

All District Health Boards

MERAS
PO Box 21-106
Edgware, Christchurch 8143

1 September 2021

c/o jill.ovens@meras.co.nz
caroline.conroy@meras.co.nz

Dear Jill and Caroline

Re: Offer for Settlement of the DHBs/MERAS MECA

This letter constitutes a formal offer of settlement for the MERAS MECA.

This offer includes agreement to the following key elements:

Term

- A term from 1 February 2021 to 30 April 2023.

Pay

- Effective 2 August 2021 all base salary rates (except for Case load Midwives see below) will increase by \$5,800. The amended pay scales include \$1,800 gross annual increase on the base rates and \$4000 gross annual pay equity increase on the base rates as set out in the Memorandum of Understanding, attached.
- For Caseload Midwives, effective from 2 August 2021, \$4000 gross annual pay equity increase will be applied to step one as set out in the Memorandum of Understanding attached, also effective from 2 August 2021 the introduction of a new step 2 of \$104,599 (effectively a \$1,800 increase).

Note: The Pay Equity base salary adjustment and the Pay Equity lump sum payment are offered in anticipation of determination of the ultimate Pay Equity settlement, while the parties continue in partnership to progress the pay equity claims' process to determine the extent of sex-based undervaluation, and to settle the Pay Equity claims.

Lump Sums

- A Pay Equity lump sum payment of \$6,000 pro-rated by FTE for all full-time, part-time and casual Midwives as set out in the Memorandum of Understanding, attached, paid as soon as practicable after a successful ratification.
- A lump sum in lieu of settlement of \$600 gross, pro rata by FTE for all full time, part time and casual midwives who were members of MERAS at 1 September 2021, paid as soon as practicable



after a successful ratification.

Note: Lump Sum Payments for both part-time and casual employees will be based on actual hours worked over the 12 months prior to payment of the lump-sum, up to the equivalent of 1 FTE.

Terms and Conditions

- The introduction of Maternity Care Assistant under coverage and applicable scale.
- Effective from 1 July 2021 the introduction of a CPD pool at each DHB for all Midwives who are MERAS members, equivalent to \$1,000 per midwife, with the ability to claim from the pooled money the cost of membership of the NZ College of Midwives upon receipt (max \$345 pa)
- The introduction of an ACC Top-up for employees injured as a result of a work place assault.
- The introduction of a new sick leave clause that reflects changes in legislation
- The introduction of a Bargaining Fee.
- The introduction of a Midwifery Career Pathway and a gender-neutral job sizing tool, once pay equity has been completed.
- A new Public Health Emergency clause
- Whāngai arrangements are included in situations where the employee becomes a primary carer for a child or two or more children.
- Agreement that a national policy is to be developed by the Midwifery Leaders Group that clarifies it is the receiving DHB's responsibility to provide accommodation and food for flight midwives.
- That MERAS will work with Midwifery Leaders on "new ways of working" for midwives, including working from home arrangements where appropriate and that this work will inform the next round of bargaining.
- To encourage DHBs via the MECA Implementation Plan to have a designated senior midwife on all shifts and wards in secondary and tertiary units.
- To include advice in the MECA Implementation Plan, in reference to Clause 8.5, that Designated Senior Midwives should be paid for time worked (over and above contracted hours) when responding to orange or red VRM after hours.

Resourcing Commitments

Minister to commission independent evaluation of CCDM implementation and effectiveness – to be carried out with support from the Ministry of Health. The Minister and the Head of HealthNZ will consider & respond to relevant findings. MERAS and DHBs will be invited to participate in the work which will look at DHBs where:

- i. CCDM has been implemented and is working well and examine why this is and what the benefits are
- ii. CCDM has been implemented and is not working well and examine why this is and what the impacts are
- iii. CCDM hasn't been implemented and examine what the issues and barriers to implementation

Other issues

- It was agreed that access to safe, free parking and public transport for staff, especially for those starting or finishing later shifts (11pm), was better dealt with at the relevant DHB.



- It was agreed the Midwifery Leaders Group will develop a national policy, in conjunction with the GMs HR, on support for midwives following sentinel and/or adverse events, including the ability to provide special leave if needed.
- The introduction of the Career Pathway for Midwives supports the professional growth of the workforce and the importance of career progression to both parties. DHBs are committed to moving people onto, and through, the Designated Senior Midwives Scale when opportunities to progress career aspirations arise.

The DHB bargaining team has listened to the issues that MERAS brought to the table and have endeavoured to deliver an offer that meets a number of these issues raised by MERAS.

We look forward to a positive outcome of your ratification meetings.

Yours faithfully



Gretchen Dean

DHB Advocate for MERAS Bargaining

DHBS/MERAS MECA

1 February 2021 – 30 April 2023

TERMS OF SETTLEMENT

Please note: If a clause is not mentioned in the summary of changes to the MECA, shown below, then it remains unchanged from the DHBS/MERAS MECA 1 February 2018 – 31 January 2021.

| Clause No | Clause Title | Change |
|-----------|--------------------------|---|
| 2.0 | Coverage and Application | The second sentence is replaced with the following: "This MECA shall apply to all midwives who are members of MERAS and who are employed as Midwives, Senior Midwives, or Maternity Care Assistants by the DHB party to this MECA." |
| 3.0 | New Employees | <p>The following replaces the first paragraph of Clause 3.</p> <p>"The parties agree that a new employee who is not a member of MERAS and who is covered by the coverage clause of this MECA, shall be offered the same terms and conditions as this MECA for the first 30 days of employment. The new midwife or maternity care assistant will also be given an active choice form during the first 10 days of employment to be returned within the first 30 days and where practicable will be introduced to the MERAS workplace representative as part of the employee's induction.</p> <p>New midwives and maternity care assistants covered by this MECA will be informed of the following:</p> <ol style="list-style-type: none">That there is a MECA in place and they are given a copy of this;That they may join MERAS, which is a party to this collective agreement;How to contact MERAS and that, unless the midwife objects in the returned active choice form, the employer will provide certain information about the midwife to MERAS;That they will be bound by the MECA, if they join MERAS;That in any case, they will be offered the terms and conditions of the MECA, and will have 30 days to decide if they wish to join MERAS;That, after 30 days, if they decide not to join MERAS, their terms and conditions may be renegotiated at that time." |

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| 4.0 | Definitions | <p>Insert new definition for Maternity Care Assistant</p> <p>"Maternity Care Assistant means an employee who works in a supportive role to the midwifery team and is able to perform tasks relating to the care of pregnant women, new mothers, babies and their whanau. They take a housekeeping role to create an environment that is welcoming and supportive of families. They work solely under the direction and supervision of a midwife. The employee needs to be enrolled in a New Zealand Bachelor of Midwifery programme."</p> |
| 6.0 | Term | <p>Replace "1 February 2018" with "1 February 2021" and replace "31 January 2021" with "30 April 2023 (and will come into force on the date the MECA is ratified)."</p> |
| 8.1 | Safe Staffing | <p>Add the following to the introduction:</p> <p>"The parties accept that implementation and evaluation of the effectiveness of CCDM in maternity services is primarily the responsibility of the DHBs, in partnership with the midwifery workforce and their respective unions."</p> <p>Add "At the local level" at the beginning of second para.</p> |
| 8.4 | Meal Breaks and Rest Periods | <p>In Clause 8.4 (c) add in a new sentence.</p> <p>"This shall include the second meal break in a 12-hour shift where it is unrelieved."</p> |
| 8.4 | Meal Breaks and Rest Periods | <p>In Clause 8.4 (e) add in a new sentence.</p> <p>"The first rest break shall occur before 4 hours of the shift start, the second rest break between 6 and 8 hours of the shift start."</p> |
| 9.1.2 | Waikato DHB Professional Fees | <p>Delete</p> |
| 10.0 | Salaries | <p>Increase salary scales as follows:</p> <ul style="list-style-type: none"> • Effective 2 August 2021 all base salary rates (except for Case load Midwives) will increase by \$5,800. The amended pay scales include \$1,800 gross annual increase on the base rates and \$4000 gross annual pay equity increase on the base rates as set out in the Memorandum of Understanding, attached. • For Caseload Midwives, effective from 2 August 2021 a \$4000 gross annual pay equity increase will be applied to step one, also effective from 2 August 2021, the introduction of a new step 2 of \$104,599 (effectively an \$1,800 increase). • The introduction of Maternity Care Assistants under coverage of the MECA who are remunerated on a scale that mirrors the Health Care Assistants in the NZNO MECA. • Delete Step 1 rate from Community Midwives pay scale. |

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| | | See Appendix 1 for the new salary scales. |
| 10.0 | Salaries | <p>Delete all words after the Caseload Midwives salary scale and replace with the following:</p> <p>"Progression: By annual increment at anniversary date, subject to satisfactory performance which will be assumed to be the case unless the employee is otherwise advised. Those employees who have been on step 1 for more than 12 months will move to step 2 on 2 August 2021. Otherwise, they will move on their anniversary date."</p> |
| 10.2 | Midwifery Career Pathway | <p>Replace current clause with the following:</p> <p>The Career Pathways for Designated Senior Midwives is attached as Appendix C.</p> <p>The goal of the job scoping exercise is to define a consistent grading decision for positions of a similar nature across DHBs.</p> <p>Where a DHB determines a Midwifery role is to be a designated position, the parties will engage in a job-scoping exercise through a process of consultation. In particular:</p> <ul style="list-style-type: none"> (a) The DHBs will consult with Designated Senior Midwives and MERAS to ensure the position descriptions used in the job-sizing are current; (b) The DHBs will consult with MERAS regarding the relative job sizes as described by an agreed gender-neutral job evaluation tool; (c) The parties will use a mutually agreed process to scope any new Designated Senior Midwifery positions established in DHBs, to ensure consistency (d) Either party has the ability to appeal a job sizing outcome through the mutually agreed process. e) if the DHBs have a position that is similar to one that has already been scoped and, after consultation with MERAS, the same grading will apply without the position going through the scoping process |
| 13.0 | Travelling Expenses and Incidentals | In the first paragraph after "costs" add in the words "including accommodation" |
| 15.0 | Public Holidays | In Clause 15.6 change the clause reference from "12.4" to "15.4" |
| 16.0 | Annual Leave | <p>In d) Conditions add</p> <p>in a new "v" as follows:</p> <p>"Employees must be able to take at least two weeks continuous leave at some stage during the year. Annual leave will ideally be planned with leave approved during peak periods trying to ensure all midwives get a break."</p> |

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| | | <p>Add new "vi" as follows</p> <p>"Responses to annual leave requests should be provided within a reasonable time of the request being made. Up to a fortnight will generally be regarded as being reasonable. This expectation is subject to local DHB leave policies relating to leave approval policies for school holidays, and public holidays, including Easter and Christmas/New Year."</p> |
| 18.0 | Sick Leave | <p>Amend Clause a) to i) to reflect legislative changes – including the removal of reference to 5 days</p> <p>In applying the provisions of this clause the parties note:</p> <ul style="list-style-type: none"> • Their agreed intent to have healthy staff and a healthy workplace • That staff attending work unwell is to be discouraged and the focus is on patient and staff safety • That they wish to facilitate a proper recovery and a timely return to work • That staff can have sick leave and domestic absences calculated on an hourly basis. <p>(a) In accordance with changes to the Holidays Act 2003 (as amended), on appointment to a DHB, employees shall be entitled to ten (10) working days leave for sick or domestic purposes during the first twelve months of employment, and up to an additional ten (10) working days for each subsequent twelve-month period. A medical certificate may be required to support the employees claim for sick leave.</p> <p>(b) Until 1 August 2022 where a part-time employee has used her/his sick leave, on a case-by-case basis, a calculation comparing actual hours versus contracted hours will be done and if additional sick leave is the result, it will be granted. Calculation is based on the anniversary of the employee's start date.</p> <p>(c) Employees who move between DHBs will take their accrued sick leave balance with them. Future annual sick leave entitlement will be on the date of their anniversary when they received their last allocation of sick leave at their previous DHB. Employees who move to another DHB after a break of 3 months or more and who are not involved in midwifery-related activities, will not be able to take their sick leave balance with them and will be allocated sick leave based on 18.1 (a).</p> <p>(d) The employee shall be paid for minimum statutory sick leave entitlements as prescribed in the Holidays Act 2003.</p> |



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| | | <p>Additional contractual or discretionary sick leave that is taken or approved shall be paid at the normal rates of pay (T1 rate only).</p> <p>(e) In the event an employee has no entitlement left, she/he may be granted an additional 10 days per annum. In considering the grant of leave under this clause the employer shall recognise that discretionary sick and domestic leave is to ensure the provision of reasonable support to staff having to be absent from work where their entitlement is exhausted. Requests should be considered at the closest possible level of delegation to the employee and in the quickest time possible, taking into account the following:</p> <ul style="list-style-type: none"> • The employee's length of service • The employee's attendance record • The consequence of not providing the leave • Any unusual and/or extenuating circumstances <p>The parties agree that extenuating circumstances will include instances where an employee has exhausted their sick leave entitlement as a result of top-ups to earnings related compensation as a result of injury sustained in an assault by a patient in accordance with Clauses 30.1 or 30.2.</p> <p>(f) Reasons for a refusal shall, when requested by the employee, be given in writing and before refusing a request, the decision maker is expected to seek appropriate guidance. The parties agree that extenuating circumstances will include instances where an employee has exhausted their sick leave entitlement as a result of top-ups to earnings related compensation in accordance with Clauses 30.1 to 30.4.</p> <p>(g) At the employer's discretion, an employee may be granted further anticipated sick or domestic leave. Any anticipated leave taken in advance and still remaining outside the entitlement will be paid to the employer. The employer may deduct monies due from the final pay.</p> <p>(h) Where an employee is suffering from a minor illness which could have a detrimental effect on the patients or other staff in the employer's care, the employer may, at its discretion, either:</p> <ul style="list-style-type: none"> • Place the employee on suitable alternative duties; or • Direct the employee to take leave on full pay. Such leave shall not be a charge against the employee's sick and domestic leave entitlement. |
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| | | <p>(i) Employees can accumulate their entitlement up to a maximum of 260 days. Any unused portion of the sick leave entitlement, up to 20 days, can be carried over from year to year and will be paid at relevant daily rate, in accordance with the Holidays Act (amended) 2003.</p> |
| 20.0 | Parental Leave | <p>20.2 add note: Whāngai arrangements are included in situations where the employee becomes a primary carer for a child or two or more children."</p> <p>20.9 (c) delete the sentence as follows: "However, parental leave will not contribute to Retiring Gratuities allowance calculations."</p> |
| 24.0 | Family Violence Leave | <p>Replace Clause 24.0 with the following:</p> <p>"The employer is committed to supporting staff who experience family violence, and staff seeking to address their issues with violence as and when occurrence of the violence is raised with the employer.</p> <p>Employees affected by family violence have rights under the Employment Relations Act 2000, Holidays Act 2003 (relating to Family Violence Leave (ss72A-72)) and the Human Rights Act 1993.</p> <p>In addition, any staff member experiencing family violence should talk to their manager or Human Resources Department regarding the support available under the DHB's Family Violence (or equivalent) policy."</p> |
| New 25.0 | Public Health Emergency | <p>New Clause</p> <p>25.1 The following provisions apply where there is a Public Health Emergency (PHE) declared by the Director-General of Health under the relevant legislation. These provisions shall also apply as applicable to civil defence emergencies declared under the relevant legislation.</p> <p>25.2 The parties acknowledge that the public health system will likely be a critical part of the national/regional responses to a PHE.</p> <p>25.3 If required as part of a response, the parties recognise the urgency of any response and the need for flexibility in how services are delivered, and accordingly temporary changes may be made to how work is organised without the need for a formal change management processes specified in the MECA. The DHB will engage in good faith with the union prior to progressing any PHE response.</p> |

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| | | <p>25.4 The principles around any such changes are:</p> <ul style="list-style-type: none"> a. Where available, Services will work with their staff including MERAS workplace representatives, to develop the most clinically appropriate staffing arrangements to keep patients and staff safe during a PHE b. These arrangements could include ways of working that are outside of the standard provisions of the MECA hours of work clauses provided that: <p>25.5 The rostered ordinary weekly or fortnightly hours of work do not exceed the current maximums without the agreement of the affected employee(s)</p> <ul style="list-style-type: none"> ii. No employee shall have their pay reduced while they are working such arrangements iii. Additional hours of work beyond those reflected in the salary category shall be remunerated in accordance with the relevant provisions of the MECA, and MECA penalties for minimum breaks, overtime, penal time etc will continue to operate iv. The alternate arrangements shall only continue in force for the period necessary and required by the DHB's PHE response, following which the pre PHE status quo will be reinstated v. The union shall be informed of any arrangements operating under this provision. <p>25.6 The parties recognise the potentially heightened focus on ensuring staff do not attend work when they themselves (or their dependents) may be unwell, or at a higher risk (e.g. underlying medical condition or pregnancy) during a PHE. To support this, the DHBs will take a permissive approach to access paid special leave.</p> <p>25.7 Where staff are required to stay home when they are well, but required to isolate or quarantine, then they shall receive special leave pay which will not be recorded as sickness.</p> <p>25.8 The parties commit to national oversight and engagement on the operation of this clause and other operational matters related to PHE responses, which may include provision of agreed national guidance</p> <p>Re-number remaining clauses.</p> |
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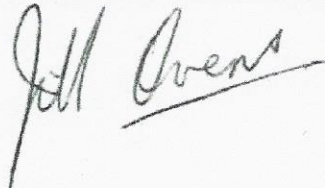
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| Part 5 | Provisions Relating to Education, Training and Development | <p>Delete (c) and replace with the following:</p> <p>"Each DHB shall commit each financial year (that being 1 July to 30 June) a sum of \$1,000 per MERAS midwife (headcount), accessible by MERAS members only, to enable midwives to meet approved professional development requirements. Unused funds will remain available for use for up to a further 12 months following the end of each financial year. This is effective from 1 July 2021."</p> <p>CPD Fund Administration</p> <ol style="list-style-type: none"> I. The pool shall only be available to members of MERAS. II. The pool shall be administered by the department in each respective DHB by the Director of Midwifery or the Midwifery Lead (in line with delegated authority). III. Management of the pool must: <ul style="list-style-type: none"> o Ensure continuing professional development is achieved and maintained by midwives, and o Be managed in a fair, transparent and consistent manner by a CPD Committee comprising management and MERAS workplace representative. IV. The CPD committee shall maintain a standard reporting record that includes: <ul style="list-style-type: none"> o Full financial records detailing the level and use of expenditure, and o Any declined applications and the reason for declination, and o Any approved funding over and above the CPD pool, and o The reporting record shall be made available to MERAS on request. V. The employee may access the CPD fund to reimburse (on presentation of official receipts) the cost of membership of the NZ College of Midwives, the professional association that is directly relevant to the employee's duties, to a maximum of \$345 per annum. Provided that where the employee works for another organisation, or in private practice, the employer will only be required to pay the amount on a pro-rata basis. |
| 30.0 | ACC and Accidents | <p>The following clause replaces paragraphs 2 and 3 of Clause 29.0 as new Clause 30.</p> <p>Retain paragraph 1 as Clause 30.1 and head up: Transport of Injured Midwives.</p> <p>Replace paragraph 2 as Clause 30.2:</p> <p>"Where a midwife is incapacitated as a result of a workplace accident (except where the accident is a workplace assault – see below), and that midwife is on earnings-related compensation, then the employer agrees to supplement the midwife's compensation by 20% of base</p> |

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| | | <p>salary during the period of incapacitation. This leave shall be taken as a charge against untaken sick leave entitlement (including any entitlement transferred from previous employment with another DHB), to the extent entitlement exists. The employer may agree to reimburse midwives for treatment and other expenses or for financial disadvantage incurred as a result of a work-related accident. This agreement will be on a case-by-case basis.</p> <p>New Clause 30.3: "Where a midwife is incapacitated as a result of a workplace assault, and that midwife is on earnings-related compensation, then the employer will supplement the midwife's compensation by 20% of base salary during the period of incapacitation. This top-up payment shall not be debited against the midwife's untaken sick leave entitlement. The employer will reimburse the midwife for any costs incurred that are part charges for ACC agreed treatment and other associated ACC expenses.</p> <p>Re-number 3rd paragraph as Clause 30.4: "For non-work-related accidents, where the midwife requests, the employer shall supplement the midwife's compensation by 20% of base salary and this shall be debited against the midwife's sick leave."</p> |
| 37 | Confidentiality | Add to the last sentence of the last para: "and the Public Health Sector Code of Good Faith." |
| New 45.0 | Bargaining Fee | <p>New clause</p> <p>45.1 It is agreed that a bargaining fee shall be applied to those employees whose work is covered by this Agreement but who are not members of MERAS and who are not members of another union, and who do not otherwise opt out of this clause, in accordance with the Employment Relations Act 2000 (S.69P and following).</p> <p>45.2 For the purposes of this clause:</p> <p>(a) the "bargaining fee" shall be set at 100% of the current MERAS membership subscription rate is \$11.19 per fortnight. For midwives who earn less than \$25,000 per annum the rate is \$5.60 per fortnight. The bargaining fee is paid each pay period, and shall not increase during the term of this clause;</p> <p>(b) the date the bargaining fee commences is 14 days after the expiry of the specified period as advised to the affected employees in accordance with S.69R.(1)(c) of the Employment Relations Act 2000;</p> |

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| | | <p>(c) an "affected employee" is one</p> <ul style="list-style-type: none"> (i) whose work is covered by the coverage clause of this Agreement and (ii) whose terms and conditions of employment comprise or include the terms and conditions of employment specified in this Agreement and (iii) who is not a member of the union and (iv) who is not a member of another union and (v) who is not an employee who has opted out. <p>(d) An "employee who has opted out" is one who would otherwise be an affected employee but who has notified the employer by the end of the specified period that she/he does not wish to pay the bargaining fee, and whose terms and conditions of employment remain the same until such time as varied by agreement with the employer.</p> <p>45.3 The employer shall at the end of the specified period deduct the bargaining fee from the wages of each affected employee and remit it to the union in the same manner in which union subscriptions are deducted and remitted to the union.</p> <p>45.4 Nothing in this clause applies to new employees, that is, those who are employed after this Agreement has come into force.</p> <p>45.5 This clause shall expire on 30 April 2023.</p> |
| Other | Midwifery Career Pathway | The Midwifery Career Pathway (see below) has been included in the Terms of Settlement and the new titles will be included in the MECA under Appendix C. |
| Other | Lump Sums | A Pay Equity lump sum payment of \$6,000 pro-rated by FTE for all full-time, part-time and casual Midwives as set out in the Memorandum of Understanding, attached. |
| Appendix B | Rostering Principles Guideline | Include a copy of the MERAS Rostering Principle Guidelines as Appendix B. The Rostering Principles will be included in the MECA. |

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| Signatures | <p>Update the signature page as follows:</p> <p>Delete Geraint Martin and replace with Margie Apa</p> <p>Delete Helen Mason and replace with Peter Chandler</p> <p>Delete Derek Wright, Interim and replace with Kevin Snee</p> <p>Delete Kevin Snee and replace with Keriana Brooking</p> <p>Delete Dale Oliff (Acting) and replace with Fionnagh Dougan</p> <p>Delete Julie Patterson (Interim) and replace with Fionnagh Dougan</p> <p>Delete Peter Bramley and replace Lexi O'Shea (Acting)</p> <p>Delete Craig Climo (Acting) and replace with Dale Oliff</p> <p>Delete David Meates and replace with Peter Bramley</p> <p>Delete Nigel Trainor and replace with Jason Power</p> |
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The parties agree that the above terms of settlement confirm all of the changes that were agreed at negotiations between MERAS and the DHBs.



3 September 2021

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Jill Ovens
On Behalf of MERAS

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Date:

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Gretchen Dean
On behalf of the DHBs

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Date:

7/9/21

Appendix 1- Salary Scales

10.0 Salaries

Registered Midwives,

| Registered Midwife | Current | 2 August 2021 |
|--------------------|---------|---------------|
| Step 7 | 78,353 | 84,153 |
| Step 6 | 76,071 | 81,827 |
| Step 5 | 73,857 | 79,657 |
| Step 4 | 66,473 | 72,273 |
| Step 3 | 62,915 | 68,715 |
| Step 2 | 59,222 | 65,022 |
| Step 1 (New Grad) | N/A | |

"Progression: By annual increment at anniversary date, subject to satisfactory performance which will be assumed to be the case unless the employee is otherwise advised."

| Caseload Midwives (penals and overtime do not apply with the exception of penalties on public holidays) | Current | 2 August 2021 |
|---|---------|---------------|
| Step 1 | 98,799 | 102,799 |
| Step 2 | | 104,599 |

"Progression: By annual increment at anniversary date, subject to satisfactory performance which will be assumed to be the case unless the employee is otherwise advised. Those employees who have been on step 1 for more than 12 months will move to step 2 on 2 August 2021. Otherwise, they will move on their anniversary date."

| Maternity Care Assistants | 2 August 2021 |
|---------------------------|---------------|
| Step 5 | 53,803 |
| Step 4 | 52,405 |
| Step 3 | 51,579 |
| Step 2 | 48,710 |
| Step 1 | 46,182 |

"Progression: By annual increment at anniversary date, subject to satisfactory performance which will be assumed to be the case unless the employee is otherwise advised."



Community Midwife Scale

| Community Midwives | Current | 2 August 2021 |
|--------------------|---------|---------------|
| Step 8* | 83,994 | 89,794 |
| Step 7* | 79,980 | 85,780 |
| Step 6* | 78,411 | 84,211 |
| Step 5 | 73,857 | 79,657 |
| Step 4 | 66,473 | 72,273 |
| Step 3 | 62,915 | 68,715 |
| Step 2 | 59,222 | 65,022 |
| Step 1 | 54,709 | - |

Progression: By annual increment at anniversary dates steps 1 to 5 inclusive. Thereafter progression is annual at anniversary date, subject to satisfactory performance which will be assumed to be the case unless the employee is otherwise advised (*)

All steps on this scale attract Professional Development allowances as provided for in the MECA.

Designated Senior Midwife Salary Scale

| GRADE | Step | Current | 2 August 2021 |
|---------|------|---------|---------------|
| Grade 2 | 1 | 80,757 | 86,557 |
| Grade 2 | 2 | 82,339 | 88,139 |
| Grade 2 | 3 | 86,442 | 92,242 |
| Grade 3 | 1 | 87,973 | 93,773 |
| Grade 3 | 2 | 91,358 | 97,158 |
| Grade 3 | 3 | 97,583 | 103,383 |
| Grade 4 | 1 | 93,048 | 98,848 |
| Grade 4 | 2 | 96,432 | 102,232 |
| Grade 4 | 3 | 102,810 | 108,610 |
| Grade 5 | 1 | 98,121 | 103,921 |
| Grade 5 | 2 | 101,509 | 107,309 |
| Grade 5 | 3 | 108,037 | 113,837 |
| Grade 6 | 1 | 101,509 | 107,309 |
| Grade 6 | 2 | 104,891 | 110,691 |
| Grade 6 | 3 | 111,523 | 117,323 |
| Grade 7 | 1 | 104,891 | 110,691 |
| Grade 7 | 2 | 108,275 | 114,075 |
| Grade 7 | 3 | 113,794 | 119,594 |
| Grade 8 | 1 | 110,480 | 116,280 |
| Grade 8 | 2 | 116,464 | 122,264 |
| Grade 8 | 3 | 122,450 | 128,250 |
| Grade 8 | 4 | 132,286 | 138,086 |

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Progression: Movement through steps within a Grade shall, subject to satisfactory performance (see 10.1 (d), be annual on the anniversary date of appointment to the designated senior position. Movement between Grades shall be on the basis of appointment to a higher graded position.