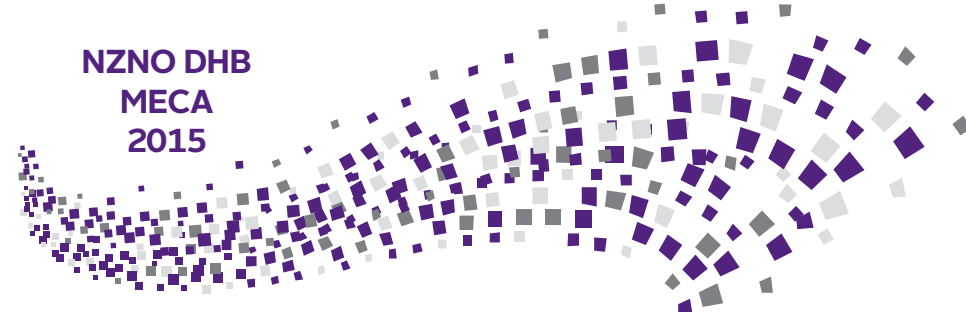


NZNO DHB  
MECA  
2015



— Ehara taku toa i te toa takitahi, ēngari he toa taki mano —

## Ratification bulletin

This bulletin summarises the DHBs' offer as a result of the recent MECA negotiations. A full explanation of the offer will be provided at ratification meetings.

### An overview from your negotiating team

The negotiating process was made particularly difficult by the Government's underfunding of the sector and the stated DHBs financial position which they have indicated is predicted to worsen.

These are issues outside of our control and should not diminish our members expectations for a decent outcome given the contribution you make every day.

This offer provides some important improvements but has not sufficiently addressed some of your key issues as endorsed at the outset of bargaining.

On this basis your negotiating team is not making a recommendation to accept the offer.

It is you the members who must now decide on whether to accept or reject the offer and give your NZNO Negotiating Team clear direction.

NZNO will be holding meetings at a hospital near you from 4 May through to 21 May, where you can vote on whether you accept (ratify) the DHBs offer or not. Look out for the meeting details at your DHB.

If you can't make it to a meeting in your area, you are welcome to attend a meeting anywhere else in the country – details are on the NZNO website [www.nzno.org.nz/dhb](http://www.nzno.org.nz/dhb)

It is vital that all NZNO members attend a meeting, cast your vote and give the clear direction that is needed.

**This is your collective agreement so your vote really does count!**



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# Summary of the DHBs' offer

## Term of Document

1 July 2015 to 30 June 2018

The period between the expiry of our current MECA and the expiry of the proposed new one is three years and four months.

This is much longer than you asked for.

## On call hours and additional shift leave for on call

No offer to reduce the amount of hours staff can be rostered on call or increase the amount of shift leave.

## Fairness at work

Leave to attend meetings (includes NZNO membership committee) for up to 6 meetings per year for no more than one employee from any one individual DHB to attend.

## Employment Relations Act changes

No change to current provisions.

This means we will need to be proactive recruiting new staff as members of NZNO to avoid them being employed on different terms and conditions to the MECA.

This issue will be referred to the Health Sector Relationship Agreement Committee for resolution

- » Transparency of information including the sharing of data reports and NZNO participation at relevant meetings
- » Reference to nursing and/ or midwifery clinical judgement

**Whilst there are not specific timeframes, these improvements strengthen DHBs obligations to deliver CCDM over the term of the MECA.**

## Other amendments to the MECA

There were a number of amendments to address legislation changes or to improve clarity and reading of the MECA. These can be found on the NZNO website [www.nzno.org.nz/dhb](http://www.nzno.org.nz/dhb) and will be provided at member meetings.

All other current MECA terms and conditions are to be retained

No terms and conditions have been lost in this offer, however the DHBs have reserved their response to retain bargaining fee provisions dependant on the outcome of ratification meetings.

## Sick leave

No offer to increase sick leave entitlement.

No offer to increase accrued sick leave (currently 20 days) for transfer between DHBs or to apply to all members (HCAs)

## Discretionary sick leave

Included in the Terms of Settlement (ToS) is a reminder to DHBs of its obligations as well as a statement that “DHBs financial position should not be used as a deterrent to apply for discretionary leave or as a reason not to grant discretionary leave.”

**This will not necessarily deliver consistency or transparency of approval processes.**

## Patient assaults on staff

Where an employee who has suffered an assault by a patient and has exhausted their sick leave entitlement, such injuries are included as a criteria for discretionary sick leave.

**This should not be regarded as an improvement to current provisions as this will only assist when all sick leave is used and remains at the discretion of the employer.**

## Wage and salary increases

**A 1% salary increase from 1 March 2015, a 2% salary increase from 1 May 2016 and a 2% salary increase from 1 July 2017.**

## Salary scales

### Registered nurse and registered midwife salary scale

	From 1/03/2014	From 1/03/2015	From 1/05/16	From 1/07/2017
Step 5	64,163	64,805	66,101	67,423
Step 4	57,748	58,325	59,492	60,682
Step 3	54,657	55,204	56,308	57,434
Step 2	51,449	51,963	53,002	54,062
Step 1 (New Grad)	47,528	48,003	48,963	49,942

### Enrolled, obstetric and karitane nurse salary scale

	From 1/03/2014	From 1/03/2015	From 1/05/16	From 1/07/2017
Step 3	48,717	49,204	50,188	51,192
Step 2	45,153	45,605	46,517	47,447
Step 1	42,776	43,204	44,068	44,949

### Health care assistants and hospital aide salary scale

	From 1/03/2014	From 1/03/2015	From 1/05/16	From 1/07/2017
Step 4	40,994	41,404	42,232	43,077

## Approval of overtime and shift leader allowance

The DHBs did not agree to an approval process for overtime and shift/duty allowances.

Since the start of negotiations NZNO has made significant progress addressing problems with overtime approvals at individual DHBs. Members are encouraged to contact us regarding problems with getting overtime approved.

## Payment of wages

Errors that have occurred but not as a result of the employer action or inaction will be made soon as practicable but no later than the next fortnight pay period.

The financial impact on the employee must be taken into consideration when determining when payment will be made.

## Safe Staffing and Healthy Workplaces

The Safe Staffing, Healthy Workplaces (SSHW) Agreement will be amended to include the following:

- » Reaffirming the parties commitment to achieving healthy workplaces through the implementation of Care Capacity Demand Management (CCDM)
- » A nationally consistent CCDM approach
- » Timely response to data which shows a need to adjust staffing levels to meet demand
- » An acuity tool that is validated according to the SSHW Units Validated Patient Acuity Standard
- » Adequate resourcing to progress implementation and maintaining the CCDM program

## Senior nurses PDRP

The DHBs did not agree to a nationally consistent PDRP programme for Senior Nurses.

The DHBs have proposed that NZNO discuss a programme with PDRP co-ordinators in DHBs that currently don't have a programme, in an endeavour to achieve as much consistency as possible.

## RN/EN PDRP programme

NZNO wants national consistency for the operation of PDRP.

DHBs have proposed the issue be dealt with at the PDRP coordinators meetings NZNO are welcome to have an Industrial Advisor attend meetings when PDRP is being discussed.

## On- call telephone allowance

A telephone allowance of \$10.00 per call when rostered on-call.

Over the term of the MECA DHBs will review the cost implications and monitor the use of telephone on- call as well as establish a record keeping process.

Although modest this offer goes some way to recognising telephone work and provides for the development of record keeping processes.

## Clothing allowance

Uniform or clothing allowances will now also apply to HCAs.

## Access to higher duties allowance

No agreement on defining "substantial" for entitlement to allowance.

Step 3	40,268	40,671	41,484	42,314
Step 2	37,744	38,121	38,883	39,661
Step 1	35,520	35,875	36,593	37,325

## Caseload midwife salary scale

Penal rates and overtime do not apply, with the exception of penal rates on public holidays)

	From 1/03/2014	From 1/03/2015	From 1/05/16	From 1/07/2017
Step 1	85,831	86,689	88,423	90,191

## Community mental health, district and public health nurse and community midwife salary scales

	From 1/03/2014	From 1/03/2015	From 1/05/2016	From 1/07/2017
Step 8*	70,844	71,552	72,983	74,442
Step 7*	69,483	70,178	71,582	73,014
Step 6*	68,119	68,800	70,176	71,580
Step 5	64,163	64,805	66,101	67,423
Step 4	57,748	58,325	59,492	60,682
Step 3	54,657	55,204	56,308	57,434
Step 2	51,449	51,963	53,002	54,062
Step 1	47,528	48,003	48,963	49,942

## Designated senior nurse and midwife salary scale

	From 1/03/2014	From 1/03/2015	From 1/05/16	From 1/07/2017
Grade 1	68,119	68,800	70,176	71,580
	69,483	70,178	71,582	73,014
	70,844	71,552	72,983	74,443
Grade 2	69,483	70,178	71,582	73,014
	70,844	71,552	72,983	74,443
	72,208	72,930	74,389	75,877
Grade 3	75,691	76,448	77,977	79,537
	78,603	79,389	80,977	82,597
	81,514	82,329	83,976	85,656
Grade 4	80,058	80,859	82,476	84,126
	82,969	83,799	85,475	87,185
	85,880	86,739	88,474	90,243
Grade 5	84,424	85,268	86,973	88,712
	87,337	88,210	89,974	91,773
	90,247	91,149	92,972	94,831
Grade 6	87,337	88,210	89,974	91,773
	90,247	91,149	92,972	94,831
	93,159	94,091	95,973	97,892
Grade 7	90,247	91,149	92,972	94,831
	93,159	94,091	95,973	97,892

	95,056	96,007	97,927	99,886
Grade 8	95,056	96,007	97,927	99,886
	100,205	101,207	103,231	105,296
	105,355	106,409	108,537	110,708
	110,503	111,608	113,840	116,117

## PDRP allowance increases

RN Expert from \$4,000pa to \$4,500 pa effective from 1 July 2015

RM Leadership from \$4,000pa to \$4,500pa effective from 1 July 2015

RN Proficient from \$2,500pa to \$3,000pa effective from 1 July 2015

RM Confident from \$2,500pa to \$3,000pa effective from 1 July 2015

**The offer for confident and proficient addresses relativities with the PSA. The increase for expert/leadership does not achieve full relativity with the PSA allowance of \$6,000.**

**DHBs refused to offer increases for EN PDRP and would not consider relative increases for HCA or senior nurse pay scales.**

## Professional development

Agreement that mandatory training does not get deducted off the 32 hours Professional Development leave.

No agreement to maintain records for applications for PDL. DHBs administration systems record PDL approvals but not applications that are declined.