

FAQS

Proposed Settlement Auckland and RONZ Mental and Public Health Nursing MECAs.

Why is the PSA Bargaining Team making a recommendation?

PSA has a policy that our bargaining teams always make a recommendation, to either accept or reject an employer's offer coming out of bargaining. This is because the bargaining team has leadership responsibilities central to the bargaining process which come from detailed insight in to how outcomes are reached, as well as being workplace representatives.

Whilst it is the responsibility of the bargaining team to make a recommendation, it is solely the responsibility of members to vote, and the outcome of that collective vote determines the decision, as per any democratic organisation.

Why is the PSA Bargaining team recommending that members accept this proposal?

Your PSA bargaining team believes this is a reasonable proposal, as part of the journey to achieving pay equity. Pay equity bargaining will be the mechanism that fully determines nursing pay. This proposal provides for reasonable base rate and lump sum increases, and ensures that members get these early rather than having to wait for pay equity bargaining to conclude. We need to settle our MECA and move on to settling the pay equity claim.

The proposal also makes improvements to some conditions and sets up tangible and timely processes to tackle key workload and staffing issues for members. Key projects are for a Steering Group to oversee work to agree minimum staffing numbers and effective escalation processes, look at ways to reduce violence in workplaces, and to look at ways to address staff retention. All of this work will be jointly done between DHB and PSA representatives.

What is ratification?

Ratification is the voting process, when members vote *yes* or *no* to a proposal. If a simple majority of members covered by the MECA vote *yes*, then the proposal is "ratified" and takes effect. If a simple majority of members vote *no*, then the proposal is not ratified.

What happens if this proposed settlement is ratified?

If ratified, the proposed settlement is confirmed and becomes the basis for your new MECA (which is then formally signed off as a new MECA). If ratified, a bargaining fee ballot will be conducted and you will receive another ballot by 17 September asking for you to vote on whether or not staff who are non-members of PSA should have to pay a bargaining fee if they want to get the benefits of the new MECA. We encourage members to vote early, and vote *yes* in a bargaining fee ballot.

What happens if this proposed settlement is not ratified?

If it is not ratified, we will conduct a quick survey to determine reasons for the rejection and what members want see in the offer to vote in favour of it. We will also advise the DHBs of this, and request a return to bargaining, to work on a further proposed settlement. It is likely also that members will be balloted very quickly about taking strike action.

What is pay equity?

PSA and our sister unions have lodged a claim for all DHB nurses and healthcare assistants, including mental health assistants, under the Equal Pay Act. That claim seeks an assessment of these positions which are female dominated, to see if they are undervalued compared to male-dominated professions.

When we talk about 'pay equity' we are talking about having the same or similar pay for *different* jobs where the work is of *equal worth or value*. If one occupation has the same or

similar skills and responsibilities and levels of effort and demands, then they should be paid similarly.

Isn't pay equity a separate process so should not be mixed up with our MECA bargaining?

The pay equity assessment and bargaining *process* is separate to MECA bargaining but the *outcomes* are inextricably linked.

It is likely that all nursing work (including Mental Health Assistants) will be found to be undervalued through a pay equity assessment, so a pay equity bargaining process will then need to ensue to correct the undervaluation. That bargaining will end with undervalued positions more accurately reflecting the value of comparable male-dominated professions. Pay equity will be the process which addresses gender-based undervaluation and sets the pay equity rates for nursing positions. This is highly likely to involve reasonable pay increases. The very logic of pay equity is to create *equitable* rates of pay. Therefore, any rates negotiated in current MECA bargaining will be part of a journey towards pay equity. MECA bargaining outcomes are not separate from pay equity outcomes in that respect – MECA bargaining outcomes are not logically 'on top of' pay equity outcomes when we are still to determine what the pay equity rate is.

When will pay equity happen?

The DHBs and unions (PSA, NZNO and MERAS) are preparing for bargaining – the lead-up work to assess the undervaluation is complete. Nursing is at an advantage to comparable groups because it has an agreed implementation date of 31 December 2019. This MECA bargaining provides a further 'safety valve' by providing for a \$1000 lump sum payment if pay equity bargaining is not completed by 30 November 2021.

What does it mean that any pay equity parts of this proposal will be "offset by a final pay equity settlement?"

Under the law, our pay equity claim must include any nurses, healthcare assistants, and mental health assistants whose work is described in the claim. This is regardless of whether the person is a union member or not. In this MECA bargaining, we can not bargain for non-members but they are covered by any final pay equity outcome. So it means that the \$4000 base rate increase and the \$6000 lump sum in this proposed settlement are payments towards pay equity that you will get early, and which others will have to wait for the completion of pay equity for. Any final pay equity settlement will take in to account that you have received some of the pay equity entitlement early.

Is this proposed settlement similar to the offer which NZNO members rejected?

Yes, it is similar on the salary offer. There are also parts particular to this proposal including: specific work to be undertaken in mental and public health nursing (focusing on workload and staffing, reducing violence and improving staff retention), improved professional development provisions, entitlements for injury during a restraint, and improved Higher Duties provisions. (please note this is not an exhaustive list and you are encouraged to look at the full summary and proposed terms of settlement).

We respect our sister union's democratic decisions, and note that PSA members also have the right to make a democratic decision through this process, which includes a recommendation.

Why is one of the lump sum payments for RONZ and NZNO MECA higher than the Auckland MECA?

The reason for this is that the Auckland MECA expired in December 2020 and the other MECAs expired earlier (31 Oct 2020 for RONZ and 31 July for NZNO), The lump sum is

calculated using the difference between the time lapsed between expiry and the base rate increases coming into effect. For both Auckland and RONZ, the date of that is 1 September 2021. What this means is that the Auckland increase comes into effect 8 months after expiry and the RONZ eleven months after expiry.