Log of Claims

1. Maintenance of entitlements

Maintenance of all entitlements and conditions from EB8 including the “protected” policies.

2. Wages

Wage increases of 4.5%, 4.5% and 4.5% with each percentage increase falling on 1 September for each consecutive year. This is to be back-paid to 1 September 2016.

3. Purpose of the agreement

Expand the “purpose of the agreement” to reflect the agreements role in providing a consistent, enforceable state-wide industrial instrument and ensure real and meaningful consultation by Hospital and Health Boards with staff and seeking to ensure adequate staffing, manageable workloads, rewarding carer paths, and other industrial outcomes.

4. Budget Transparency

Together Queensland notes that the federal government has cut the national health budget significantly including health funding to Queensland. This cut to funding will mean that funding will grow at a lesser rate than demand for health services.

Together seeks that Queensland Health:

- Commit to transparency of Departmental and HHS budgets, financial management and HR processes.

- Commit to meaningful consultation with Together in relation to any budget saving measures or “turnaround plans” and negotiate the mechanisms by which any savings will be made, measured and reported.

- Prohibit a negative cost cutting approach by divisions and HHSs to pursuing productivity enhancements and commit to ensuring adequate resources.

- Acknowledge that increased demand cannot be met without increased staff, and that increasing workloads is not sustainable for our members or for the quality of services.

- Commit to strengthening employment security provisions for all employees including temporary, casual and labour hire employees
5. **Staffing Cap**

Together notes the introduction of a budget principle in the state budget regarding a cap on public service numbers. Together has significant concerns about the unintended consequences of such a cap on the quality and cost of existing services, for example through the unintended consequence of increasing use of contractors, labour hire employment and outsourcing.

Together seeks for the Queensland government to review this cap with respect to health employers.

6. **Workloads and safe staffing**

Together seeks an acknowledgement from Queensland Health that in circumstances of staffing caps or budget cuts, it is levels of service and service quality that will be impacted, and that health employers will not seek for existing employees to undertake unreasonable workloads as demand for services increase or budgets decrease.

**Support staff to Clinical Staff ratio.** The cornerstone of high quality effective well-coordinated and efficient public health care is team based care, in which staff work collaboratively with patients and their caregivers.

Worldwide research has been undertaken on support staff to clinical staff ratios. This research demonstrates the consistently higher ratio of support staff to clinical staff in better performing practices.

Together seeks a commitment to the creation of mandatory ratios of support staff to clinical staff.

**Development of BPF.** During the life of this agreement a Business Planning Framework (BPF) should be developed to develop safe minimum staff levels and provide for monitoring of the implementation of the escalation process, to ensure effective and timely resolution of workload concerns.

**Relief Pool.** In order to maintain appropriate staffing levels in HHS’s, HSQ, Ehealth and corporate office will create a permanent reliever pool. These relievers will have mandatory training for the areas they will be providing relief and undertake induction, and OHS training.

**Workload Management Tool.** The tool should be reviewed to ensure currency and application to HHSs.

**Roster Patterns.** Processes introduced to ensure roster patterns take into account and minimise fatigue issues.
7. **Policies.**

Conditions and entitlements for employees including those currently in policy should be protected and given authority by the certified agreement to ensure enforceability and consistency across Queensland Health.

8. **Employment security**

Together seeks for maintenance and improvement of employment security provisions including no forced retrenchments.

**Pre-employment screening.** That during the life of the agreement Queensland Health will not seek to implement any system of ‘fit-for-work’, ‘pre-employment screening’ or similar process beyond that authorised by Chapter 14, Part 1, Division 1 of the *Workers’ Compensation and Rehabilitation Act 2003*

**Temporary, casual and labour hire employment.** Together Queensland notes that secure and permanent employment is fundamental to patient safety and high performing health services. Together is deeply concerned about the use of high levels of temporary or casual employment, or contracting and labour hire arrangements to allow the cutting of staff numbers without appropriate consultation and negotiation. This misuse of these forms of employment is deeply unfair and also creates risk for patients and staff.

Together seeks improved protection against improper use of temporary, casual and labour hire employment and the maximisation of permanent employment, including notification of the use of casual, temporary or labour hire staff and the reasons for the use of this type of employment.

Together seeks to strengthen the requirements for consultation and negotiation when positions are not filled.

Together seeks to provide improved conversion of temporary and casual employees and labour hire staff to permanent directly employed status including a process to ensure temporary employees are not excluded from conversion processes as a result of HR shortfalls in their recruitment processes.

**Merit Selection.** The employer should alter B1 to reflect that for all temporary employees hired for duration of longer than 3 months an advertised open merit based process needs to be undertaken. To extend a temporary contract beyond 6 months the position must be advertised and fulfil all the requirements of B52.

**Outsourcing and labour hire.** Together seeks to strengthen the protections from outsourcing and privatisation of public health services and to provide for employees of labour hire businesses and contractors to be paid, as a minimum, the remuneration payable to equivalent Queensland Health employees.
A review is to be conducted into all labour hire and outsourcing arrangements under the EB8 agreement and the wages and conditions of employees employed to perform this work.

Detailed information relating to the use of labour hire employees must be made available quarterly, and on request.

Where the department has to use external contractors due to existing staff not having the current skill sets to undertake the project or role part of the engagement contract should stipulate that they have to teach these skills to the existing workforce during the life of their engagement.

**Insourcing.** All outsourced services or work should be reviewed regularly with a view to returning to direct government service provision. Staffing for such services should be exempt from the operation of the staffing cap.

9. **Allowances**

**Shift Allowance.** There should be an improvement in shift allowances, particularly for those working afternoon and after midnight shifts. Staff starting after midday should be paid 35% loading and staff who work night shift should be paid a 50% loading.

**Emergency On Call Allowance.** Where an employee is instructed to be on call outside ordinary or rostered working hours and the employer requires such employee to attend to duties within 30 minutes of being called (assuming that there are good traffic conditions), they will be paid an amount of 7% of the AO ordinary hourly rate per hour that the employee is required for emergency on call.

**Language Allowance.** Where an employee is required to use languages other than English as an essential part of their role they will be paid an allowance equivalent to 1hr base pay per week.

10. **Career Path/ Classifications**

**Classifications.** The parties should commit to review positions in the following classifications with a view to creating a stream allocation that recognises the increasing clinical nature of their work.

- Allied Health Assistants
- Therapy Assistants
- Recreational Officer
- Laboratory Assistant
- Phlebotomists
- Dental Assistants

**Administrative Stream Work Value.** The parties should commit to ensure that the value of work performed by EB9 employees is assessed according to fair, consistent and appropriate
processes and structures. To facilitate a consistent approach to job evaluations, the employer will establish a Centralised Job Evaluation Unit.

A centralised database of job evaluation information and a library of standard titles, role descriptions and classification levels that are recognised as benchmarks will be established in the Centralised Job Evaluation Unit.

As a priority the job evaluation unit will initiate a project to develop benchmark role descriptions for positions in the following categories as well as those agreed by the parties:

- Payroll
- Liaison officers

These benchmark role descriptions will include mechanisms to differentiate between metropolitan and rural/remote work environments, and the discrete requirements of localised work arrangements.

11. **Rural and Remote**

**Rural and Remote Incentive Scheme.** Together seeks an improved rural and remote incentive scheme for employees covered by this agreement, commensurate with other groups of Queensland Health employees and other parts of Government.

**Rural and Remote Allowance.** Together seeks an improved rural and remote allowance, commensurate with other groups of Queensland Health employees, with no disadvantage to current eligibility requirements or allowance rates.

12. **Professional Development and Training**

**Leave.** All workers should be able to access time off required to attend professional development. A minimum of five days paid professional development leave should be made available to all staff to attend training or development other than training identified in the training and development incentive fund. All EB9 workers should be able to access time off required to attend Professional Development including any travel required.

The parties should acknowledge that for workers outside of major centres or those who have to travel to Brisbane for training will require the provision extra days to enable travel.

**Professional Development Allowance.** Introduction of a $1500 per year Professional Development allowance (pro rata for part time employees) to be paid to all workers under EB9 to be paid on a fortnightly basis.

**Recognition of prior learning.**
Queensland Health and the HHS employees have a vast amount of skills and knowledge that has been gained through work and life experiences.
The employer should recognise these skills and knowledge by a formal process to recognise prior learning. The employer will pay for qualified RPL assessors in the workplace to consider and review applicant’s skills and knowledge and match them against suitable qualifications.

**Training and Development Education Incentive Fund Programs.**
The Employees Training and Development Education Incentive Fund Programs should have the inclusion of diploma level training.

13. **Hours of Work Arrangements**

All workers should have access to a nine day fortnight as well as other options for flexible working hours. Worker should be able to choose flexible hours of work options that promote their work/life/home balance. All nine day fortnight discussions or proposals need to be tabled and agreed at the HHS consultative forums.

Managers should only able to deny flexible working arrangements if clear reasons for the decision are given in writing. Management discretion around flexible work arrangements should be limited.

14. **Aboriginal and Torres Strait Islanders**

**Cultural Respect.** The parties to this agreement recognise the cultural diversity, rights, views, values and expectations of Indigenous Queenslanders must be respected in the delivery of culturally appropriate health services

**Cultural Leave.** An employee who identifies as being Aboriginal or Torres Strait Islander, or who identifies as belonging to both cultures and who is accepted by their community as such, is entitled to use Cultural Leave to fulfil ceremonial obligations. Up to 5 days paid leave per year will be granted to eligible employees. Where this leave is exhausted, eligible employees may consider accessing other forms of leave to fulfil their cultural obligations such as:

- recreation leave
- unpaid special leave
- in lieu of public holidays (where operational circumstances permit)
- accrued time leave; or
- the required time with such time made up at a later date.

**Change management in Indigenous Health Services.**
It is recognised the effectiveness of Aboriginal and Torres Strait Islander community health care workers who identify as being Aboriginal or Torres Strait Islander or, who identifies as belonging to both cultures and who is accepted by their community as such in providing comprehensive primary health care that is actively working towards “closing the gap”.
To ensure this continual improvement to the level and quality of health service provision; and supporting community decision-making as a fundamental component of health service provision any change within indigenous health services in Queensland should be deemed as major change and the consultation provisions of this agreement will apply.

15. **Mental health**

Together seeks to engage with Queensland Health in relation to the employer taking a proactive approach to mental health and wellbeing in the workplace.

16. **EB9 Reporting**

Quarterly reports should be tabled at the EB9CG on the following:

- Number and make up and skill mix of the workforce including levels and employment status.
- Current vacant positions, names of the previous incumbent, time vacant, status of employment process, expected completion to fill vacancy.
- the conversion rates from temporary to permanent
- the number of temporary employees not hired through an open merit process.
- Access and the budget contribution and distribution of professional development.
- Overtime utilisation
- Roster variations (AVAC’s)
- Counts of industrial grievance escalations.
- Counts of contracting out/sourcing
- Numbers and detail of use of contractors
- Turnover of staff.
- Retention payments made
- Counts of Change management
- HHS and departmental board minutes and decisions
- Names/location/contact details of all new employees
- Names of temporary employees

**Operational convenience**

Together members are concerned about the use of “operational convenience” to undermine the operation of provisions of the relevant instruments and seeks to review the operation of “operational convenience” across Queensland Health.

**Other**

Extended emergent and bereavement leave entitlements for immediate family.
Authorised Alex Scott Together Branch Secretary