

Workplace reps consider latest DHBs' offer

MERAS workplace reps met by Zoom last week to go through a summary of our DHBs MECA claims after a further two days of negotiations in January. The next two days are scheduled for 10 and 11 March.

The DHBs have been given little room to move as the whole public sector has been under wage restraint because of Covid expenditure. Several unions have now settled with the same flat rate being offered to MERAS and a cap on salaries over \$100,000.

However, if MERAS settles its claim when we meet again, the DHBs have committed to re-engage with MERAS if the Government changes its bargaining "expectations" with another union in the health sector.

As in the last round of negotiations, everything agreed at the bargaining table then goes through the DHBs CEs, the Ministry of Health and ultimately a group of Cabinet Ministers and Treasury officials before it is approved.

The Government is taking a very hard line in its public sector negotiations on back pay. This is not new in the health sector, although there was back pay in the last round of negotiations. MERAS anticipated the problem by going into negotiations well before the expiry of our MECA on 31 January.

The last pay increase for midwives in MERAS was in August 2020 when we received an additional 1.25% pay increase as an outcome of extending the term of our MECA to January 2021.

Your workplace reps agreed that it is in your interests to settle as quickly as possible, remembering that the outcome of the Midwives Pay Equity process will be incorporated into the MECA salary scales and backdated to 31 December 2019 when we settle pay equity.

If we settle at the next two days of negotiations, we will bring you a Terms of Settlement to vote on, i.e. to "ratify".

Range of flat rates offered over 12 to 24 months

The DHBs have been offering flat rates from \$1000 for a 12-month term through to \$2000 over two years. Unions that have settled so far have not gone out as far as two years because of continuing uncertainty around Covid-19 and its impact on the economy.

Also, the 1.4% cost of living increase in 2020 (CPI) is the lowest it has been since March 2018. This is significant as CPI generally informs pay increases.

Your workplace reps were generally supportive of the idea of a flat rate increase, which means the same dollar amount is added to all existing pay rates. This advantages lower paid workers as they get a higher percentage increase.

However, we have told the DHBs the flat rate should be based on Step 7 of the core midwives scale where most midwives are paid, and it should not be below CPI. This is especially at a time when housing and food costs are rising, hitting middle income earners who are not spending money on the luxury items that have come down in price and also influence CPI.

The DHBs are holding their line on there being no pay increases for those on more than \$100,000 a year (this impacts midwives from Step 3 of G4 and Step 2 of G5 of the Senior Midwives Scale). This cap goes through to July 2021.

We are asking the DHBs to consider the same flat rate increase for these senior midwives as we negotiate for core midwives, but from 1 August 2021 (a year since our last increase) instead of 1 February 2021 when our MECA had expired. We would expect a lump sum in the meantime to compensate for the delay.

This could mean an 18-month term going through to 31 July 2022. The DHBs are currently offering a \$1500 flat rate, which would increase Step 7 to \$79,853. We have not agreed to this amount.

We have agreement on MERAS coverage of midwifery undergraduate students employed as maternity support workers. They would be paid the same as HCAs.

Fixing Holidays Act problems and flexibility issues

We are not able to address the Holidays Act problems in the MECA until the DHBs fix their payroll systems because they cannot comply right now. For some DHBs this won't be till late 2022.

The DHBs have agreed to incorporate the MERAS roster principles in our MECA.

Community midwives employed at some of the larger DHBs raised the issue of greater flexibility of hours and also having working from home as an option. The DHBs have agreed to trials at some DHBs where we have community teams and this will inform our claims in the next round.

Incentivising night shifts

The DHBs are costing a proposal that would see a change in how penal rates for night shift and weekends are paid.

Improving leave conditions

There is a Bill before Parliament for statutory sick leave to move to 10 days in June 2021. This wouldn't be pro-rated for part-timers. This would mean that the first 10 days will be paid at the statutory rate of relevant daily pay (RDP) or average daily pay (ADP) where you don't know what you would have earned that day.

We have confirmed that you are supposed to be given special paid leave while waiting for Covid results, and then if you have a negative result and you are still sick, it is sick leave. The same applies if you test positive. However, we do not agree with you having to use sick leave for any communicable disease contracted at work.

We are working on wording around Annual Leave availability. It is agreed that you must be able to take at least two weeks continuous Annual Leave at some stage during the year. This is in the Holidays Act.

We don't yet have agreement on the issue with Waitangi Day and ANZAC Day when you work on both the actual day and the Mondayised Public Holiday. However, we have discovered that some DHBs allow you to nominate which day you want as your Public Holiday payment to apply in this case, so you can get paid weekend rates on the Saturday (T1.5) and Public Holiday rate on the Monday (T2).

We have been discussing the need for better support for midwives experiencing serious work-related events such as a maternal death and being expected to "keep calm and carry on". The Midwifery Leaders undertook to develop national guidelines.

The extension of the top-up for Paid Parental Leave to apply over the full 26 weeks is unlikely to succeed even though all the health sector unions are arguing for this. However, we are still discussing other improvements to Parental Leave with the DHBs.

The DHBs have asked us to provide wording to spell out entitlements under the Family Violence Act.

Opening up opportunities for midwives

There was a long discussion about retention allowances when significant vacancy rates arise (level to be agreed through these negotiations). Some DHBs have already introduced retention allowances, but there needs to be consistency to avoid an impact on neighbouring DHBs.

The Midwifery Career Pathways will be incorporated into the senior midwives' scale. We have requested data on what is currently being paid for the various senior roles.

We have agreement on the use of equitable job evaluation tools for evaluating new midwifery roles, but there is no agreement at this stage on a separate process and framework for midwives.

We are still arguing for the higher duties allowance to be used for shift co-ordinators in units or on shifts where it is not practicable to appoint designated senior midwives for this role.

Addressing allowances, parking and uniforms

We noted that E tū has a laundry allowance where laundry services aren't available (\$1.50 a day), and footwear is either supplied or members get a voucher to buy their own. We have claimed \$125 a year.

The DHBs have agreed that midwives' uniform colours should clearly identify the wearer as a midwife. They will encourage this through the DoNs and DoMs groups.

We have agreement that free accommodation should be provided by DHBs when midwives are required to work away from their usual work base due to midwifery shortages elsewhere or in response to a pandemic.

It was agreed that the receiving DHB should provide accommodation and food as required for flight midwives or those accompanying a long transfer by ambulance. The Midwifery Leaders will develop a national policy.

Standardising professional development

We have proposed an individualised professional development entitlement. We are proposing \$1000 a year for core midwives and \$1500 for senior midwives which can be accumulated up to three years.

Refund of APC discussed

The DHBs agreed to reimburse the APC on receipt of payment in the same pay period. In cases of hardship, some DHBs pay for the midwife's APC through a purchase order, while others pay by way of a financial advance. DHBs confirmed they do pay all or part of casual midwives' APCs.

Addressing KiwiSaver inequities

DHBs subsidise senior doctors' employee contribution to KiwiSaver \$1 for \$1 up to a maximum 6%. Midwives get a maximum of 3% employer contribution. That is elitist and unfair, but hard to win in the current environment. However, the DHBs advocate agreed to raise the issue at those DHBs that have been stopping the employer contribution to KiwiSaver for employees at age 65.

More timely change management provisions

We are working on wording that has been agreed by other unions around more timely change management processes in a pandemic or civil emergency.

Other MERAS negotiations

St George's Hospital negotiations have been set down for 31st March with claims meetings to be held after the next round of DHBs MECA negotiations. We have also initiated bargaining at Waitaki District Health Services.

Caroline Conroy, Co-leader (Midwifery)
Jill Ovens, Co-leader (Industrial)