

Rest of NZ DHBs/PSA Mental and Public Health Nursing MECA

Outcomes Summary

This is a comprehensive summary of the proposed settlement of the Rest of NZ Mental and Public Health Nursing MECA. The key features of this proposal are:

- \$5800 base rate increase on all salaries (pro rata) effective 1 September 2021;
- \$7100 lump sum payments (pro rata) for all PSA members covered by this MECA;
- Base rate and lump sum components both include amounts paid towards final pay equity settlement;
- A 27 month term (which we are now almost 12 months through), used to ensure that the pay proposals are for *all* members (including senior nurses);
- Lifting of the Mental Health Assistant scale to above the Living Wage, and securing automatic annual progression through the scale;
- Improvements to core conditions including 32 hour minimum annual professional development entitlement for all nurses (distinct from mandatory training), injuries sustained during a restraint to be treated the same as assault for ACC top-up purposes, Huarahi Whakatū (Māori nurse PDRP) included in MECA, AO allowance, standardisation of Professional Association fees standardised, HDA definition improved;
- A specific Mental and Public Health Nursing Steering Committee to lead tangible projects (to start within 2 months of ratification) to look at a) staffing numbers and skills mix and effective escalation processes; b) reducing violence towards staff; and c) retention of experienced and qualified staff in mental health and addictions settings.

Your bargaining team is recommending that members vote in favour of this proposed settlement. The team believes it provides for reasonable pay increases as part of the journey towards the finalisation of pay equity, provides improvements to some core conditions, and provides opportunities to resolve or improve key facets of nursing work – workload/safe staffing mechanisms, incidents of violence, and retention of staff.

It is the bargaining team's responsibility to make a recommendation. It is each member's individual decision on how they vote, and members' collective decision which will be the outcome.

Summary of proposed settlement

1) Term

Term of the new MECA will be 27 months expiring on 31 December 2022.

2) Base rate increases and lump sum payments

The political/economic context in which bargaining is taking place is complex. Government has clearly stated its policy of minimal pay movement, *except* to settle pay equity claims, and addressing low pay. We believe this proposed settlement provides reasonable pay increases within this context.

Base rate increases and lump sum payments are separated in to two amounts.

Amounts benchmarked as pay equity interim payments come from central government budget which is set aside for all pay equity settlements; the other rates come from DHB budgets.

Note that pay equity legislation creates a complexity. PSA, NZNO and MERAS have lodged a claim for the nursing and midwifery workforce, but the legislation is clear that all people in that workforce are covered by the claim, including non-union members. Union members can not reach a settlement which binds others, so the two amounts have to be separately captured. PSA members will get \$5800 on base rates (pro rata). For the \$4000 pay equity component of that, this means it is applied to rates earlier than non-members, who will need to wait until the pay equity settlement is finalised. This is also the case with the \$6000 lump sum. When the final pay equity settlement is ratified by DHB nursing staff (PSA, NZNO, non-members), the \$4000 base rate and \$6000 lump sum components that you get now will be offset in the final outcomes. So others will get these amounts, but will have to wait until pay equity is settled. (The pay equity implementation date has been agreed to be 31 December 2019, which will be factored in to a pay equity settlement.)

a) Base rate increases

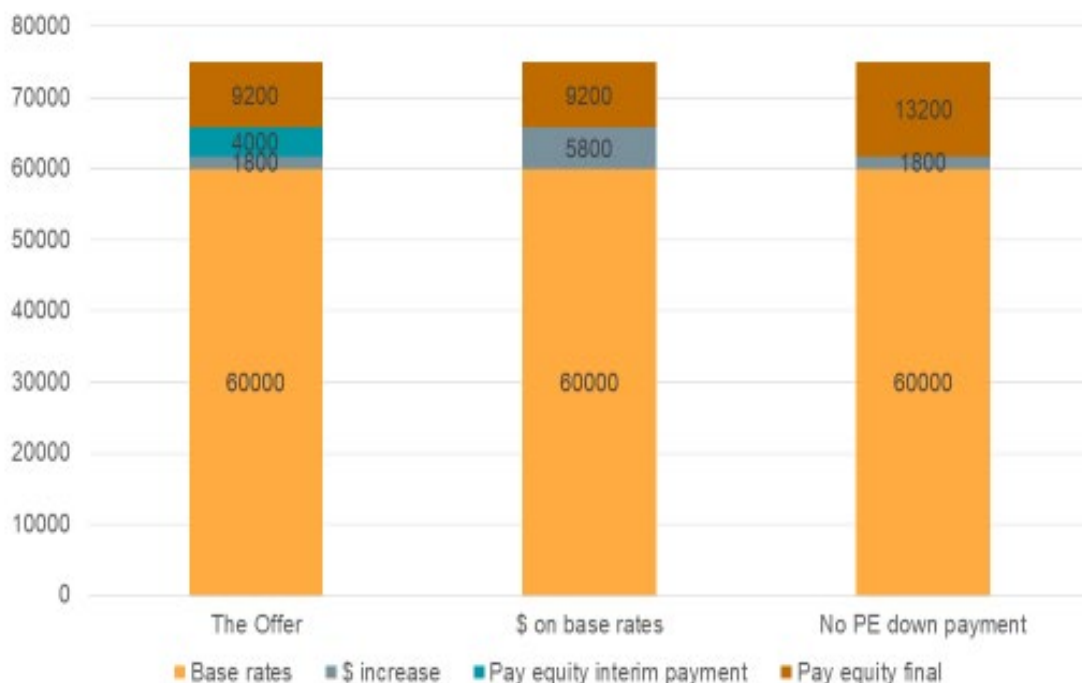
Increase of \$5800 on all annual salaries, pro rata. Effective 1 September 2021. This is made up of \$1800 through DHB budget streams, and \$4000 as an interim base rate increase towards pay equity settlement.

Whilst pay equity bargaining is a separate process to MECA bargaining, but the outcomes are inextricably linked.

It is our view that pay equity is the vehicle which will address gender based undervaluation that nurses and mental health assistants have been subjected to for years and set the pay equity rates for these positions. This is highly likely to involve reasonable pay increases. Whatever is agreed in bargaining takes members closer to the pay equity rate. In that regard, we think that the separation of the amounts is simply a way to deliver the increases, between DHB and central government purses. For example, if the \$5800 came exclusively from DHB budgets, the \$5800 extra on base rates will still take those base rates \$5800 closer to the rates which will be negotiated through pay equity, which will mean the pay gap which has to be closed is smaller. (The following graph exemplifies this, where the first column is the proposed settlement; the second column is hypothetical and would be if the \$5800 all came from DHB budget, and the third column – also hypothetical – is where the offer was only \$1800. In the first and second scenarios, the gap to achieve the pay equity rate is \$9200; in the third scenario, the gap is \$13200).

In other words, members should not be concerned by which ‘wallet’ the increases come from. This proposal means members will be getting some of the pay equity settlement earlier.

ON A HYPOTHETICAL PAY EQUITY RATE OF \$75,000 with a current rate of \$60,000



b) Lump Sum Payments

- i) Payment of **\$1100 pro rata** for all full-time, part-time and casual employees covered by the PSA Mental Health and Public Health Nursing MECA. The lump sum will be payable to **PSA members** employed by the DHBs at the date of ratification or who join PSA during the bargaining fee opt out period. (The Bargaining Fee opt out date will be notified when we commence the bargaining fee balloting process).
- ii) Payment of **\$6000 pro rata** for all full-time, part-time and casual employees who are members of PSA on the date of ratification or who join PSA during the bargaining fee opt out period. This amount is an early interim payment towards the settlement of pay equity.

Note that Lump Sum Payments will be based on the actual hours worked over the previous 12 months, up to 1FTE or on contracted hours, whichever is the greater.

Employees on unpaid leave (e.g. parental leave) or off on ACC will receive the lump sum on written application on return to work or in their final pay if they don't return to work, to ensure that income through ACC or parental leave is not abated by lump sum payments.

Important to note that lump sum payments will only be for PSA members, and will not be for people who pay a bargaining fee instead. (These people will get the \$6000 pay equity lump sum when pay equity is concluded, but will not be guaranteed the \$1100 lump sum.) Our advice is that in order to ensure that people get every aspect of this proposal, they need to join PSA.

Base rate increases and lump sum payments include senior nurses. We agreed as part of this proposed settlement to a 27 month term, which means that *all* members covered by the MECA receive the proposed increases. (Earlier similar offers and government direction sought to exclude employees earning over \$100,000)

3) Pay equity bargaining dates

Pay equity bargaining is to commence asap, with a view to being settled by 30 November 2021. If it is not settled by that date, a further \$1000 (pro rata) interim pay equity lump sum payment is to be paid to PSA members. This will come from DHB budgets, and will again be taken into account through any final pay equity settlement.

4) Mental Health Assistants salary scales

Deletion of step 1 of the MHA scale, with all employees currently on step 1 to move to step 2 (new step 1) from date of new MECA. Top step (currently step 6 but new step 5) will be accessed by automatic annual progression. MHAs who have been on current step 5 for more than 12 months will move to new step 5 from date of new MECA; otherwise on anniversary date after 1 year on step 5 (new step 4).

Key issues are progressed here for low paid members. Step 1 (\$23.19) is now above the Living Wage (which rises to \$22.75 on 1 Sept 2021). Top step is now by automatic annual increment, after 12 months on the step below it. Members who have already spent 12 months on (current) step 5 will move immediately to top step (new step 5)

5) Work Load/Safe staffing

- Establishment of a specific *Mental and Public Health Nursing Workload and Staffing Steering Committee*.
- The Steering Committee to have appropriate delegate leadership and membership participation, with terms of reference setting out priority work, to begin within 2 months of ratification to:
 - Commence and implement processes in DHBs regarding compliance with clause 31.7 of the MECA, including pilot work agreed between PSA and DHBs;
 - Establish a work group on reducing violence towards members by patients and public;
 - Establish a Mental Health and Addictions Employee Retention work group to work on ways to retain experienced and qualified staff.

Clause 31.7 was agreed in last negotiations. It states that PSA and management reps will meet to agree minimum staffing numbers needed in each ward/workplace to provide safe and effective care for patients, to consider staff mix, and to give effect to an escalation process where necessary. The intention of 31.7 is for this to be in place in all mental and public health workplaces. The Steering Committee will have oversight and the ability to develop processes and make recommendations where this clause isn't being complied with.

- Acknowledgement by DHBs of limitations of CCDM and the need to prioritise the work outlined above. Review of CCDM commissioned by Minister of Health to assess its effectiveness; funding to assist in CCDM implementation; strengthening the importance of VRM (variable response management) mechanisms, as part of work led by Steering Committee outlined above.

6) Injuries incurred during a restraint

Current provision relating to work-related assaults will now include injuries incurred during a restraint:

(ii) **Work-related Assaults-** Where an employee is incapacitated as a result of a work place assault *including without limitation injuries suffered during restraint of a patient*, and that employee is on earnings related compensation, then the employer will top up the ACC payments to 100% of normal/ordinary rate of pay during the period of incapacitation. This shall not be debited against the employee's sick leave. The employer will reimburse the employee for any costs incurred that are part charges for ACC agreed treatment and other associated ACC expenses.

7) Other agreements

Agreement to meet with PSA to discuss any subsequent settlements for similar groups if those settlements are materially different to this settlement. Such meeting may result in a proposal to vary the PSA Agreement. This sets up a mechanism to meet if other settlements produce different outcomes for similar groups.

8) Family Violence Provisions

Provisions to be included in MECA which recognise the impact of family violence and make reference to legislative entitlements and support available.

9) Kiwisaver for employees 65 years and over

Currently CCDHB, HVDHB and Wairarapa DHB are not contributing Kiwisaver contributions to employees over 65 years old (which they are entitled not to do under law). Other DHBs do make these contributions. CC, HV and Wairarapa will review their policies with a view to establishing consistency with other DHBs by 31 December 2021.

10) Parental Leave

Whāngai explicitly included in parental leave provisions

11) Higher Duties Allowance

Provisions make clearer the fact that someone who is performing the duties and carrying the responsibilities of a position higher than the employee's own on a shift-by-shift basis

will receive the \$24 HDA per shift, and it is recognised that they may not fulfill all of the substantive duties on that shift.

12) Authorised Officer (SACAT Act)

Definition of AO, and allowance the same as DAO.

13) Professional Development

- An entitlement of 32 hours minimum per annum (pro rata with no less than 8 hours per annum) for nurses, separate from leave needed for mandatory training, and leave to meet PDRP requirements.
- 8 hours minimum entitlement for Mental Health Assistants.
- Inclusion of Huarahi Whakatū entitlements for Māori nurses – this is an equivalent process approved by Nursing Council particular to Māori nurses, which includes payments for L3 and L4 portfolios.
- \$5000 per annum (accruable for 2 years) for Nurse Practitioners (where provisions are currently higher, they will remain).

14) Professional Association Fees

Standardised to \$250 per annum (except West Coast where it remains \$400)

15) Public Health Nurse clothing allowance

\$3.42 across all DHBs (except for Whanganui where it is higher). Note that the allowances differ widely in mental health nursing (e.g. clothing, laundry, incomplete uniform, shoe and stocking) and we did not want to inadvertently disadvantage members by creating a single rate at this time. We will look to do so in future bargaining.

16) Side Letter to all DHBs to audit application of Public Health Nurse MECA entitlements for work during public health crises

All DHBs will be required to audit the work undertaken by Public Health nurses during the Covid pandemic and RSV outbreak, to ensure that all the relevant provisions of the MECA have been complied with – including minimum breaks, overtime, meal and rest breaks, meal allowance and shift leave. The audit must be in consultation with PSA reps. This is in recognition that PHNs have frequently worked differently from normal and we need to ensure that they have received MECA entitlements.

17) Bargaining Fee

We agreed with the DHBs that our MECA can be passed on to non-union members provided they agree to pay a bargaining fee. Following ratification of this MECA a ballot will be held to determine if the bargaining fee clause can be enforced. The ballot will be of all employees covered by our MECA. We urge our members to vote in favour of the bargaining fee. The Bargaining fee will be set at our current membership rates and be paid on a fortnightly basis. ***It is important to note that the \$6000 and \$800 lump sum payments do not apply to bargaining fee payers – only members of PSA will receive these under this settlement. People who are not members of PSA will receive any pay equity payments when pay equity is concluded, but not earlier.***

APPENDIX 1 SUMMARY DOCUMENT:

12.1 Salary Scale for Mental Health Inpatient Nurses

	Current	MECA Adjustment 1/09/21	Pay Equity Adjustment 1/09/21	Base Rates 1/09/21	PDRP	
Step 7	77,386	79,186	83,186	83,186	P	A
Step 6	75,132	76,932	80,932	80,932	P	A
Step 5	72,945	74,745	78,745	78,745	P	A
Step 4	65,652	67,452	71,452	71,452	P	A
Step 3	62,138	63,938	67,938	67,938	P	A
Step 2	58,491	60,291	64,291	64,291	P	A
Step 1	54,034	55,834	59,834	59,834		A

A = Automatic step

P = PDRP can be accessed

12.2 Salary Scale for Mental Health Enrolled Nurses

	Current	MECA Adjustment 1/09/21	Pay Equity Adjustment 1/09/21	Base Rates 1/09/21	PDRP	
Step 4	57,047	58,847	62,847	62,847	P	A
Step 3	55,385	57,185	61,185	61,185	P	A
Step 2	51,333	53,133	57,133	57,133	P	A
Step 1	48,632	50,432	54,432	54,432	P	A

A = Automatic step

P = PDRP can be accessed

12.3 Salary Scale for Mental Health Assistants

	Current	MECA Adjustment 1/09/21	Pay Equity Adjustment 1/09/21	Base Rates 1/09/21	
Step 5	54,810	56,610	60,610	60,610	A
Step 4	53,214	55,014	59,014	59,014	A
Step 3	49,905	51,705	55,705	55,705	A
Step 2	46,121	47,921	51,921	51,921	A
Step 1	42,568	44,368	48,368	48,368	A

A = Automatic step
M = Merit Step

12.4 Salary Scale for Community Mental Health and Public Health Nurses

	Current	MECA Adjustment 1/09/21	Pay Equity Adjustment 1/09/21	Base Rates 1/09/21	PDRP	
Step 8	83,712	85,512	89,512	89,512	P	*
Step 7	78,993	80,793	84,793	84,793	P	*
Step 6	77,443	79,243	83,243	83,243	P	A
Step 5	72,945	74,745	78,745	78,745	P	A
Step 4	65,652	67,452	71,452	71,452	P	A
Step 3	62,138	63,938	67,938	67,938	P	A
Step 2	58,491	60,291	64,291	64,291	P	A
Step 1	54,034	55,834	59,834	59,834	P	A

* = Progression to this step shall occur on the basis of satisfactory performance

A = Automatic step

P = PDRP can be accessed

12.5 Salary Scale for Mental Health and Public Health Senior Nurse

		Current	MECA Adjustment 1/09/21	Pay Equity Adjustment 1/09/21	Base Rates 1/09/21	
Grade 8	Step 4	130,653	132,453	136,453	136,453	M
	Step 3	120,938	122,738	126,738	126,738	M
	Step 2	115,026	116,826	120,826	120,826	*
	Step 1	109,116	110,916	114,916	114,916	
Grade 7	Step 3	112,389	114,189	118,189	118,189	M
	Step 2	106,938	108,738	112,738	112,738	*
	Step 1	103,596	105,396	109,396	109,396	
Grade 6	Step 3	110,146	111,946	115,946	115,946	*
	Step 2	103,596	105,396	109,396	109,396	*
	Step 1	100,256	102,056	106,056	106,056	
Grade 5	Step 3	106,703	108,503	112,503	112,503	*
	Step 2	100,256	102,056	106,056	106,056	*
	Step 1	96,910	98,710	102,710	102,710	
Grade 4	Step 3	101,541	103,341	107,341	107,341	*
	Step 2	95,241	97,041	101,041	101,041	*

	Step 1	91,899	93,699	97,699	97,699	
Grade 3	Step 3	96,378	98,178	102,178	102,178	*
	Step 2	90,230	92,030	96,030	96,030	*
	Step 1	86,887	88,687	92,687	92,687	
Grade 2	Step 3	85,375	87,175	91,175	91,175	A
	Step 2	81,322	83,122	87,122	87,122	A
	Step 1	79,760	81,560	85,560	85,560	A

A = Automatic step

M = Merit

* = Progression to this step shall occur on the basis of satisfactory performance

Progression on Merit Steps

The top steps of grades 7 and 8 as denoted by "M" are merit steps. Progression or access will be determined by the DHBs in consultation with the employee, and merit criteria shall be established for progression as part of an annual performance review.

Movement to the next higher grade in the senior salary grades shall only occur with a change in position or at the discretion of the DHB.

12.6 Salary Scale for Nurse Practitioners

		Current	MECA Adjustment 1/09/21	Pay Equity Adjustment 1/09/21	Base Rates 1/09/21
Grade 8	Step 4	130,653	132,453	136,453	136,453
	Step 3	120,938	122,738	126,738	126,738
	Step 2	115,026	116,826	120,826	120,826
	Step 1	109,116	110,916	114,916	114,916

Progression: Movement through each step in the Nurse Practitioner scale shall, subject to satisfactory performance, be on the annual anniversary date of appointment to the Nurse Practitioner position.