist the Endoscopist
- If an anaesthetist is not present, a RN trained in acute resuscitative measures shall be responsible for monitoring the pt's level of consciousness cardio-respiratory status and initiating resus if required
- A 3rd nurse for multiple or complex procedures
- Other nursing staff for admission (excluding CHSA)
- Other nursing staff for recovery & discharge (excluding CHSA)
- Other nursing staff/support staff for reprocessing of equipment (excluding CHSA)

ACORN STANDARDS 2010

(Applicable to Operating Rooms, Pre-Admission Areas, Day Surgery Units, Post-Anaesthetic Recovery Rooms)

- No more than 1:4 nurse patient ratio (Day Surgery Unit/Pre Admission Area when included within the peri-operative service)
- 1 anaesthetic nurse per operating room (all locations where anaesthesia and or sedation techniques are performed)
- Minimum 3.5 nurses = 1 anaesthetic nurse + 2 nurses (1 must be RN and 1 whom may be a suitably qualified EN) + 0.5 RN to provide assistance and relief to all nursing staff in operating room
- Post anaesthetic recovery room - Stage 1
 - Minimum of 2 nurses, 1 must be a competent recovery nurse
 - 1:1 nurse patient ratio in Reception phase (initial assessment/unconscious pt/continued airway support/artificial airway support/mechanical ventilation/paediatric patient (regardless of age)
 - Minimum 1:2 nurse patient ratio during Stabilisation phase
 - Minimum 1:3 nurse patient ratio during Pre-Discharge phase
 - 1:1 nurse pt ratio for high acuity cases e.g. ICU/HDU, high spinal block, complex thoracic, abdominal or vascular surgery (Post anaesthetic recovery room - Stage 1)
 - 1:1 nurse patient ratio Paediatric Patient (regardless of age) until they meet d/c criteria (Post anaesthetic recovery room - Stage 1)
 - 1:1 nurse patient ratio during initial administration of IV opioids/pain protocol and no less than 1:2 thereafter (Post anaesthetic recovery room - Stage 1)
- Post anaesthetic recovery room - Stage 2 / Day surgery unit
 - Minimum of 2 nurses, 1 must be a competent recovery nurse
 - Minimum of 1:4 nurse pt ratio when all pts are stable/for a paed pt over 5yrs of age with a family member or caregiver present
- 1 nurse during elective surgery hours - Holding Bay (excluding RGH, NHS, CHSA)
- 1 nurse during elective surgery hours - Stock Room (excluding RGH, NHS, CHSA)
- Clinical Nurse Educator (excluding RGH, NHS, CHSA)
- Nurse Sedationist – where role in place, will be considered as an additional resource
- Medical Assistant Substitution (CHSA) - where role in place, will be considered as an additional resource

APPENDIX 2 - STAFFING METHODOLOGIES IN UNITS (NON- STANDARD BASED)

Hospital	Wards/Units	Nursing/Midwifery Hours Per Patient Day (N/MHPPD) / rostered over 2 week period
Royal Adelaide Hospital Note: ES – Excluding Specials	A4 - Cardiothoracic Post Surgical	7.7 ^{ES}
	A5 - Cardiothoracic	7.24 ^{ES}
	A6 - Cardiology	7.0 ^{ES}
	A7 - Vascular Surgery	7.22 ^{ES}
	AMU Acute Medical Unit	NHPPD equivalent of 1:3 + team leader (TL) early and late shift and 1:6 + TL night shift. ^{ES}
	B5 Coronary Care	10.37 ^{ES}
	B6 - Radiation Oncology	7.0 ^{ES}
	B7 -Stroke	7.74 ^{ES}
	Burns	11.53 ^{ES}
	C3 - Mental Health Inpatient	5.11 ^{ES}
	C6 - Haematology/Transplant /Chemo	8.75 ^{ES}
	C8 - Renal-Renal & Transplant	7.95 ^{ES}
	CVIU	2 RNs for Electrophysiology Suite: 3 RNs for Interventional Imaging Suites x 2, 0800 - 1800: Day Procedure/Recovery - 1T/L + 5RN/EN mix 0730 - 2100 +1RN Non Interventional Investigations + CSC
	CNARTS Dialysis Unit	Ratio 1:3 with T/L
	DSON - Day Surgery Overnight	Staffed 3 on Early, 3 on Late + TL, 2 on Night Must be minimum 2 staff to open the ward. 3 staff on when patients come back from theatre (high acuity)
	Apheresis	1:1
	Haematology Day centre	1 nurse: 2 chemo chairs May vary depending on complexity of treatments, many treatments require 1:1 care but often balanced out by less acute patients
	Hyperbaric Unit	2 Staff, 1 RN and 1 RN/EN
	Nuclear Medicine	1 RN/EN per day
	Oncology Day Centre	1 nurse: 3 chemo chairs May vary depending on complexity of treatments. Also 2 RN's on a late shift 2x a week and 2 RN's on a Saturday for out of hours treatments.
	Q3 Acute Surgical Unit	8.85 ^{ES}
	Q5 - Head and Neck	6.25 ^{ES}
	Q6 - Colorectal	6.25 ^{ES}
	Q8 - General Medicine	6.75 ^{ES}
	R3 - Orthopaedics	6.98 ^{ES}
	R4A Spinal	13.53 ^{ES}
	R5 - Neurosurgery	7.25 ^{ES}
	R6 - Oesophageal gastric	6.75 ^{ES}
	R7 - General Medicine Neurology	6.25 ^{ES}
	R8 - General Medicine	6.5 ^{ES}
	Radiology	Mon-Fri Day Shift 10-12 dependant on activity/acuity. Late Shift 6 staff, Night shift 1 staff, W/End 4 staff early/late
	S2 - Respiratory	6.25 ^{ES}
	S3 Acute Ortho/Plastics Unit	7.72 ^{ES}
S5 - Plastics and Orthopaedic	6.74 ^{ES}	
S6 - Gastroenterology & Hepatology	6.23 ^{ES}	
S7 - General Medicine	6.75 ^{ES}	
S8 - Stroke/Immunology/Endocrine	6.5 ^{ES}	
Thoracic Procedure Suite	3-4 staff dependent on Lists. If only 3 Procedures on list, 3 staff will be provided. If more than 4-5 Procedures, 4 staff will be provided. Staffed Mon, Tues, Wed, Fri (varies dependent on procedures booked in.)	
St Margarets Rehabilitation Centre	Specialist Rehabilitation (SMR1)	5.18
	Post Acute (SMR2)	5.44

Hospital	Wards/Units	Nursing/Midwifery Hours Per Patient Day (N/MHPPD) / rostered over 2 week period
The Queen Elizabeth Hospital Note: ES – Excluding Specials **Reviewed following endorsement of the business rules in 2014.	CCU	10.40 includes 1:1 specials, code blue / MET calls
	Cramond - Mental Health ICU	11.2
	Cramond - Mental Health Open	4.74
	N1B - Cardiac Step-down	6.25 ^{ES}
	N2 - Ortho/Plastics/Breast & Endo	6.25 ^{ES}
	NE2A Surgical Short Stay	6.1 ^{ES}
	NE2B - General Surgical/Vascular	6.75 ^{ES}
	NEGA - Medical Assessment Unit	7.40 ^{ES}
	NEGB - Haematology/Oncology	6.75 ^{ES}
	NGA - Respiratory	7.0 ^{ES}
	NGB - Palliative	7.0 ^{ES}
	S1 General Medical	6.48
	S2 - Colorectal	6.5 ^{ES}
	** SE (Former Rosewood Mental)	4.9
	SG - Stroke/Neurology	8.0 ^{ES}
SGB - Geriatric Evaluation & Management	6.0 ^{ES}	

Hampstead Rehabilitation Centre Note: ES – Excluding Specials	1C - General	4.5 ^{ES}
	1D - General	5.0 ^{ES}
	2A - Orthopaedic	4.75 ^{ES}
	2B - Brain Injury Unit	6.0 ^{ES}
	2CD - Spinal Injury	5.75 ^{ES}
	CNARTS Dialysis Unit	Ratio 1:3 with T/L

Flinders Medical Centre Note: ES – Excluding Specials **For review following endorsement of the business rules in 2014.	4 Sth - Antenatal and gynae.	5.75 ^{ES}
	**4 A – General Medicine	To be confirmed when business rules developed
	4C - Obstetrics & Gynae	6.0 ^{ES}
	4D - General Medicine	7.25 ^{ES}
	4G - Mental Health	5.82
	4GS - Elective Short Stay	1:4 ratio
	5A - Vascular	7.35 ^{ES}
	5B Neurosurgery	7.75 ^{ES}
	5C- Ortho and Plastics	7.25 ^{ES}
	5D - Surg Assessment	1:4 plus shift coordinator
	5E - Gastro med and surgical	6.75 ^{ES}
	5G - Haematology/Oncology	6.0 ^{ES}
	5H/K - Margaret Tobin Mental Health Adult	4.77
	5J - Margaret Tobin Mental Health Secure	11.89
	6A – Resp, Endocrine, Dermatology, Inf Dis.	6.5 ^{ES}
	**6B – Aged Care of the Elderly	6.75 ^{ES}
	**6C Neurology / Stroke	8.25 ^{ES}
	**6D - Cardiology, Thoracic, CTH	7.25 ^{ES}
	6G - Med. ICU step down, renal med.	8.0 ^{ES}
	AMU Acute Medical Unit	Staff 13 on early, 11 on late and 6 on nights ^{ES}
	CCU	Staff 7 on early, 6 on late and 3 on nights, however 1:1 ratio for IABP, CPAP or code stroke
	Dialysis Unit	1:3 + T/L
	DOSA - Day of Surgery Admissions	Ratio 1:6
	High Dependency Unit	1:2 or 1:3 + shift coordinator
	HODU	1:3 for Chemotherapy chairs
	Hospital at Home	Ratio 1:8
	Labour & Delivery Suite	Labour & Birth - Ratio 1:1 High acute midwifery care e.g. HDU - Ratio 1:2
	Women's Antenatal Assessment	Ratio 1:3
	Neonatal Unit	Ratio 1:1 Ventilated/airway support or 1:2
	Special Care high Dependency	1:3
Convalescent and low Dependency	1:4	
Paediatrics	7.75 ^{ES}	
Radiology	10 nurses work in the various radiology locations (Angiography Suite, Level 3, Level 2, Ultrasound and Southern Imaging)	

Hospital	Wards/Units	Nursing/Midwifery Hours Per Patient Day (N/MHPPD) / rostered over 2 week period
Noarlunga Hospital Note: ES – Excluding Specials **For review following endorsement of the business rules in 2014.	**Surgical Services Public Unit Combined Day and Overnight Adult and Paediatric service As per ACORN Standard 5.4 for adult and paediatric patients	DOSA Surgical Admissions 1 to 3 ratio <u>Post Operative Ratios</u> Early and late shifts 1: 4 Ratio Night shift 1: 6 Ratio for Paediatric overnight patients 1:4
	Mental Health - Inpatient Closed	13.0
	Mental Health - Inpatient Open	5.0
	**Myles –Day Surgery Stage II Recovery As per ACORN Standard 5.4 for adult and paediatric patients	DOSA Surgical Admissions 1 to 3 ratio <u>For overnight multiday stay patients</u> Early shift 1: 4 Ratio Late shift 1: 6 Ratio Night shift 1: 8 Ratio with the NHS Hospital Coordinator based in Myles Ward
	Satellite Dialysis Unit	Ratio 1 to 3 chairs
Whittaker - Medical	6.25 ^{ES}	

Repatriation General Hospital Note: ES – Excluding Specials	Daw House - Palliative Care	7.23 ^{ES}
	Ward 1 - Geriatric Evaluation - open	5.25 ^{ES}
	Ward 2 - Respiratory/Cardiology	6.22 ^{ES}
	Ward 5 - Geriatric Evaluation Medical - closed	6.0 ^{ES}
	Ward 6 - General Medical	5.75 ^{ES}
	Ward 7 – ambulatory care / DOSA	TBC
	Ward 8 - General Surgical	6.0 ^{ES}
	Ward A - Rehab	5.75 ^{ES}
	Ward B - Rehab	6.0 ^{ES}
	Ward C - Rehab	5.5 ^{ES}
	WD 17 - PTSD	4.5 ^{ES}
	WD 18 - Psychogeriatric	4.97 ^{ES}
	WD 18 - Psychogeriatric Secure	11.92 ^{ES}

Women's and Children's Hospital Note: ES – Excluding Specials	Adolescent Unit - Adolescent	7.25 ^{ES}
	Antenatal/Gynae	5.15
	Birth Centre	Early Shift 2.09 ,Late Shift 1.74, Night Duty Shift 1.32
	Birth Centre	Ratio 1:1
	Boylan - Paediatric Mental Health	11.00 ^{ES}
	Breast Feeding Unit	1.90 (Early Shift)
	Cassia - Medical	8.75 ^{ES}
	Dom mid service	1.55 (Early Shift)
	Helen Mayo House	Staff 1:2 during the day and 1:3 Night duty (does not include the babies that accompany the mother)
	Labour & Delivery Suite & Women's HDU	Labour & Birth - Ratio 1:1 High acute midwifery care e.g. HDU - Ratio 1:2
	Medical 1 - Medical	8.75 ^{ES}
	Medical Day Unit	1:02
	Medical Imaging	
	Note - For Fluoroscopy, Nuclear Medicine and Ultrasound/CT/MRI, OH&S recommendations - 2 staff per list Requirement to wear lead for long periods all areas open 0830-1700 M-F on call for angiography and cardiology	
	Fluoroscopy	2 nurses per list per day
	Nuclear Medicine	1 nurse per list per day call for angiography and cardiology
	Ultrasound/CT/MRI	2 nurses shared per list per day
	Michael Rice - Oncology/Cancer	11.00 ^{ES}
	Midwifery Group Practice	As per Appendix 6
	NED - Neonatal Early Discharge	AM Shift only = 3.0
Newland Ward - Surgical	8.75 ^{ES}	
NICU	Ratio 1:1 Ventilated/airway support otherwise 1:2 + shift co-ordinator each shift	

Hospital	Wards/Units	Nursing/Midwifery Hours Per Patient Day (N/MHPPD) / rostered over 2 week period
Women's and Children's Hospital Continued Note: ES – Excluding Specials	Paediatric Surgical Ambulatory Services	
	1. Campbell	Ratio 1:6 (unless bay specials 1:4) 2 staff per shift E, L, ND. Shift Coordinator has full patient load (1:6) 12 beds and decrease to 10 beds if bay specials in ward. Open Monday morning to Saturday lunchtime.
	2. DOSA	3 staff early shift
	Post Natal	Woman +/- unqualified baby 5.40 Early Shift 2.11, Late Shift 1.56, Night Duty Shift 1.73 Qualified baby 5.40 Early Shift 2.11, Late Shift 1.56 Night Duty Shift 1.73
	Renal Dialysis Service	1:2 for children over 5 years of age 1:1 for children under 5 years of age
	Rose	9.25 ^{ES}
	SCBU (High Dependency)	Total = 8.43 AM shift = 2.88, PM Shift = 2.47, ND Shift = 3.08 T/L is supernumerary
	WAS - Women's Assessment Service	1:3 pts + AM & PM shift - Triage + Shift Coordinator ND Shift - triage/shift coordinator
Women's Outpatients Department	Triage (first AN visit) = 2.0 Other visits (occ of service) = 0.6	
Lyell McEwin Hospital Note: ES – Excluding Specials **For review following endorsement of the business rules in 2014.	1A - AMU	1:3 for the 6 rapid assessment beds, 1:4 for remaining beds plus Team Leader ^{ES}
	**1CPaediatrics	12.92
	**1D Medical beds	6.33 ^{ES}
	1E medical beds	6.33 ^{ES}
	1G (HDU) Mental Health	9.33
	1G (open) Mental Health	5.2
	1H – Mental Health Older Person	5.8
	2C Surgical Unit	7.04 ^{ES}
	**2D General medicine/Neuro	6.33 ^{ES}
	**2E - 12 General Surgical & 8Medical beds	6.33 ^{ES}
	2FX – 24 hr Surgical Unit	1:4 ratio
	BAUH Birthing Assessment Unit High & Low	Labour & Birth - Ratio 1:1 High acute midwifery care e.g. HDU - Ratio 1:2
	CCU Coronary Care Unit	4 on early, 4 on late, 3 on nights for 8 beds
	CSU	6.5
	**CVIS	TBC post implementation of the business rules
	HITH	1:8 ratio
	Oncology (day stay)	1:3 Chemo Chairs + OPD + day stay
	Radiology/MI	Mon-Fri, 6 Staff plus CSC. Services CT, US, Holding Bay, Procedural, Screening
	Satellite Dialysis Centre	Ratio 1 to 3 chairs + TL
	**SCN	9.56
WAU - Women's Assessment Unit	1:3 pts + Shift Coordinator (no night duty)	
**WHU	4.51	
Modbury Hospital Note: ES – Excluding Specials **For review following endorsement of the business rules in 2014	2 East - Surgical	7 on early, 7 on late, 4 on nights
	3 East - Medical	7 on early, 7 on late, 4 on nights
	3 West - Medical	4 on early, 4 on late, 2 on nights
	3 West Acute Assessment Unit	1:3 + team leader (TL) early and late shift and 1:6 + TL night shift. ^{ES}
	CCU	10.5, Clinical specials, Ventilated/airway patients 1:1
	** GEM - Geriatric Evaluation & Management	5.5 ^{ES}
	Hospice - Palliative Care	6.5
	Hospital in the Home (HITH)	1:8 ratio
	OPD	Approximately 0.3 hours per patient booked
	Paeds Ward	Ratio 1:4
	Palliative Care	6.5
	Rehab - General Rehab	5.23 ^{ES}
Woodleigh Hse - Mental Health Inpatient	5.0	

Mental Health Services	Wards/Units	Nursing/Midwifery Hours Per Patient Day (N/MHPPD) / rostered over 2 week period
**MHS will be reviewed following endorsement of the business rules in 2014. Oakden Campus Metro Intermediate care services Community Recovery Centre Forensic Mental Health Services – James Nash House (NALHN)	**Cedars PICU	10.52
	**Cedars NW	5.25
	**Inpatient Rehabilitation - Closed	9.09
	**Inpatient Rehabilitation - Open	3.60
	**R&R Inpatient	4.54
	**The Glen	3.9
	**Clements	4.30
	**McLeay	3.20
	**Makk	3.25
	**South, east, west	7.7 RN, 3.3 EN
	**Elpida	1 RN per shift
	**Trevor Parry	1 Clinician per shift, 1 RN overnight
	**Wondakka (Needs ANMF consultation)	1 RN per shift
	**JNH Aldgate	7.94
	**JNH Birdwood	7.80
**JNH Clare	2.90	
**JNH Grove Closed	7.00	

DASSA **Reviewed following endorsement of the business rules	**DASSA Withdrawal Services, Glenside Health Services	4.5
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CHSALHN	Wards/Units	Nursing/Midwifery Hours Per Patient Day (N/MHPPD) / rostered over 2 week period
Mt Gambier Hospital **Reviewed following endorsement of the business rules in 2014.	**Maternity - Maternity incl Labour Ward	8.25
	Med/Surg - Private Ward	5.25
	Medical - Medical Ward	5.75
	Surgical - Surgical Ward	5.5
Port Augusta Hospital **Reviewed following endorsement of the business rules in 2014.	Casuarina (Mid & Paeds, labour and delivery)	5.83 excludes labour & delivery
	**Surgical -Banksia (Med/Surg), complex bed	5.20 includes complex care beds
Port Pirie Hospital	Ward A - General medical (+ paediatrics)	5.0 excludes paediatric patients
	Ward C - Maternity (includes neonates and labour and delivery), surgical, private	5.25
Whyalla Hospital **Reviewed following endorsement of the business rules in 2014.	**Gudya: Combined Medical and Surgical	5.25
	**Minya Jida: Combined Medical and Surgical	5.25
	WCHU (includes labour and delivery)	6.75

CHSALHN	Wards/Units	N/MHPPD / rostered over 4 week period
Angaston Hospital		5.0
Clare District Hospital		5.0
Gawler Hospital		5.0
Millicent Hospital		5.0
Mt Barker Hospital		5.0
Murray Bridge Hospital		5.0
Naracoorte Hospital		5.0
Nth Yorke Peninsula Hospital		5.0
Pt Lincoln Hospital		5.0
Riverland Hospital		5.0
Sth Coast Hospital		5.0
Tanunda Hospital		5.0
Country Health Services	Casualty	0.6 NHPPC
	Chemotherapy	Whilst administering Chemotherapy, must staff as per SA Health Chemotherapy policy
	Commonwealth Aged Care	3.2 NPCHPPD averaged across high care beds in CHSA by the end of the NMEA 2013. The increase is subject to a commensurate increase in ACFI funding being provided to reflect increased care needs.
	Complex Care (Stable)	6.0
	Labour and Delivery	Ratio 1:1 excluding Mt Gambier, Whyalla, and Port Pirie - as part of the above hppd
	OPD attendances	0.5
	Renal	Ratio 1:3
	State funded Aged Care and MPS aged care beds under main roof	3.2 NPCHPPD
	Paediatrics	5.3
	Obstetrics	6.0

APPENDIX 3 – COUNTRY HEALTH SA LHN (CHSA) MONITORED CARE LEVELS AND CRITERIA

Care Levels:

Complex Care (Unstable)

Complex Care (unstable) patients are patients who are either elective or emergency admissions to any CHSA facility and who are assessed as **critically ill and/or haemodynamically unstable**.

These patients will require active review and consideration of transfer to a facility with an Intensive Care Unit (ICU) or High Dependency Unit (HDU). This relocation will be achieved either through retrieval or transfer. Where these patients are being stabilised at the presenting hospital and awaiting transfer/retrieval, the patient must be managed in a monitored bed and nursed as 1:1 or 1:2 ratio based on the transfer sought (to ICU or HDU respectively).

Patients who are either elective or emergency admissions to any CHSA facility who are assessed as **haemodynamically or otherwise clinically unstable** must be transferred to a more appropriate facility with a High Dependency Unit (HDU). This relocation will be achieved either through retrieval or transfer. Where these patients are being stabilised at the presenting hospital and awaiting transfer/retrieval, the patient must be managed in a monitored bed and nursed as 1:2 ratio.

If it is not possible to achieve transfer of the client to a hospital with an ICU or HDU following request, the presenting hospital will continue to provide care with the staffing resources detailed above.

Complex Care (Stable)

Complex Care (stable) patients are patients who are admitted to any CHSA facility and are assessed with co-morbidities that require short term close monitoring without other complex care needs or associated nursing interventions, but not HDU or ICU.

These patients are managed in a monitored bed for a period of no more than 24 hour stay prior to further transfer to a general ward. Whilst monitored, patients are provided care as a 1:4 ratio. Where patient care requirements may exceed 1:4 ratio (6HPPD), clinical assessment is required by the registered nurse in charge. They will determine any changes that are appropriate to existing staffing requirements, and where necessary, engage for the required period of time additional nursing/midwifery staff.

APPENDIX 4 – SKILL MIX IN COUNTRY INPATIENT UNITS

	Ratio
	RN/M:EN/AIN/M
ANGASTON DISTRICT HOSPITAL	60:40
BALAKLAVA SOL MEM HOSPITAL	60:40
BORDERTOWN MEMORIAL HOSPITAL	70:30
BURRA BURRA HOSPITAL	60:40
CEDUNA HOSPITAL INC	70:30
CLARE DISTRICT HOSPITAL	70:30
CLEVE DISTRICT HOSPITAL	50:50
COOBER PEDY HOSPITAL	60:40
COWELL DISTRICT HOSPITAL	60:40
CUMMINS & DISTRICT MEMORIAL	60:40
EUDUNDA HOSPITAL	60:40
GAWLER HEALTH SERVICE	70:30
HAWKER MEMORIAL HOSPITAL	60:40
KANGAROO ISLAND GENERAL	60:40
KAPUNDA HOSPITAL	60:40
KAROONDA & DIST SOL MEMORIAL	70:30
KIMBA DISTRICT HOSP & HEALTH	60:40
KINGSTON SOL MEM HOSPITAL	60:40
LAMEROO DISTRICT HOSPITAL	60:40
LEIGH CREEK HOSPITAL	50:50
LOXTON HOSPITAL COMPLEX	70:30
MANNUM DISTRICT HOSPITAL	50:50
MENINGIE & DISTRICT MEMORIAL	60:40
MID NORTH HEALTH (BOOLEROO)	60:40
MID NORTH HEALTH (JAMESTOWN)	50:50
MID NORTH HEALTH (ORROROO)	60:40
MID NORTH HEALTH (PETERBOROUGH)	60:40
MID-WEST HEALTH SERVICE	50:50
MILLICENT & DISTRICT HOSPITAL	70:30
MT BARKER DISTRICT SOLDIERS'	70:30
MT GAMBIER & DISTRICTS	70:30
MURRAY BRIDGE SOL MEM HEALTH	60:40
NARACOORTE HEALTH SERVICE	70:30
NTHN ADELAIDE HILLS HEALTH	50:50
NTHN YORKE PEN REGIONAL	50:50
ODDNADATTA HOSP & HEALTH	100:0
PENOLA WAR MEMORIAL HOSPITAL	60:40
PINNAROO SOL MEM HOSPITAL	60:40
PT AUGUSTA HOSPITAL	70:30
PT BROUGHTON DIST HOSPITAL	60:40
PT LINCOLN HEALTH SERVICE	70:30
PT PIRIE REGIONAL HEALTH	70:30
QUORN & DISTRICT MEMORIAL	60:40
RENMARK & PARINGA DISTRICT	70:30
RIVERLAND REGIONAL HOSPITAL	70:30
RIVERTON DISTRICT SOL MEMORIAL	50:50
ROXBY DOWNS HEALTH CENTRE	60:40
SNOWTOWN MEMORIAL HOSPITAL	50:50
SOUTH COAST DISTRICT HOSPITAL	70:30
SOUTHERN FLINDERS HEALTH (CRYSTAL BROOK)	60:40
SOUTHERN FLINDERS HEALTH (LAURA)	60:40
SOUTHERN YORKE PENIN HEALTH	60:40
STRATHALBYN & DIST SOLDIERS'	60:40
TAILEM BEND DISTRICT HOSPITAL	60:40

TANUNDA WAR MEMORIAL HOSPITAL	70:30
TUMBY BAY HOSPITAL	50:50
WAIKERIE HOSPITAL & HEALTH	60:40
WHYALLA HOSPITAL & HEALTH	70:30
WOOMERA HOSPITAL	60:40
YORK PENINSULA HEALTH (YORKETOWN)	60:40
YORK PENINSULA HEALTH (MAITLAND)	50:50

APPENDIX 5 – DEPARTMENT FOR COMMUNITIES AND SOCIAL INCLUSION: STAFFING METHODOLOGY

DCSI

<u>Disability Services</u>	Highgate Park Primary Care	NPCS = nursing and personal care support hours per resident day
	H3B	6.0 NPCS
	H4A	6.0 NPCS
	H4B	4.0 NPCS
	H5A	4.0 NPCS
	H5B	4.0 NPCS

DCSI and the ANMF will review the staffing set out in this Appendix dependent on:

- the advent of significant evidence-based policy change and/or patient care needs; and/or
- the evidence-based implications of the transition to and implementation of the National Disability Insurance Scheme roll out and the application of the resulting individual funding model.

Variation to this Appendix may be made as agreed between the parties.

APPENDIX 6 – CLASSIFICATION AND SALARIES

Effective on and from the first full pay period after cited date

Classification	Increment	1/10/2013	1/10/2014	1/10/2015
		3%	3%	3%
<i>Assistant in Nursing/Midwifery</i>	1st increment	44,605	45,943	47,322
	2nd increment	45,926	47,303	48,723
<i>Enrolled Nurse (Certificate)</i>	1st increment	48,301	49,750	51,242
	2nd increment	49,093	50,566	52,083
	3rd increment	50,149	51,653	53,203
	4th increment	51,204	52,741	54,323
	5th increment	52,260	53,828	55,443
	6th increment	53,316	54,915	56,563
	7th increment	54,372	56,003	57,683
<i>Enrolled Nurse (Diploma)</i>	1st increment	50,149	51,653	53,203
	2nd increment	51,204	52,741	54,323
	3rd increment	52,260	53,828	55,443
	4th increment	53,316	54,915	56,563
	5th increment	54,372	56,003	57,683
	6th increment	55,427	57,090	58,803
	7th increment	56,483	58,178	59,923
<i>Advanced Skills Enrolled Nurse</i>	1st increment	55,427	57,090	58,803
	2nd increment	56,483	58,178	59,923
	3rd increment	57,539	59,265	61,043
<i>Registered Nurse/Midwife (Level 1)</i>	1st increment	56,483	58,178	59,923
	2nd increment	58,066	59,808	61,602
	3rd increment	60,441	62,255	64,122
	4th increment	62,818	64,702	66,643
	5th increment	65,193	67,149	69,163
	6th increment	67,568	69,595	71,683
	7th increment	69,943	72,041	74,203
	8th increment	72,319	74,489	76,724
	9th increment	74,695	76,935	79,243
	10th increment	77,070	79,382	81,763
<i>Clinical Nurse/Midwife (Level 2)</i>	1st increment	65,193	67,149	69,163
	2nd increment	67,568	69,595	71,683
	3rd increment	69,943	72,041	74,203
	4th increment	72,319	74,489	76,724
	5th increment	74,695	76,935	79,243
	6th increment	77,070	79,382	81,763
	7th increment	78,654	81,014	83,444
	8th increment	80,237	82,644	85,123
	9th increment	81,821	84,276	86,804
	10th increment	83,404	85,906	88,484
<i>Associate Clinical Service Coordinator (Level 2)</i>	1st increment	77,070	79,382	81,763
	2nd increment	78,654	81,014	83,444
	3rd increment	80,237	82,644	85,123
	4th increment	81,821	84,276	86,804
	5th increment	83,404	85,906	88,484

<i>Nurse/Midwife Clinical Service Coordinator/Clinical Practice Consultant/Education Facilitator/Management Facilitator (Level 3)</i>	1st increment	94,490	97,325	100,245
	2nd increment	96,602	99,500	102,485
	3rd increment	98,713	101,675	104,725
<i>Nurse/Midwife Clinical Service Coordinator/Clinical Practice Consultant/Education Facilitator/Management Facilitator/ Nurse Practitioner (Level 4)</i>	1st increment	99,769	102,762	105,845
	2nd increment	102,408	105,480	108,644
	3rd increment	103,992	107,112	110,325
<i>Nursing/Midwifery Director (Level 5)</i>	5.1	108,742	112,005	115,365
	5.2	121,411	125,054	128,805
	5.3	127,746	131,578	135,525
<i>Director of Nursing/Midwifery (Level 6)</i>	6.1	108,742	112,005	115,365
	6.2	115,077	118,529	122,085
	6.3	121,411	125,054	128,805
	6.4	127,746	131,578	135,525
	6.5	134,080	138,103	142,246
	6.6	145,694	150,064	154,566
	6.7	159,418	164,201	169,127

APPENDIX 7 – MIDWIFERY CASELOAD PRACTICE AGREEMENT

1. Title

This Appendix is known as the Midwifery Caseload Practice Agreement.

2. Scope and Persons Bound

The provisions of this Appendix apply in respect of midwives employed in a Midwifery Caseload Practice Program.

3. Duration of the Agreement

3.1 Continued operation of this Appendix at a health unit site is subject to the provisions of clause 19, Termination.

4. Definitions

4.1 "Award" means the Nurses (South Australian Public Sector) Award 2002 or any successor thereto.

4.2 "Agreement" means the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013 or any successor Agreement thereto.

4.3 "Employee" means a midwife employed in a Midwifery Caseload Practice Program.

4.4 "Recall" will mean a period of time the employee is required to return to work that was unplanned and not rostered.

4.5 "Caseload Midwifery" is a model of care where a client/patient has a named midwife and a backup midwife, who provides care throughout her pregnancy, labour, birth and postnatal period.

4.6 "Full care" means all midwifery care throughout the client/patient's pregnancy, labour, birth and postnatal period.

5. Employee Participation in the Midwifery Caseload Practice Program

No employee will be directed to work in a Midwifery Caseload Practice Program, which will only be staffed by midwives who have elected to join the program.

6. Relationship to the Award and Enterprise Agreement

6.1 The following Award provisions will not apply where the provisions of this Appendix are in force:

- Clause 4.4 On-Call and Recall
- Clause 5.1 Hours of Work
- Clause 5.2 Application of 38 Hour Week
- Clause 5.3 Penalty Rates
- Clause 5.4 Overtime
- Clause 6.1.3 Payment While on Leave
- Clause 6.1.5 Additional Leave Loading
- Clause 6.3 Public Holidays

6.2 The following Agreement provisions will not apply where the provisions of this Appendix are in force:

- Clause 3.7 Standard 10 Hour Night Shifts
- Clause 3.9 Part Time Employees – Minimum Shift Length
- Clause 7.1 Recall to Work, Overtime and Time Off in Lieu of Overtime
- Clause 7.3 Part Time Employees Working Variable Shifts – Public Holidays
- Clause 8.3 Night Shift Penalty
- Clause 8.4 Nurse/Midwife In-Charge Allowance

- Clause 8.5 On-Call Allowance

6.3 All other provisions of the Award and Agreement continue to apply.

7. Caseload

- 7.1 A full-time employee (other than a Clinical Service Coordinator (CSC), Midwifery Caseload Practice) is one who is available to carry a caseload of 40 booked clients/patients full care during the course of any full calendar or financial year. In interpreting the application of the Award and other conditions based on the ordinary hours of work, this caseload will equate to an employee (other than a CSC, Midwifery Caseload Practice) working a 38 hour week that is a full time employee under the Award.
- 7.2 The full time equivalent caseload for a CSC, Midwifery Caseload Practice will be 10 patients/clients for full care during the course of any full calendar or financial year. The span of control of a CSC, Midwifery Caseload Practice, will be up to 4 teams of midwives, each consisting of up to 6 full-time equivalents. Midwives may be allocated to teams in a flexible manner.
- 7.3 A part time employee will receive pay and conditions, as well as allocation of work on a proportional basis.
- 7.4 In addition to the caseload limits set by this clause 7, during absences of other employees due to planned or unplanned leave of 1 week or less, employees' (other than the Unit Head) caseloads may be increased to a maximum of 56 clients/patients. However, the caseload will not exceed 46 clients/patients on average over the year. The caseload for a Unit Head may vary up to 20 clients/patients on average due to the absence of other staff.
- 7.5 In country health units sites, the CSC's duties may include responsibilities for other patient care areas, in which case the workload of the CSC and other employees (as defined) will be adjusted accordingly.

8. Patterns of Work

- 8.1 The employees will be free to organise their own hours of work provided that they are able to meet the assessed needs of clients/patients.
- 8.2 An employee will not be required to work for periods longer than 8 hours and can choose to hand over care of the employee's clients/patients, at that time. In accordance with clause 8.1, employees have the discretion to work up to, but no longer than, 12 hours to meet the needs of their clients/patients.
- 8.3 Each employee will have a period of at least 8 hours within a 24 hour period, continuously free of duty (other than on-call and recall).
- 8.4 Each employee will have an average of 2 days off duty per week free of planned work and on-call and recall.
- 8.5 An employee will not be permitted to work for more than 7 days in succession, other than where the employee is recalled to work.

9. Classification

- 9.1 An employee (other than a CSC) who works in the Midwifery Caseload Practice Program will be classified as a Registered Nurse/Midwife (Level 1) or a Clinical Nurse/Midwife (Level 2).
- 9.2 An employee who works as a CSC of a Midwifery Caseload Practice will be classified as a Registered Nurse/Midwife (Level 3) or (Level 4) as appropriate.

10. Salary

The salaries provided for in the Award and in the Agreement covering nurses/midwives in the South Australian public sector will be applied to midwives employed under this Agreement.

11. Loading in Lieu of Certain Conditions

- 11.1 Employees, other than a Unit Head, Midwifery Caseload Practice, will receive a loading of 35%, in addition to ordinary rates of pay, which incorporates the provisions referred to in clause 6 and is in recognition of the expanded practice and the flexible environment in which work is performed.

- 11.2 Employees who are a Unit Head, Midwifery Caseload Practice will receive a loading of 17.5%, in addition to ordinary rates of pay, which is in lieu of on-call allowance, recall payment and annual leave loading and in recognition of the expanded practice and the flexible environment in which work is performed.
- 11.3 These loadings will be treated as part of the ordinary rate of pay for an employee and, as such, will apply to periods of annual leave and Personal/Carers leave, as well as occasions where the employee is actively at work.

12. Annual Leave

All employees in a Midwifery Caseload Practice Program will be entitled to 6 weeks annual leave.

13. Personal/Carers Leave

- 13.1 Where an employee is unable to work due to illness or other relevant factors, the CSC, Midwifery Caseload Practice or appropriate line manager will determine if temporary re-allocation of the employee's work program to other midwives in the team is required for the period of absence. If so, the period of absence will be debited against the employee's accrued personal/carers leave.
- 13.2 Where the CSC, Midwifery Caseload Practice or appropriate line manager determines that re-allocation of the employee's work program, due to illness or other relevant factors, is not necessary and that the employee can re-order or re-schedule the employee's work program, no leave will be debited from the employee's accrued personal carers leave for the period of absence.

14. Time Records

- 14.1 Employees will be required to keep accurate records of all time worked including travel time, administrative work, staff development and other non-clinical activity.
- 14.2 It is the expectation of the parties to this Agreement that the workload will be consistent with that of a full time employee under the Award, that is, an average of 38 hours work per week and occasional recall to work.

15. Excess Hours

- 15.1 If an employee, at the request of the employer, works more than 332 hours in any 8 week cycle, the employee will be entitled to:
- Time off in lieu (on an hour for hour basis) of such excess hours worked, taken at the convenience of the employee and the employer within 12 months of it being accrued, and in association with a period of planned leave; or
 - payment at overtime rates for the excess hours worked, that is, time and a half for the first 3 hours and double time thereafter.
- 15.2 The employee will have discretion as to which option is to apply in each instance.

16. Staffing Levels

Sufficient staff must be available to ensure that the average caseload for each midwife does not exceed 46 clients/patients per annum. During absences of other employees due to planned or unplanned leave, caseloads may be increased to a maximum of 56 clients/patients.

17. Transport

The use of an employee's motor vehicle and the reimbursement rates for the use of an employee's private motor vehicle will be in accordance with the HR Manual or its successor.

18. Telephone Expenses

The health unit will provide a mobile phone for each Caseload Midwife. The mobile phone is to be used in accordance with DHA Guidelines.

19. Termination of Agreement

19.2 A LHN or the ANMF on behalf of its members may terminate the operation of a Midwifery Caseload Practice Program at a specific health unit site(s). In this event, 4 weeks written notice will be given to the other party to ensure the care needs of clients/patients are met.

19.3 Notice will not be given under this clause unless prior consultation has occurred between the affected parties.

20. Variation of the terms of this Appendix

The terms of this Appendix as they apply to a specified Midwifery Caseload Practice Program at a specified health unit may be varied by agreement between the respective LHN and the ANMF.

APPENDIX 8 – CAREER STRUCTURE

RECLASSIFICATION AND APPOINTMENT

Roles in the career structure will be available on a reclassification or an appointment basis, subject to meeting the minimum essential qualification for that classification.

The Advanced Skills Enrolled Nurse classification is by appointment only.

Employees can apply for a reclassification by completing an Application for Reclassification form and demonstrating that they meet the reclassification criteria (as stated in this Appendix) at the higher level. The reclassification process includes a right of appeal to a Grievance and Reclassification Appeal panel as applicable by DHA or DCSI.

Any Enrolled Nurse/Registered Nurse/Midwife may be appointed to a position as a result of merit based selections subject to meeting the minimum essential criteria (i.e. Enrolled/Registered with the Registration Authority).

ASSISTANT IN NURSING/MIDWIFERY:

Assistants in Nursing/Midwifery (AIN/M) support Enrolled and Registered Nurses/Midwives in the delivery of general patient care, and undertake basic nursing duties that would otherwise have been performed by an Enrolled or Registered Nurse/Midwife.

Employees at this level, work at all times under supervision by a Registered Nurse/Midwife and their work may be overseen by an Enrolled Nurse within a care team.

Assistants in Nursing/Midwifery will:

- Be enrolled as a student in an undergraduate program in nursing or midwifery and have completed any training required by the employer relevant to the safe and competent performance of work at this level; or
- Be employed on the basis that the person is, or will be, undertaking a course approved by the Registration Authority for the preparation of Enrolled Nurses; or
- Hold a Certificate III or IV in one of the following health related disciplines:
 - Basic Health Care;
 - Aged Care;
 - Health Services Assistance: (Qualifications to include elective units recommended for AIN Acute Care);
 - Home and Community Care;
 - Or such other nationally recognised courses approved within the healthcare setting by full agreement of DHA and the ANMF.

Employees in these roles will undertake all or some of the following:

- Assistance to nurses/midwives in routine tasks with patients/clients associated with the activities of daily living;
- Routine technical support functions at the level of setting up for nursing procedures, cleaning equipment and managing local stock levels;
- Verbal and written communication related to routine work activities;
- Contributing to the maintenance of a physically and culturally safe environment for patients and staff;
- Participation in quality improvement activities;
- Such nursing care and procedures that assist them in their learning capacity to develop the competencies required to achieve the qualification in which they are enrolled.

The AIN/M work level descriptors may be varied by agreement between the parties where there is a need to ensure the descriptors adequately reflect the role and qualification.

ENROLLED NURSE:

An Enrolled Nurse is an employee who is enrolled with the Nursing and Midwifery Board of Australia. The Enrolled Nurse supports the Registered Nurse/Midwife in the provision of patient-centred care. Employees at this level work under the direction and supervision of the Registered Nurse/Midwife, however at all times the Enrolled Nurse retains responsibility for his/her actions and remains accountable in providing nursing/midwifery care.

ENROLLED NURSE WITH CERTIFICATE QUALIFICATION - INCREMENT 7

Refer to clause 1.6.13 of the Nurses (South Australian Public Sector) Award 2002 and clause 4.3 of this Agreement.

Progression - There is no automatic progression from increment 6 to increment 7.

An Enrolled Nurse (Certificate) may progress from increment 6 to increment 7 on successful completion of 80 nominal hours of structured education in module/modules relevant to the EN practice setting. Structured education may be delivered through classroom or distance modules and includes assessment, which ensures the competencies/objectives of the module have been met. Examples of such modules include: Orthopaedics, Advanced Skills Nursing for Activities for Daily Living, Continence Management, Introduction to Mental Health, Care of the Aged in Acute Setting, Rehabilitation etc.

On application for progression to increment 7, evidence of successful completion includes copies of certificates etc. or confirmation from the course coordinator/institution etc. that the employee was enrolled/attended/assessed and successfully completed the course requirements.

The 80 nominal hours may consist of a number of separate courses of less than 80 hours (with a minimum of 16 hours duration) but relating to a common area of practice (and in total at least 80 hours) and with demonstration of assessment and completion components for each course.

Mandatory training courses are not eligible for inclusion as part of the 80 nominal hours.

ADVANCED SKILLS ENROLLED NURSE:

In addition to fulfilling all of the duties of an Enrolled Nurse, an Advanced Skills Enrolled Nurse (ASEN) is characterised by:

- High level of specialisation in an area or field of practice;
- A higher level of clinical knowledge and skills informed by further education and on the job experience;
- A greater level of delegated responsibility in the management of client care which may include clinical and non-clinical roles; and
- More indirect levels of supervision.

The Advanced Skills Enrolled Nurse will either:

- Hold an Advanced Diploma of Enrolled Nursing and have three years full time equivalent experience in the relevant clinical area; OR
- Have five years full time equivalent experience in the relevant clinical area and have demonstrated advanced skills and knowledge in client assessment, care management and leadership responsibilities.

The Advanced Skills Enrolled Nurse is an appointment based position within specified settings as determined and required by the health unit/service.

REGISTERED NURSE/MIDWIFE (LEVEL 1):

Employees classified at this level provide nursing and/or midwifery services in health service settings. Roles within this level consolidate knowledge and skills and develop in capability through continuous professional development and experience. An employee at this level accepts accountability for his or her own standards of nursing/midwifery care and for activities delegated to others.

Employees in these roles will, with increasing capability:

- Provide direct nursing/midwifery care and/or individual case management to patients/clients on a shift by shift basis in a defined clinical area;
- Assess individual patient/client needs, plan and implement or coordinate appropriate service delivery from a range of accepted options;
- Provide health education, counselling and/or therapeutic/rehabilitation programs to improve the health outcomes of individual patients/clients or groups;
- Plan and coordinate services with other disciplines or agencies in providing individual's health care needs;
- Participate in quality assurance and/or evaluative research activities within the practice setting;
- Contribute to patient/client safety, risk minimisation and safe work activities within the practice setting;
- Use foundation theoretical knowledge and evidence based guidelines and apply these to a range of activities to achieve agreed patient/client care outcomes;
- Practice as a Registered Nurse within a nursing model established to support patient/client centred care or, as a Registered Midwife work in partnership with women respecting and supporting their right to self-determination in the life processes of pregnancy, birthing and parenthood;
- Contribute to procedures for effectively dealing with people exhibiting challenging behaviours;
- Review decisions, assessments and recommendations from less experienced Registered Nurses/ Midwives and Enrolled Nurses and students;
- Provide support and guidance to newer or less experienced staff, Enrolled Nurses student nurses and other workers providing basic nursing care;

- Support nursing/midwifery practice and learning experiences for students undertaking clinical placements, orientation for new staff and preceptorship of graduates;
- Continue own professional development, seek learning opportunities and develop and maintain own professional development portfolio of learning and experience.

CLINICAL NURSE/MIDWIFE (LEVEL 2):

Employees classified at this level provide advanced nursing and/or midwifery services in health service settings. The activities required of roles at this level are predominantly clinical in nature. Work at this level is undertaken by employees with at least 3 years post registration experience. An employee at this level accepts accountability for their own practice standards, activities delegated to others and the guidance and development of less experienced staff.

Employees in these roles will:

- Provide proficient clinical nursing/midwifery care and/or individual case management to patients/clients in a defined clinical area;
- Assess patient/client needs, plan, implement and coordinate appropriate service delivery options and communicate changes in condition and care;
- Oversee the provision of nursing/midwifery care within a team or unit;
- Provide health education, counselling and/or therapeutic/rehabilitation programs to improve the health outcomes of individual patients/clients or groups;
- Plan and coordinate services including those of other disciplines or agencies as required to meet individual and/or group health care needs;
- Monitor client care plans and participate in clinical auditing and/or evaluative research to ensure appropriate patient care outcomes are achieved on a daily basis;
- Demonstrate and promote a risk minimisation approach to practice and support implementation and maintenance of systems to protect patients and staff;
- Integrate advanced theoretical knowledge, evidence from a range of sources and own experience to devise and achieve agreed patient care outcomes;
- Work within and promote a nursing model of client centred care or midwifery model of partnership and support for women's right to self-determination in life processes;
- Act to resolve local and/or immediate nursing/midwifery care or service delivery problems;
- Support change management processes;
- Contribute to communication processes that effectively deal with challenging behaviours and the resolution of conflicts;
- Work within a team to attain consistency of nursing/midwifery practice standards and local service outcomes;
- Participate in clinical teaching, overseeing learning experience, and goal setting for students, new staff and staff with less experience;
- Act as a resource person within an area based on knowledge, experience and skills;
- Manage own professional development activities and portfolio, support the development of others and contribute to learning in the work area.

In addition to the foregoing the employee may:

- Be required to participate in and/or provide clinical teaching and/or research;
- Be required to contribute to a wider or external area team working on complex or organisation wide projects such as clinical protocols, guidelines and/or process mapping;
- Be required to undertake a specific activity and/or portfolio responsibilities;
- Be required, within pre-determined guidelines, and in a multi multidisciplinary primary health care setting, to assess clients, select and implement different therapeutic interventions and/or support programs and evaluate client progress.

Reclassification Indicators (criteria):

3 years post registration experience and demonstrates the following:

- Coordination of service: examples may include planning care, communicating clinical changes;
- Quality and safety: examples may include audit, risk minimisation, updating clinical procedures and evidence based practice guidelines;
- Leadership: examples may include resolving clinical practice issue, team leading, changing practice; and
- Clinical teaching: examples may include educating patients, staff and students, and updating education resources.

ASSOCIATE CLINICAL SERVICE COORDINATOR (LEVEL 2):

In the course of fulfilling the role of Clinical Nurse/Midwife, the Associate Clinical Service Coordinator role provides specific support to the Nursing/Midwifery Clinical Service Coordinator role in the leadership of nurses/midwives in

the ward/unit/service. Work at this level is undertaken by employees with at least 3 years post registration experience.

Within the requirements of the Clinical Nurse/Midwife role, employees in these roles will undertake an Associate Coordinator portfolio within which they will:

- Promote continuity and consistency of care in collaboration with other Associate Clinical Service Coordinators and the Clinical Service Coordinator of the ward/unit/service;
- Assist the Nursing/Midwifery Clinical Service Coordinator in ongoing communication and implementation of practice changes;
- Assist the Nursing/Midwifery Clinical Service Coordinator to maintain and record monitoring and evaluative research activities in the ward/unit;
- Assist the Nursing/Midwifery Clinical Service Coordinator and Nursing/Midwifery Educators to maintain a learning culture by encouraging reflection and professional development and assisting others to maintain portfolios/records of learning; and
- May be required to assist the Nursing/Midwifery Clinical Service Coordinator in undertaking performance management processes and/or rostering and/or oversight of supplies and/or equipment.

Reclassification Indicators (criteria):

3 years post registration experience and demonstrates the following:

- Coordination of service: examples may include planning care, communicating clinical changes;
- Quality and safety: examples may include conducting audit, risk minimisation, updating clinical procedures and evidence based practice guidelines;
- Leadership: examples may include taking charge of a nursing/midwifery team i.e. acting CSC, undertaking management task such as performance appraisal, resolving clinical practice issue, changing practice; and
- Clinical teaching: examples may include educating patients, staff and students, and updating education resources.

NURSE/MIDWIFE CLINICAL SERVICE COORDINATOR (LEVEL 3):

Employees classified at this level use their clinical knowledge and experience to provide the pivotal co-ordination of patient/client care delivery in a defined ward/unit/service/program within a Health Unit/Community Service. The main focus of this role is the line management, coordination and leadership of nursing/midwifery and/or multi-disciplinary team activities to achieve continuity and quality of patient/client care. Work at this level is undertaken by employees with at least 3 years post registration experience.

Employees in this role accept accountability for the outcomes of nursing/midwifery practices and/or multidisciplinary outcomes in the specific practice setting; for addressing inconsistencies between practice and policy; and for developing team performance and a positive work culture in the interest of patient/client outcomes.

Various practice models may be adopted by health services to enact this role, including but not limited to:

- Primarily leading a patient/client care area, nursing/midwifery and/or multi-disciplinary clinical practice/service team;
- Undertaking a combination of patient/client care area/team leadership and resource management;

All employees in these roles will:

- Coordinate and oversee nursing/midwifery care and health service delivery for a specified ward/unit/service/program;
- Lead the nursing/midwifery team within the professional practice framework established by the Director of Nursing/Midwifery, and where appropriate, lead a multi-disciplinary team;
- Integrate contemporary information and research evidence with personal experience to support the decision making, innovative thinking and objective analysis that are expected at this level;
- Maintain productive working relationships and manage conflict resolution;
- Develop and maintain a learning environment, taking a coaching approach to team development, individual capability development and performance management;
- Implement and co-ordinate within span of control, processes for quality improvement and continuity within corporate risk management and nursing/midwifery professional practice frameworks;
- Use available information systems to inform decision making, evaluate outcomes and convey information to staff;
- Implement local processes to operationalise the corporate risk management framework including investigating complaints, incidents and accidents;
- Change local processes and practices in accordance with emerging service needs, care evaluation results, identified imminent systems problems, and coordination of local activities with corporate systems;
- Hold a contemporary professional practice portfolio containing evidence of postgraduate qualifications, learning and practice experience that underpin a demonstrable application of knowledge and skills commensurate with the level and type of practice expected of the role.

In addition to the foregoing, employees in practice models combining patient care area team leadership and resource management will:

- Undertake and/or oversee local resource management within a corporate administrative framework including some or all of the following within their defined ward/unit/value stream or program:
 - Recruitment, staffing, leave management; rostering, work allocation and attendance management;
 - Financial and supplies planning and monitoring.

Reclassification Indicators (criteria):

3 years post registration experience:

Holds or is working towards a post graduate qualification relevant to their role and demonstrates the following:

- Leading a team to improve quality and addressing service risks;
- Leadership through effective decision making, and change management;
- Leading effective performance management, and building professional capability / development of the team; and
- Leading effective budget and financial management.

NURSE/MIDWIFE CLINICAL PRACTICE CONSULTANT (LEVEL 3):

Employees classified at this level provide clinical nursing/midwifery expertise for specified individual patients/clients and/or groups and/or patient/client populations, and may work in a variety of clinical settings. Work at this level is undertaken by employees with at least 3 years post registration experience.

Employees in this role accept accountability for the outcomes of nursing/midwifery practices for the specific client group and for addressing inconsistencies between practice and policy.

Various practice models may be used to enact this role, including but not limited to:

- Primarily providing direct expert nursing/midwifery care for an individual or group of patients/clients;
- Providing clinical leadership to nurses/midwives;
- Coordination and leadership of projects and/or programs that contribute clinical expertise to improve patient/client/service outcomes.

All employees in this role will:

- Integrate contemporary information and evidence with personal experience to support the decision making, innovative thinking and objective analysis that are expected at this level;
- Apply and share expert clinical knowledge to improve patient/client care outcomes;
- Lead nursing/midwifery clinical practice within the professional practice framework established by the Director of Nursing/Midwifery, and contribute specific expertise to clinical protocols and standards development and promulgation;
- Contribute specific expertise to nursing/midwifery practice through clinical protocol and standards development;
- Maintain productive working relationships and manage conflict resolution;
- Contribute clinical expertise to learning environments, which may include individual/team capability development and/or post registration clinical teaching;
- Hold a contemporary professional practice portfolio containing evidence of postgraduate qualifications, learning and practice experience that underpin a demonstrable application of knowledge and skills commensurate with the level and type of practice expected of the role.

In addition to the common role requirements above, employees in practice models primarily providing expert care will:

- Provide expert clinical nursing/midwifery care and interventions and/or individual case management to a defined population of patients/clients;
- Undertake the nursing/midwifery care role with a significant degree of independent clinical decision making in the area of personal expertise;
- Be required in a multidisciplinary primary health care setting to apply nursing/midwifery expertise to assess clients, select and implement different therapeutic interventions and/or support programs and evaluate patient/client progress.

In addition to the common role requirements above, employees in clinical leadership practice models will:

- Lead nursing/midwifery clinical practice within the professional practice framework established by the Director of Nursing/Midwifery, and/or lead a multidisciplinary team;
- Contribute expert nursing/midwifery assessment and advice to local clinical teams to achieve integrated nursing/midwifery care within a risk management framework;
- Contribute to the development and sustainability of nursing/midwifery skills for the needs of the specific population group using systems of resource and standards promulgation;

- Contribute specific expertise to monitoring and evaluative research activities in order to improve nursing or midwifery practice and service delivery.

Reclassification Indicators (criteria)

3 years post registration experience:

Holds or is working towards a post graduate qualification relevant to their clinical practice and demonstrates the following

- Leading and providing expert clinical care/advice demonstrating assessment, decision making, and therapeutic intervention;
- Leading the analysis, measurement and evaluation of clinical practice;
- Leading the development of evidence based practice through measures such as clinical protocols and standards;
- Leading the development of education resources for health professionals and client groups.

NURSE/MIDWIFE EDUCATION FACILITATOR (LEVEL 3):

Employees classified at this level use their clinical knowledge and experience to provide corporate support services to nursing/midwifery practice in areas such as provision of learning experiences, educational materials and expertise to support clinicians undertaking local teaching. Work at this level is undertaken by employees with at least 3 years post registration experience.

Employees in this role accept accountability for the outcomes of nursing/midwifery education practices, for addressing inconsistencies between practice and policy; and for contributing to a safe and positive work culture in the interest of patient/client outcomes.

Various practice models may be used to enact this role, including but not limited to:

- Providing education and training support to a specific group of wards/units/service/ community programs and/or specific nurses/midwives;
- Providing education support in a specific education and/or training portfolio; and
- Coordination and leadership of projects, programs and/or research to achieve improved educational outcomes and/or service delivery.

Employees in these roles will:

- Provide and/or coordinate educational support within the organisation's professional practice, education and administrative frameworks;
- Integrate contemporary information and research evidence with personal experience to support the decision making, innovative thinking and objective analysis that are expected at this level;
- Contribute to the review and management of education/training programs to ensure the achievement of outcome standards and key performance indicators;
- Undertake and/or oversee teaching sessions and assessment processes;
- Contribute to capability development requirements identified within performance development and succession planning activities;
- Contribute to competency improvement requirements identified within performance management activities;
- Provide education support for change processes, risk management practices and service improvement activities;
- Contribute to the support of undergraduate and post graduate students in clinical placements as appropriate;
- Collaborate with Clinical Service Coordinators to co-ordinate teaching and learning processes and achieve planned outcomes;
- Maintain productive working relationships and manage conflict resolution;
- Contribute to the promulgation of information regarding current developments in nursing and midwifery;
- Hold a contemporary professional practice portfolio containing evidence of postgraduate qualifications, learning and practice experience that underpin a demonstrable application of knowledge and skills commensurate with the level and type of practice expected of the role.

In addition to the foregoing, employees with portfolio responsibilities will:

- Teach and/or assess specific post-graduate/university course topics in area of own expertise;
- Undertake or oversee short term clinical and/or education research projects.

Reclassification Indicators (criteria)

3 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their role and demonstrates the following

- Leading and developing processes to support consistent education practices for all levels of nursing and midwifery staff and students;

- Leading the analysis, measurement and evaluation of education and professional development; and
- Leading the development of processes that enables the Clinical Service Coordinator to undertake performance management and competency assessment of their staff.

NURSE/MIDWIFE MANAGEMENT FACILITATOR (LEVEL 3):

Employees classified at this level use their clinical knowledge and experience to provide corporate support services to nursing/midwifery practice and services in areas such as staffing methodologies, recruitment and selection, human resource management, financial administration, bed and resource management, accreditation and risk management processes and information systems management. Work at this level is undertaken by employees with at least 3 years post registration experience.

Employees in this role accept accountability for the outcomes of nursing/midwifery management practices, for addressing inconsistencies between practice and policy; and for contributing to a safe and positive work culture in the interest of patient/client outcomes. Individual employees accept accountability for their specific span of control or allocated portfolio.

Various practice models may be used to enact this role, including but not limited to:

- Providing management support to a specific span of wards/units/programs/service;
- Providing management support in a specific work portfolio/s;
- Coordinating and managing projects, programs and/or research to achieve improved patient/client outcomes and/or service delivery.

All employees in these roles will:

- Provide corporate support to nursing/midwifery practice and services within the professional practice framework established by the Director of Nursing/Midwifery;
- Integrate corporate and local unit/ward/program/service human and material resource management in collaboration with Clinical Services Coordinators and/or other managers;
- Integrate corporate and local service coordination to achieve continuity of patient/clients services;
- Integrate contemporary information and research evidence with personal experience to support the decision making, innovative thinking and objective analysis that are expected at this level;
- Maintain productive working relationships and manage conflict resolution;
- Implement and co-ordinate processes for quality improvement and service continuity within corporate risk management and nursing/midwifery professional practice frameworks;
- Use available information systems to inform decision making, evaluate outcomes and convey information to staff;
- Contribute to the development of, implement, and monitor corporate policies and processes;
- Change processes and practices in accordance with emerging management needs, evaluation results and imminent systems problems;
- Hold a contemporary professional practice portfolio containing evidence of postgraduate qualifications, learning and practice experience that underpin a demonstrable application of knowledge and skills commensurate with the level and type of practice expected of the role.

In addition to the foregoing, employees with portfolio responsibilities will:

- Undertake the work of the portfolio within the corporate administrative framework and delegations of responsibility;
- Where required by the organisation, provide “after hours” oversight and management of the activities of the health service including staff allocation, implementation of disaster response and recalling staff as required.

Reclassification Indicators (criteria):

3 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their role and demonstrates the following:

- Leading and developing processes to support any of the following functions: quality, accreditation and risk management practice, bed management, equipment and information management;
- Leadership including analysis, measurement and evaluation of any of the processes above;
- Leading the development and analysis of effective recruitment and retention strategies; and
- Leading change management.

ADVANCED NURSE/MIDWIFE CLINICAL SERVICE COORDINATOR (LEVEL 4):

Employees classified at this level provide the pivotal co-ordination of patient/client care delivery in a defined ward/unit/service/program within a Health Unit or Community Service. The main focus of this role is the line management, coordination and leadership of the nursing/midwifery team and/or multi-disciplinary activities, including where relevant, such local resource management as to achieve continuity and quality of patient/client

care and outcomes. Work at this level is undertaken by employees with at least 3 years post registration experience.

Employees in this role accept accountability for the outcomes of nursing/midwifery practices in the specific practice setting, for addressing inconsistencies between practice and policy; and for developing team performance within positive work cultures in the interest of patient/client outcomes.

Various practice models may be used to enact this role, including but not limited to:

- Primarily leading a patient/client care area nursing/midwifery and/or multidisciplinary practice/service team;
- Undertaking a combination of patient/client care ward/unit/service nursing/midwifery team leadership and resource management.

Employees in this role will:

- Manage, oversee and advise on nursing/midwifery care and health service delivery for a specified service delivery area which is (by number of patients/clients and/or by clinical complexity or breadth) demonstrably beyond the usual range for that practice setting; OR
- Manage, oversee and advise on nursing/midwifery care and health service delivery for a specified service delivery area which is demonstrably more professionally isolated than the usual range; OR
- Lead a nursing/midwifery and/or multi-disciplinary team, which is (by direct reports and/or span of control or multiple operational links) demonstrably beyond the usual range;
- Initiate, implement and co-ordinate processes within span of control, for quality improvement and continuity within corporate risk management and nursing/midwifery professional practice frameworks;
- Integrate contemporary information and research evidence with personal experience to support the decision making, innovative thinking and objective analysis that are expected at this level;
- Maintain productive working relationships and manage conflict resolution;
- Develop and maintain a learning environment, taking a coaching approach to team development, individual capability development and performance management;
- Use available information systems to inform decision making, evaluate outcomes and convey information to staff;
- Implement local processes to operationalise the corporate risk management framework including investigating complaints, incidents and accidents;
- Change local processes and practices in accordance with emerging service needs, care evaluation results, identified imminent systems problems, and coordination of local activities with corporate systems;
- Hold a contemporary professional practice portfolio containing evidence of postgraduate qualifications and learning and practice experiences that underpin a demonstrable application of knowledge and skills commensurate with the level of autonomy, decision making authority and influence of recommendations expected of the role.

Employees in this role may be required to:

- Undertake a formal support/advisor role to Clinical Service Coordinators in relation to an area of expertise in service co-ordination;
- Implement important and/or influential systems used beyond own area of service co-ordination;
- Initiate, conduct, implement and/or guide a major research or systems development portfolio relevant to improved service outcomes and beyond the scope of the Clinical Service Co-ordination role;
- Undertake and/or oversee, within their span of control, some or all local resource management within the corporate administrative framework;
- Act as a consultant to the state or national health system in area of expertise;
- Present at conferences, undertake post graduate teaching and assessment and/or publish in refereed professional journals.

Reclassification Indicators (criteria):

3 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their role; and

- Manages, oversees and advises on nursing/midwifery care and health service delivery for a specified service delivery area which is (by number of patients and/or by clinical complexity or breadth) demonstrably beyond the usual range for that practice setting; OR
- Manages, oversees and advise on nursing/midwifery care and health service delivery for a specified service delivery area which is demonstrably more professionally isolated than the usual range; OR
- Leads a nursing/midwifery and/or multi-disciplinary team, which is (by direct reports and/or span of control or multiple operational links) demonstrably beyond the usual range.

ADVANCED NURSE/MIDWIFE CLINICAL PRACTICE CONSULTANT OR NURSE PRACTITIONER (LEVEL 4):

Employees classified at this level provide clinical nursing/midwifery expertise for specified individual patients/clients and/or groups and/or patient/client populations.

Level 4 clinicians may practice beyond the usual extent of nursing/midwifery scope of practice and are autonomous clinical decision makers, working independently and collaboratively in the health care system. Work at this level is undertaken by employees with at least 3 years post registration experience.

Employees in this role accept accountability for their nursing/midwifery practice, professional advice given, delegations of care made and for addressing inconsistencies between practice and policy.

Various practice models may be used to enact this role, including but not limited to:

- Primarily providing direct expert nursing/midwifery care for individuals and/or groups of patients/clients;
- Providing clinical leadership to nurses/midwives within the span of appointment;
- Contribute and manage state-wide portfolios/projects/programs to contribute to the development, implementation and evaluation of relevant Departmental and Government policies.

Employees in this role will:

- Integrate contemporary information and evidence with personal experience to support the decision making, innovative thinking and objective analysis that are expected at this level;
- Apply and share expert clinical knowledge to improve patient/client care;
- Maintain productive working relationships and manage conflict resolution;
- Contribute clinical expertise to learning environments, which may include individual/team capability development and/or post registration clinical teaching;
- Hold a contemporary professional practice portfolio containing evidence of postgraduate qualifications and learning and practice experiences that underpin a demonstrable application of knowledge and skills commensurate with the level of autonomy, decision making authority and influence of recommendations expected of the role.

In addition to the foregoing, the employee in this role exhibits a substantial proportion of the following characteristics according to the model in which they practice.

In a patient/client management role and in accordance with the context, patient need, and any required authorisation, may be required to:

- Comprehensively assess health status including history and physical examination;
- Initiate and interpret diagnostic pathology and/or radiology;
- Initiate interventional therapies, medications and use of health appliances or equipment;
- Clinically manage patients/clients either directly or by delegation;
- Communicate patient/client management plans to all relevant members of the health care team, including general practitioners and/or other agencies;
- Admit and discharge from inpatient and/or clinic settings;
- Practice extensions of the nursing/midwifery role in accordance with local clinical and/or admitting privileges, agreements, practice guidelines and/or protocols and State and Federal legislation and regulatory requirements;
- The role may be sessional in combination with clinical practice responsibilities.

In a clinical leadership role and in accordance with the context and patient/client need, may be required to:

- Lead nursing/midwifery clinical practice within the professional practice framework established by the Director of Nursing/Midwifery;
- Contribute expert nursing/midwifery assessment and advice to local clinical teams to achieve integrated nursing/midwifery care within a risk management framework;
- Contribute to the development and sustainability of nursing/midwifery skills for the needs of the specific population group using systems of resource and standards promulgation;
- Contribute to redesign of care and treatment practices;
- Contribute to clinical supervision and/or practice development;
- Conduct and/or guide clinical research;
- Act as a consultant to the state or national health system in area of expertise;
- Present at conferences and undertake post graduate teaching and assessment and/or publish in refereed professional journals.

Reclassification Indicators (criteria):

3 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their clinical practice and demonstrates the following:

- Demonstrates clinical practice at an expert level by undertaking the majority of the following characteristics (where they are relevant to the practice setting and role):

- Comprehensively assess health status including history and physical examination;
 - Initiate and interpret diagnostic pathology and/or radiology where that is enabled and authorised;
 - Initiate interventional therapies, medications and use of health appliances or equipment within any limits created by application of the law or policies and procedures;
 - Clinically manage clients either directly or by delegation;
 - Communicate patient management plans to all relevant members of the health care team, including general practitioners;
 - Admit and discharge from inpatient and/or clinic settings where that is enabled through locally applicable policies and procedures;
 - Practice extensions of the nursing/midwifery role in accordance with local clinical and/or admitting privileges, agreements, practice guidelines and/or protocols and State and Federal legislation and regulatory requirements.
- Leading and providing expert clinical care/advice demonstrating assessment, decision making, and therapeutic intervention,
 - Leading the analysis, measurement and evaluation of clinical practice;
 - Leading the development of evidence based practice through measures such as clinical protocols and standards; and
 - Leading the development of education resources for health professionals and client groups.

ADVANCED NURSE/MIDWIFE EDUCATION FACILITATOR (LEVEL 4):

Employees classified at this level use their clinical knowledge and experience to provide a corporate support service to nursing/midwifery practice, which may include but not be limited to areas such as the provision and oversight of a range of education, training, learning experiences and materials. Work at this level is undertaken by employees with at least 3 years post registration experience.

Employees in this role accept accountability for the outcomes of nursing/midwifery education practices, for addressing inconsistencies between practice and policy; and for contributing to a safe and positive work culture in the interest of patient/client outcomes.

Various practice models may be used to enact this role, including but not limited to:

- Leading a course/program team in education and training provision;
- Leading a specific portfolio/project within education and training provision;
- Undertaking a primarily academic and research role.

Employees in this role will:

- Provide, oversee and advise on education services, which are (by number of students and/or by educational complexity or breadth) demonstrably beyond the usual range;
- Lead a nursing/midwifery and/or multi-disciplinary team of educators and/or trainers in the initiation, coordination, implementation and evaluation of a formal education program for a designated student group;
- Initiate, develop and implement educational and/or clinical protocols/standards, harm minimisation strategies and quality benchmarks;
- Integrate contemporary information and research evidence with personal experience to support the decision making, innovative thinking and objective analysis that are expected at this level;
- Contribute to the review and management of education/training programs to ensure the achievement of outcome standards and key performance indicators;
- Undertake and/or oversee teaching sessions and/or assessment processes to designated student populations;
- Contribute to capability development requirements identified within performance development and succession planning activities;
- Contribute to competency improvement requirements identified within performance management activities;
- Provide education support for change processes, risk management practices and service improvement activities;
- Contribute to the support of undergraduate and post graduate students in clinical placements as appropriate;
- Collaborate with Clinical Service Coordinators and Clinical Practice Consultants to co-ordinate teaching and learning processes and achieve planned outcomes;
- Maintain productive working relationships and manage conflict resolution;
- Mentor and coach Education Facilitators in relation to an area of expertise;
- Initiate, conduct and/or guide research within an area of education practice;
- Hold a contemporary professional practice portfolio containing evidence of postgraduate qualifications and learning and practice experiences that underpin a demonstrable application of knowledge and skills commensurate with the level of autonomy, decision making authority and influence of recommendations expected of the role.

Employees in this role may be required to:

- Undertake a formal academic role as a major component of role;
- Undertake a formal research coordinator role as a major component of role;
- Act as a consultant to the state or national health system in area of expertise;
- Directly undertake and/or be accountable for a major research or evaluative project beyond the scope of the usual Education Facilitator role;
- Lead development of new or innovative courses/programs, and/or curriculum development, which meet the emergent requirements of the health sector and are beyond the scope of the usual Education Facilitator role;
- Lead development of new or innovative education delivery, instructional design programs and/or knowledge access mechanisms to address the emergent requirements of the health and education sectors;
- Present at conferences and/or publish in refereed professional journals.

Reclassification Indicators (criteria):

3 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their role and demonstrates the following

- Leading competent workforce development including developing systems and processes that enable Clinical Service Coordinators to demonstrate a high performing team, and developing systems to support performance development and competency assessment, and is responsible for either:
 - Leading a course/program team in education and training provision; and/or
 - Leading a specific portfolio/project within education and training provision; and/or
 - Undertaking a primarily academic and research role; OR
- Provide, oversee and advise on education services, which are (by number of students and/or by educational complexity or breadth) demonstrably beyond the usual range.

ADVANCED NURSE/MIDWIFE MANAGEMENT FACILITATOR (LEVEL 4):

Employees classified at this level use their clinical knowledge and experience to provide a corporate support service to nursing/midwifery practice and services in areas such as staffing methodologies, recruitment and selection, human resource management, financial administration, bed and resource management, accreditation and risk management processes and information systems management. Work at this level is undertaken by employees with at least 3 years post registration experience.

Employees in this role accept accountability for the outcomes of nursing/midwifery management practices, for addressing inconsistencies between practice and policy, and for developing corporate team performance within a positive work culture in the interest of patient/client outcomes.

Various practice models may be used to enact this role, including but not limited to:

- Providing management support to a specific span of wards/units/programs/services;
- Providing management support in a specific work portfolio/s;
- Coordination, leading and/or management of complex projects, programs and/or clinical research of significant scope that contribute to the development, implementation and evaluation of strategic directions, policies, goals and objectives that support professional practice demonstratively beyond the usual range.

Employees in this role will:

- Provide, oversee and advise on corporate management and systems services that are by complexity or breadth, demonstrably beyond the usual range; OR
- Lead a team and/or accept accountability for a major administrative portfolio demonstrably beyond the usual range; OR
- Initiate and lead projects of significant scope and complexity such as capital works developments or major systems changes; OR
- Coordinate and manage portfolios/projects/programs of significant scope to contribute to the development, implementation and evaluation of relevant practices and policies;
- Integrate corporate and local unit/ward/service/program human and material resource management in collaboration with Clinical Services Coordinators and/or other managers;
- Integrate corporate and local service coordination to achieve continuity of patient/clients services;
- Integrate contemporary information and research evidence with personal experience to support the decision making, innovative thinking and objective analysis that are expected at this level;
- Maintain productive working relationships and manage conflict resolution;
- Use and develop or make significant adaptation to clinical and/or management information systems;
- Develop customised Key Performance Indicators and/or outcomes measurement models that influence organisation wide reporting processes;
- Directly undertake and/or oversee a major research or evaluative project beyond the scope of the usual Management Facilitator role;

- Identify the need for, lead implementation of, and evaluate changes in organisational processes and practices in response to emerging service and workforce needs;
- Hold a contemporary professional practice portfolio containing evidence of postgraduate qualifications and learning and practice experiences that underpin a demonstrable application of knowledge and skills commensurate with the level of autonomy, decision making authority and influence of recommendations expected of the role.

Employees in this role may be required to:

- Undertake the work of a portfolio beyond the usual range for the setting, within the corporate administrative framework and delegations of responsibility;
- Where required by the organisation, provide “after hours” oversight and management of the activities of the health service including staff allocation, implementation of disaster response and recalling staff beyond the usual range of responsibility;
- Provide a support/advisor role to other Management Facilitators;
- Act as a consultant to the state or national health system in an area of expertise;
- Act as a consultant providing high level advice to key stakeholders on issues relating to professional and clinical practice, workforce, legislation, education and/or research;
- Present at conferences and/or publish in refereed professional journals.

Reclassification Indicators (criteria):

3 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their role and demonstrates the following:

- Provide, oversee and advise on corporate management and systems services that are by complexity or breadth, demonstrably beyond the usual range; OR
- Lead a team and/or accept accountability for a major administrative portfolio demonstrably beyond the usual range; OR
- Initiate and lead projects of significant scope and complexity such as capital works developments or major systems changes; OR
- Coordinate and manage portfolios/projects/programs of significant scope to contribute to the development, implementation and evaluation of relevant practices and policies;

NURSING AND/OR MIDWIFERY SERVICE DIRECTOR (LEVEL 5.1):

Employees classified at this level use their clinical knowledge and experience to provide strategic and operational leadership, governance, and direction for nursing/midwifery services for a specified small, single purpose Clinical Service in a Hospital, Stream or a Community Service. This role will usually be responsible for a service that exists within a larger division/stream, and therefore must report to a Level 5.2 or 5.3 position. The role balances and integrates strategic and operational perspectives within a specified span of appointment. Work at this level is undertaken by employees with at least 5 years post registration experience.

Employees in this role accept accountability for the governance and practice standards of nurses/midwives, the effective implementation of corporate systems to support, evaluate and consistently improve nursing/midwifery practice and healthy work environments, and the cost effective provision of health services within their span of appointment.

Employees in this role will typically:

- Provide corporate professional nursing/midwifery advice, leadership, and management for a single purpose service/stream with approximately 80 to 130 FTE nursing/midwifery staff;
- Provide professional nursing/midwifery advice and leadership to approximately 8 to 10 **direct and indirect** reports at Level 3 and/or 4 **working within the small, single purpose service on a regular basis**; This role may provide leadership to a small number of ancillary staff that support the nursing/midwifery service;
- Initiate and/or oversee innovations, systemic change processes, and co-ordination of responses to nursing/midwifery practice and health service needs within their span of control;
- Integrate contemporary information and research evidence with personal knowledge and experience to support executive level decision making;
- Contributes to divisional nursing/midwifery professional practice framework established by the Director of Nursing/Midwifery and led by the Nursing and/or Midwifery Divisional Director;
- Implement the corporate administrative and risk management frameworks within span of responsibility;
- Contribute to financial budgeting and management within a culture of due diligence;
- Guide the use of information systems to inform decision making, and manage practice;
- Contribute to human resource systems implementation including processes and standards of nursing/midwifery staff recruitment, performance, development and retention;
- Lead, coach, coordinate and support direct reports;
- Lead the establishment of healthy working environments, respectful relationships and learning cultures across span of appointment;

- Contribute to strategic leadership for innovation, change processes, and coordinated responses to emerging service and workforce needs within span of control;
- Hold a contemporary professional practice portfolio containing professional development evidence commensurate with the level of autonomy, authority and influence expected of the role.

Reclassification Indicators Service Director 5.1 (criteria):

5 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their role;

- Is accountable and responsible for:
 - Professional or operational leadership of nursing/midwifery activities to achieve continuity and quality of service provision;
 - Resource management including effective financial budgeting and management for their clinical service;
 - Developing and implementing strategic directions for the service and leading change management; and
 - Human resource strategies that recruit, develop and retain nursing/midwifery staff in their service.

NURSING AND/OR MIDWIFERY DIRECTOR (LEVEL 5.2):

Employees classified at this level use their clinical knowledge and experience to provide strategic and operational leadership, governance, and direction for nursing/midwifery services. These roles balance and integrate strategic and operational perspectives within a specified span of appointment. Work at this level is undertaken by employees with at least 5 years post registration experience.

Employees in this role accept accountability for the governance and practice standards of nurses/midwives; the development and effectiveness of systems to support, evaluate and consistently improve nursing/midwifery practice and healthy work environments, and the cost effective provision of health services within their span of appointment.

All employees in this role will:

- Provide corporate professional nursing/midwifery advice, leadership, and management for a specified division/stream; OR
- Provide corporate professional nursing/midwifery advice and leadership to a specified group of nurses/midwives; OR
- Provide corporate professional nursing/midwifery advice, leadership, and management of functions, programs and projects;
- Initiate and/or oversee innovations, systemic change processes, and co-ordination of responses to nursing/midwifery practice and health service needs within span of control;
- Integrate contemporary information and research evidence with personal knowledge and experience to support executive level decision making;
- Hold a contemporary professional practice portfolio containing professional development evidence commensurate with the level of autonomy, authority and influence expected of the role.

Nursing and/or Midwifery Divisional Director (Level 5.2)

Employees in the role of Nursing and/or Midwifery Divisional Director will typically:

- Provide corporate management of nursing/midwifery services for a specified nursing/midwifery division/stream. The role will usually be responsible for a service that exists within a larger division/stream, and therefore must report to a 5.3 position or the Director of Nursing/Midwifery or Executive Director of Nursing/Midwifery who has responsibility for the service.
- Provide professional nursing/midwifery advice and leadership to Level 3 and/or 4s within a division/stream containing a maximum of 100 beds (or equivalent) without a Nursing and/or Midwifery Service Director RN/M 5.1 (unless otherwise agreed by the parties) working within the nursing/midwifery division; OR
- Provide professional nursing/midwifery advice and leadership to Level 3 and/or 4s within a division/stream containing a maximum of 150 beds (or equivalent) with one Nursing and/or Midwifery Service Director RN/M 5.1 (unless otherwise agreed by the parties) working within the nursing/midwifery division; AND
- This role may provide leadership to a small number of ancillary staff located within the division/stream to support corporate nursing and/or midwifery functions;
- Provide corporate management of nursing/midwifery services for a specified nursing/midwifery division which may also operate within a clinical stream;
- Contribute to and implement the corporate nursing/midwifery professional practice framework established by the Director of Nursing/Midwifery;
- Implement the corporate administrative and risk management frameworks within frame of responsibility;
- Undertake financial budgeting and management within a culture of due diligence;
- Develop and guide the use of information systems to inform decision making, and manage practice;

- Oversee human resource systems implementation including processes and standards of nursing/midwifery staff recruitment, performance, development and retention;
- Lead, coach, coordinate and support direct reports;
- Lead the establishment of healthy working environments, respectful relationships and learning cultures across span of appointment;
- Provide strategic leadership for innovation, change processes, and coordinated responses to emerging service and workforce needs within span of control;
- May be required to manage or oversee an organisational portfolio or long term and/or significant project;
- May be required to provide management of services other than nursing/midwifery.

Reclassification Indicators Divisional Director 5.2 (criteria):

5 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their role;

Is accountable and responsible for:

- Professional or operational or corporate leadership of nursing/midwifery activities to achieve continuity and quality of service in the division;
- Resource management including effective financial budgeting and management for their division;
- Developing and implementing strategic directions for the division and leading change management; and
- Human resource strategies that recruit, develop and retain nursing/midwifery staff in their division.

Nursing and/or Midwifery Clinical Practice Director (Level 5.2)

Employees in the role of Clinical Practice Director will typically:

- Provide collegiate and professional leadership to and for Level 3 and/or 4 Clinical Practice Consultants, Nurse Practitioners and (where appropriate) General Practice Nurses within span of appointment;
- Develop an integrated, collaborative and evaluative practice culture for Level 3 and/or 4 Clinical Practice Consultants and Nurse Practitioners across span of appointment;
- Collaboratively develop and monitor a strategic framework for clinical nursing/midwifery research and practice development in the South Australian public sector;
- Provide high level advice to Health Units, Community Services and/or Clinical Networks on extended nursing/midwifery practice issues;
- Co-ordinate the participation of nurses/midwives in clinical guideline and protocol development between Health Units and Clinical Networks;
- Liaise between Clinical Networks and Health Units in regard to nursing and midwifery practices that will achieve enhanced patient/client journeys and population health targets;
- Participate in clinical services planning and review at State level;
- The role may be sessional in combination with clinical practice responsibilities.

Reclassification Indicators Clinical Practice Director 5.2 (criteria):

5 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their role;

Is accountable and responsible for:

- Professional leadership of nursing/midwifery clinical leaders to achieve effective and consistent clinical practice development;
- Developing and implementing strategic directions for clinical practice development including developing evidence based practice; and leading change management;
- Initiate systems and processes to ensure consistent clinical practice and procedures;
- Coordinate systems and processes to ensure appropriate clinical outcomes.

Nursing and/or Midwifery Functional/Project/Program Director (Level 5.2)

Employees in the role of Functional/Project/Program Director will typically:

- Provide management of nursing/midwifery functions for a specified nursing/midwifery department/services; AND/OR
- Contribute to the development, implementation and evaluation of strategic directions, policies, goals and objectives which support professional nursing/midwifery practice;
- Provide operational and professional leadership to and for Level 3 and/or 4 Management Facilitators or Education Facilitators within span of appointment;
- Provide high level advice to stakeholders and health services on the management of contemporary nursing and/or midwifery issues relating to professional practice, workforce, legislation, education and/or research;
- Actively participate in internal and external advisory groups, expert panels, working groups and/or committees;
- Contribute to and implement the corporate nursing/midwifery professional practice framework established by the Director of Nursing/Midwifery;

- Implement the corporate administrative and risk management frameworks within frame of responsibility;
- Undertake financial budgeting and management within a culture of due diligence;
- Develop and guide the use of information systems to inform decision making, and manage practice;
- Utilise a project management framework including evaluation and risk mitigation;
- Liaise with stakeholders, health services, Government departments and others to maximise efficiency and effectiveness implementing policy and service directions;
- Oversee human resource systems implementation including processes and standards of nursing/midwifery staff recruitment, performance, development and retention;
- Lead, coach, coordinate and support direct reports;
- Lead the establishment of healthy working environments, respectful relationships and learning cultures across span of appointment;
- Provide strategic leadership for innovation, change processes, and coordinated responses to emerging service and workforce needs within span of control;
- May be required to manage or oversee an organisational portfolio or long term and/or significant project;
- May be required to provide management of services other than nursing/midwifery.

Reclassification Indicators Functional/Project/Program Director 5.2 (criteria):

5 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their role;

Is accountable and responsible for:

- Leadership of nursing/midwifery functional services, state-wide and/or comprehensive strategies and projects to achieve effective systems and processes to support practice;
- Developing and implementing strategic directions specific functions, policy and advice for complex or state-wide nursing and midwifery issues and leading change management; and
- Project management, implementation, evaluation and risk management of programs and projects of significant scope and complexity.

ADVANCED DIVISIONAL/STREAM NURSING AND/OR MIDWIFERY DIRECTOR (LEVEL 5.3):

Employees classified at this level use their clinical knowledge and experience to provide strategic and operational leadership, governance and direction for nursing/midwifery and/or management of multi-disciplinary services for a specified division in a Hospital or clinical stream, or Community Service or state-wide service. This role must report to a Director of Nursing/Midwifery or Executive Director of Nursing/Midwifery who has responsibility for the service. Work at this level is undertaken by employees with at least 5 years post registration experience.

Employees at this level are accountable for the governance and practice standards of nurses/midwives and/or multi-disciplinary team. They are responsible for leading the development and ensuring the effectiveness of systems to support, evaluate and consistently improve nursing/midwifery and/or multidisciplinary team practice and healthy work environments; and accountable for the cost effective provision of health services within their span of employment.

Employees in this role will:

- Lead a nursing/midwifery and/or multi-disciplinary division or stream.

Employees in the role of Advanced Divisional/Stream Nursing/Midwifery Director will typically:

- Provide corporate management of nursing/midwifery services for a specified nursing/midwifery division/stream with oversight of multiple services;
- Provide professional nursing/midwifery advice and leadership to the following staff: Level 3 and 4, Nursing and/or Midwifery Service Director - RN/M 5.1 and RN/M 5.2 (unless otherwise agreed by the parties) working within the nursing/midwifery division/stream;
- Provide corporate management of nursing/midwifery services for a specified nursing/midwifery division/stream which may also operate within a clinical stream;
- Contribute to and implement the corporate nursing/midwifery professional practice framework established by the Director of Nursing/Midwifery;
- Implement the corporate administrative and risk management frameworks within frame of responsibility;
- Undertake financial budgeting and management within a culture of due diligence;
- Develop and guide the use of information systems to inform decision making, and manage practice;
- Oversee human resource systems implementation including processes and standards of nursing/midwifery staff recruitment, performance, development and retention;
- Lead, coach, coordinate and support direct reports;
- Lead the establishment of healthy working environments, respectful relationships and learning cultures across span of appointment;
- Provide strategic leadership for innovation, change processes, and coordinated responses to emerging service and workforce needs within span of control;

- May be required to manage or oversee an organisational portfolio or long term and/or significant project;
- May be required to provide management of services other than nursing/midwifery.

Reclassification Indicators Advanced Director 5.3 (criteria):

5 years post registration experience;

Holds or is working towards a post graduate qualification relevant to their role; and

Leading a nursing/midwifery and/or multi-disciplinary division or stream.

DIRECTOR OF NURSING AND MIDWIFERY (LEVEL 6)

Employees classified at this level provide strategic and operational leadership, governance, and direction for the nursing/midwifery services within a Health Unit or Community Service. The focus of the role is on development and implementation of frameworks and systems within which nursing/midwifery employees practice, and on monitoring and evaluating clinical practice and service delivery standards. The role scope at this level may be required to extend across more services than nursing/midwifery.

Employees in this role accept accountability for the governance and practice standards of nurses/midwives, the development and effectiveness of systems to support, evaluate and consistently improve nursing/midwifery practice and healthy work environments and the cost effective provision of health services within their span of control.

Employees in this role will undertake a substantial number of the following:

- Provide corporate professional nursing/midwifery advice, direction, and governance for a specified Health Unit or Community Service;
- Provide corporate management of nursing/midwifery services for a specified Health Unit or Community Service;
- Develop and implement a corporate nursing/midwifery professional practice framework;
- Develop and/or implement corporate administrative and risk management frameworks;
- Undertake financial budgeting and management within a culture of due diligence;
- Initiate and/or oversee innovations, systemic change processes, and co-ordination of responses to nursing/midwifery practice and health service needs;
- Develop and implement service delivery policies, goals, benchmarking frameworks and nursing/midwifery clinical practice standards;
- Develop and guide the use of information systems to inform decision making, manage practice, store corporate knowledge and convey information to staff;
- Establish standards for human resource systems implementation including processes and standards of nursing/midwifery staff recruitment, performance, development and retention;
- Lead, coach, coordinate and support direct reports;
- Lead the establishment of healthy working environments, respectful relationships and learning cultures across span of appointment;
- Contribute to and/or negotiate organisation budget and activity profiles;
- Lead innovation, change processes, and coordinated responses to emerging service and workforce needs;
- Integrate contemporary information and research evidence with personal knowledge and experience to support executive level decision making;
- Hold a contemporary professional practice portfolio containing professional development evidence commensurate with the level of autonomy, authority and influence expected of the role;
- May be required to manage or oversee an organisational/regional portfolio or long term and/or significant project;
- May be required to provide executive level management of services other than nursing/midwifery for a specified Health Unit or Community Service.

In addition to the core role requirements of employees at Level 6, a number of factors have impacts on the range of roles at this level. These include the size, breadth and complexities of the services that the role is required to lead, and the nature of the structural support for enacting the role. The Level 6 role DON/M is applied across a range of levels according to the following combinations of criteria:

Level 6.1 has a substantial number of the following characteristics but is not limited to:

- Inpatient facilities that may have variable or no occupancy levels;
- Ambulatory/outpatient services;
- Primary health services and GP support;
- Emergency service for a specific local community;
- Role manages local clinical and support services;
- Role may include substantial direct clinical care provision;

- There are no administrative or support service manager roles in place to support the Level 6 role.

Level 6.2 has a substantial number of the following characteristics but is not limited to:

- Inpatient facilities with capacity for consistent occupancy levels;
- A small range of clinical services influencing activity levels;
- Primary health services and GP support;
- Some hospital substitution services;
- Support for occasional surgical services and some visiting specialist services;
- May include Midwifery service;
- Emergency services for a specified area;
- Role is required to manage local clinical and support services;
- There is limited administrative and/or support service management for the level 6.2 role;
- Role is required to manage within more than one funding source and/or jurisdiction;
- Role may be required to oversee a second Health Service of equal or less size;
- Role may be extended to include EO responsibilities.

Level 6.3 has a substantial number of the following characteristics but is not limited to:

- Inpatient, ambulatory and outpatient services covering secondary level medical treatments and surgical services and/or mental health;
- Primary health and GP support services;
- Support for diagnostic services and/or linked community health services;
- Hospital substitution services and/or chronic disease management services;
- Emergency services, for a specified area;
- May include Midwifery/paediatric services;
- Support for some local and a limited range of visiting specialist services;
- Role provides professional leadership to nursing/midwifery services;
- Role works with more than one funding source and/or jurisdiction and/or more than one co-located service and/or non colocated Health Unit;
- Role may be required to manage additional clinical and/or support services;
- Role may be required to manage more than one organisation or service and/or
- Role may be required to provide leadership to a Level 5.1/5.2 role within an amalgamation of organisations (i.e. on another site);
- Role may be extended to include EO responsibilities.

Level 6.4 has a substantial number of the following characteristics but is not limited to:

- Secondary inpatient and outpatient services across a range of specialties;
- Support for general surgical services, secondary medical, GP and some specialist medical services that may be provided by visiting specialists;
- Primary health services and/or community programs including Hospital Substitution and/or chronic disease management;
- Emergency services for a specified coverage area and/or designated country trauma centre;
- Specialist and/or local region referral services;
- Some teaching, training and research services;
- Role may be extended to include EO responsibilities.

Level 6.5 has a substantial number of the following characteristics but is not limited to:

- Wide range of primary, secondary and specialist services;
- General Hospital and/or Specialist Hospital or Community Service;
- Majority of acute non-tertiary services for catchment population;
- Specialist referral centre for specific services;
- Teaching, training and research services;
- Designated elective surgical services.

Level 6.6 has a substantial number of the following characteristics but is not limited to:

- Wide range of primary, secondary and tertiary clinical services;
- Tertiary and/or Specialist Hospital;
- Majority of health services for catchment population;
- Specialist referral centre/s and clinical network supports;
- Teaching, training and research departments;
- Range of clinical support services;
- Designated regional role/influence expectations;
- Nursing/midwifery policy and executive advice functions.

Level 6.7 has a substantial number of the following characteristics but is not limited to:

- Full range of secondary and tertiary clinical services;
- Major Tertiary Hospital with Intensive Care Departments/Retrieval Services;
- Majority of tertiary services for catchment population;
- Range of specialist referral centres and clinical network supports;
- Teaching, training and research departments;
- Range of clinical support services;
- Regional role/influence;
- Nursing/midwifery policy and executive advice functions.

APPENDIX 8A – CAREER STRUCTURE/CLASSIFICATION DESCRIPTORS REVIEW – TERMS OF REFERENCE

TERMS OF REFERENCE

Purpose:

*During the first 12 months after approval, the Department for Health & Ageing and the ANMF (SA Branch) will have commenced the process to undertake a joint review of the Nursing/Midwifery career structure/classification descriptors including the reclassification criteria as presently in place and provided by the *Nursing/Midwifery (SA Public Sector) Agreement 2013*. DCSI will be consulted.*

This review will be undertaken in the context of SA Health's requirement to achieve efficiencies and ensure any change to the structure is within the current Nursing/Midwifery budget set by SA Health, and is cost neutral. Any change to the structure is to achieve a sustainable model for the medium to long term.

Principles:

The following principles will underpin and inform the review processes:

- Nursing and Midwifery staff should work within a classification structure which reflects professional growth and progression within an organisational structure. The classification level is defined by capacity, responsibility and accountability and reflects the novice to expert framework.
- Nursing and midwifery structures should be organised in a manner that reflects the relative work value of the roles identified within the structure;
- Nursing and midwifery structures should contain roles that describe meaningfully the work performed from the point of entry to nursing/midwifery to the most senior levels including descriptors for roles covered by the Enterprise Agreement.
- The enterprise agreement should provide a framework for consistent application of organisational principles, values and role descriptors;
- The nursing and midwifery structure must reflect the contemporary health system in which work is performed and anticipate further change and reform including those reforms to improve efficiency and productivity of the health system;
- Structures should identify roles within the practice stream (i.e. the roles that provide/facilitate direct patient care and services to clients) as well as the roles that are necessary within particular organisational contexts to resource and support the practice stream;
- Positional authority, accountability and responsibilities should be made clear and the structure should avoid, wherever possible, role duplication, unnecessary overlap and/or shared accountability.
- Any proposed change to the structure will lead to an efficient model and remove duplicated effort.

The review should assess:

- Whether roles and duties specified in the current agreement reflect the work required of nursing/midwifery staff within a range of work settings/environments and current models for contemporary practice; and
- Whether the structure(s) and descriptors remain appropriate and capable of meeting the needs of nursing/midwifery staff and health services given impending and emerging workforce redesign/reform.
- Matters for consideration may include:
 - career structure models, including career paths, succession planning;
 - recognition of skills/qualifications, role attraction and progression;
 - reference to national or international career structure models;
 - applicability of describing discrete roles (such as Nurse Practitioner Candidate/Nurse Practitioner) and/or Advanced Clinical Practice Consultant;
 - Career articulation from undergraduate nursing and midwifery students or enrolled nursing cadets into Registered Nurse/Midwife and/or Enrolled Nurse structures.

Project management

A project management committee comprised of 2 nominees of SA Health and 2 nominees of the ANMF (SA Branch) will oversee the review.

SA Health and the ANMF will identify and contribute to the cost of expert project staff or consultant/s as applicable to undertake the work of the review and report direct to that the management committee.

Working parties may be established by agreement of the parties as necessary

Recommendations and actions:

Progress reports and recommendations will be made to the project management committee and provided to CE SA Health and Secretary ANMF. Variation to the enterprise agreement may be made as agreed between the parties.

APPENDIX 9 – RURAL AND REMOTE SERVICE INCENTIVE PAYMENTS

From the first full pay period on or after 1 October 2013

YEAR	ZONE 2	ZONE 3	ZONE 4
	\$PA	\$PA	\$PA
1	885	2023	3918
2	1137	2275	4297
3	1453	2528	4548
4	1769	2843	4802
5	2023	3160	5055

From the first full pay period on or after 1 October 2014

YEAR	ZONE 2	ZONE 3	ZONE 4
	\$PA	\$PA	\$PA
1	911	2084	4036
2	1171	2344	4426
3	1497	2603	4685
4	1822	2928	4946
5	2084	3255	5207

From the first full pay period on or after 1 October 2015

YEAR	ZONE 2	ZONE 3	ZONE 4
	\$PA	\$PA	\$PA
1	939	2146	4157
2	1206	2414	4559
3	1542	2682	4825
4	1876	3016	5094
5	2146	3352	5363

APPENDIX 10 – ZONE ALLOCATIONS – HEALTH UNIT SITES

Zone 2	Zone 3	Zone 4
Barmera Residential Care Facility (incorporating Bonney Lodge Hostel & Hawdon House Nursing Home)	Keith Community Health	Anangu Pitjantjatjara Yankunytjatjara
Bonneyview Village (Barmera)	Kingston South East/Robe Multi-Purpose Service	Andamooka Community Health Service
Mid North Health (Booleeroo Health Service)	Lameroo District Health Service - Mallee Health Service	Ceduna District Health Service
Mid North Health (Booleeroo Centre District Medical Centre)	Lucindale Community Health Centre	Ceduna Community Health Centre
Bordertown Memorial Hospital	Millicent and District Hospital & Health Service	Ceduna Sobering Up Centre
Burra Hospital & Health Service	Millicent Community Health	Ceduna Koonibba Aboriginal Health Service
Carnavan Hostel (Kangaroo Island)	Naracoorte Community Health	Mid West Health Wudinna
Coonalyrn Downs Community Health Service	Naracoorte Community Health	Cleve District Health & Aged Care
Maitland Hospital & Health Service	Mid North Health (Orroroo Hospital)	Cleve Medical Practice
Southern Flinders Health (Crystal Brook)	Mid North Health (Orroroo Community Home)	Cleve Community Health & Welfare Centre
Cummins & District Memorial Hospital	Mid North Health (Orroroo Health Centre)	Coober Pedy Hospital & Health Centre
Gladstone & District Community Health & Welfare Centre	Mid North Health (Orroroo Hospital House)	Coober Pedy Community Health Centre
Mid North Health (Jamestown Health Service)	Mid North Health (Peterborough Campus)	Cowell Community Health & Aged Care
Kangaroo Island Health Service	Pika Wiya Health Service (Port Augusta)	Mid West Health – Elliston Hospital
Kangaroo Island Community Health Service	Pinnaroo Soldiers' Memorial Hospital – Mallee Health Service	Hawker Memorial Hospital
Karoonda & District Soldiers' Memorial Hospital – Mallee Health Service	Port Augusta Domiciliary Care Service	Kimba District Health & Aged Care
Karoonda Home for the Aged	Port Augusta Hospital	Kimba Day Care
Loxton Hospital Complex	Quorn Health Services	Kimba Pioneer Memorial Hostel
Loxton Domiciliary Care	Whyalla Hospital & Health Service	Kimba Neighbourhood Health
Loxton Hostel	Whyalla Community Health & Domiciliary Care Services	Kingoonya Medical Centre
Loxton Nursing Home		Leigh Creek Health Services
Melaleuca Court Nursing Home		Lock Community Health & Welfare Centre
Meningie & Districts Memorial Hospital and Health Services Campus – Coorong Health Services		Marla Community Health Centre
Mid North Domiciliary Care Service (Port Pirie)		Mintabie Clarice Megaw Health Clinic
Minlaton Health Centre		Oodnadatta Hospital & Health Service
Miroma Place Hostel (Cummins)		Roxby Downs Community Health Centre
Mount Gambier and Districts Health Service		Roxby Downs Health Service

Zone 2	Zone 3	Zone 4
Mount Gambier Community Health Service		Mid West Health – Streaky Bay Hospital
Northern Yorke Peninsula		Tarcoola Hospital
Northern & Central Yorke Peninsula Community Health Service		Terrace Retirement Estate (Kimba)
Northern Yorke Peninsula Domiciliary Care Service		Woomera Hospital
Penola Multi-Purpose Service		
Pioneer Lodge Hostel (Waikerie)		
Port Broughton District Hospital & Health Services		
Port Lincoln Aboriginal Health Service		
Port Lincoln Community Health Centre		
Port Lincoln Domiciliary Care Service		
Port Lincoln Hospital & Health Services		
Port Pirie Regional Health Services		
Port Pirie Community Health Services		
Renmark Paringa District Hospital		
Renmark Hostel		
Renmark Nursing Home		
Renmark Domiciliary Care Service		
Riverland Community Health Services		
Riverland Regional Health Service (Berri campus/Barmera campus)		
Southern Flinders Health (Laura)		
Snowtown Memorial Hospital		
South East Regional Community Health Service		
Yorke Peninsula Health Service (Yorketown)		
Southern Yorke Peninsula Domiciliary Care Service		
Tatiara Community Health (Bordertown)		
Tumby Bay Hospital & Health Services		
Tumby Bay Community Health Services		
Uringa Hostel (Tumby Bay)		
Waikerie Health Services		
Waikerie Domiciliary Care Service		
Waikerie Nursing Home		

APPENDIX 11 – QUALIFICATION ALLOWANCES AND CONDITIONS OF ELIGIBILITY

1. ALLOWANCES

1.1 Registered Nurses/Midwives

Levels 1, 2, 3 and 4:

- (i) An allowance equivalent to 3.5% calculated on RN/M 1, increment 9 for the hospital certificates specified below, graduate certificates (university based or equivalent) or Diplomas issued by a University or College of Advanced Education prior to the implementation of Graduate Certificates or Graduate Diplomas in relevant nursing/midwifery practice areas;
- (ii) An allowance equivalent to 4.5% calculated on RN/M 1, increment 9 for Graduate Diploma (university based or equivalent);
- (iii) An allowance equivalent to 5.5% calculated on RN/M 1, increment 9 for second degree, Masters degree or PhD.

	1st pay period on or after 1 October 2013 \$pa	1st pay period on or after 1 October 2014 \$pa	1st pay period on or after 1 October 2015 \$pa
Hospital* or Graduate Certificate	2614	2693	2774
Graduate Diploma	3361	3462	3566
Second Degree, Masters or PhD	4108	4231	4358

*The following Hospital Certificates or equivalent such as Diplomas issued by a University or College of Advanced Education prior to the implementation of Graduate Certificates or Graduate Diplomas in relevant nursing/midwifery practice areas are recognised for the purpose of entitlement to the qualification allowance:

Accident & Emergency	Neonatology
Anaesthetic & Recovery	Oncology
Cardiovascular	Operating Room
Critical Care	Orthopaedic
Cardiac Care	Psychiatric RN
Gerontic	Paediatric RN
Intensive Care - General	Renal
Intensive Care – Neonatal	Stomal Therapy
Midwifery	

1.2 Enrolled Nurses (with Diploma qualifications or Advanced Skills EN salary scale)

- (i) 3.5% calculated on the maximum step (i.e. increment 7) of the Diploma salary scale for 1 or more post enrolment courses of not less than 6 months duration for only those ENs who are appointed to the Diploma or Advanced Skills EN salary scale.

	1st pay period on or after 1 October 2013 \$pa	1st pay period on or after 1 October 2014 \$pa	1st pay period on or after 1 October 2015 \$pa
Post enrolment courses of not less than 6 months duration	1977	2036	2097

1.3 Conditions

- (i) The additional qualification must be in addition to the basic qualification/s required for an employee's position and must be directly relevant** (as determined by the employer) to the employee's current practice, position or role. A qualification allowance cannot be claimed in respect of an employee's base qualification leading to registration or enrolment;
- (ii) Only one allowance is payable. Where more than one additional, relevant** qualification (as determined by the employer) is held by an employee, only the higher or highest qualification allowance applicable will be paid;
- (iii) The allowance is available on a pro rata basis for part time employees;
- (iv) The allowance is payable on a fortnightly basis;
- (v) The allowance is payable during paid leave;
- (vi) An employee claiming entitlement to a qualification allowance must provide the employer with written evidence of having satisfactorily completed the requirements for the qualification for which the entitlement is claimed.

** For the purpose of this clause, "directly relevant" means that the additional qualification is applicable to an employee's current area of practice. In considering whether the qualification is relevant, the nature of the qualification together with the current area of practice, the classification and the position description of the qualification holder are the main criteria.