

ANMF (SA Branch) Health Policy Position Statement

For the forthcoming South Australian Parliamentary election in 2022



**Australian Nursing
& Midwifery Federation**
(SA Branch)

With you at work and in practice.

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Contents

03	Introduction
06	A Healthy State for All
16	Improving the capacity of our health system to meet the needs of the community
30	Dignified Quality Care for Older South Australians
34	Workforce Planning
42	Industrial Relations
50	Professional Practice
54	References



Introduction from the CEO/Secretary

I am pleased to introduce the ANMF (SA Branch) position statement for the forthcoming South Australian Parliamentary election in 2022.

ANMF (SA Branch) is not affiliated with any political party. We guard our independence jealously.

ANMF (SA Branch), with the strength of more than 22,000 members, is keen to influence policy responses of all political parties on issues relevant to nurses, midwives and personal care workers and in the interests of healthy public policy.

The chronic issues facing the South Australian health system have never been so dire and in such urgent need of redress as they are right now.

It is important that all serious candidates address the future funding and capacity of our state health system.

Never before have we seen such alarming levels of 'ramping' and overcrowding, to the point where our health system is failing even our children. In one night alone at the Women's and Children's Hospital (WCH) we had 60 children either waiting to be treated or waiting in the emergency department for a ward bed.

At the time of writing, the WCH's emergency department was running at 2½ times capacity (250 per cent). All hospitals continually run far beyond their designated capacity, resulting in delayed and missed care.

Whilst emergency departments and ambulance ramping feature in the media reporting we know, as do you, that

emergency capacity is only one part of the hospital capacity crisis. Patients attending the EDs need ongoing places in which to receive the care needed, whether that be hospital beds, operating theatres, mental health community support, aged care or disability services. All of these are in undersupply or difficult, if not impossible, to access.

We have a situation where Voluntary Separation Packages are being offered to nurses at a time when there are simply not enough nurses to fill shifts - again resulting in delayed and missed care - and highly fatigued, over-stressed nurses working double and extra shifts, a clear danger to patients in their care.

Every day we hear reports of scores of patients waiting in emergency departments for a ward bed and people waiting perilously long times for an ambulance responder.

The health system as it currently stands is woefully under-resourced and understaffed and in urgent need of investment.

If the COVID-19 pandemic has taught us anything it is that the public health sector is the frontline shield in the fight to protect the community. Just last year the Premier ruled out privatising SA Pathology, saying it had "stepped up to the plate during the coronavirus pandemic and provided South Australians with a world-class COVID-19 testing service that has reduced the spread of the virus and saved lives".

The ANMF (SA Branch) has long campaigned against privatisation of our public health services in many forms, from

the expensive outsourcing experience at Modbury Hospital (1995 - 2007), through to the more recent public private partnership (PPP) model used for the redevelopment of the Royal Adelaide Hospital.

The privatisation experience in Australia (at least seven failed hospital ventures including Modbury) shows public investment is the most efficient and cost-effective way to deliver health care.

As was the case with the Modbury privatisation debacle (the State Government was forced to buy back the hospital in 2007 at a cost of millions), private operators always seek more and more government bailouts.

The history of privatisation in Australia has shown that the public ends up paying more for less, because to make profits companies always go for the cheaper option; cutting staff, cutting quality of staff, scaling back services, charging more, crying poor and begging for government bailouts when things inevitably go pear-shaped.

It's not fair that health care for too many South Australians is inaccessible and limited by their circumstances.

Research also shows that investment in public services and infrastructure boosts an economy. To quote Professor Dexter Whitfield, Director of the European Services Strategy Unit and a world-renowned authority on privatisation:

"When you look at the overall cost, based on a comprehensive economic, social, equality and environmental impact assessment and cost/benefit analysis, in my

Introduction from the CEO/Secretary (cont)...

experience it will always show the private sector is more expensive”.

Professor Whitfield added: “There’s only one way we get really good quality health service and that’s through a universal system, with public health, primary care, medical and social care integrated together and working together.”

The private health sector, private hospitals in particular, play a complementary role to that played by our public services. Private hospitals have in our state largely undertaken elective surgery and provided acute medical and other specialist roles that augment the capacity of public hospitals. We believe that this complementary role needs to be maintained without private operators being used to undertake the work that could and should be undertaken within the public system.

The lines have been blurred by successive governments that have commissioned private operators to take patients for when there is no available capacity in under-resourced public hospitals. They have been blurred by decisions to commission new hospital avoidance strategies almost exclusively within the private and non-government sectors. They have also been blurred by the use of NGOs to provide delivery of urgent care to mental health consumers who would be otherwise stranded, sometimes for days, in emergency departments unsuitable to their needs.

Damning and tragic statistics show market forces badly failed aged care, with hundreds of COVID-19 related deaths in Victoria’s private residential aged care last year.

Aged care nurses and personal care workers are among the lowest paid in the nation, despite the vitally important work they do in protecting our elderly. Some aged care workers were forced to juggle up to four jobs across different nursing homes during the COVID-19 pandemic just in order to make ends meet, putting themselves, residents and the community at risk.

A strong, robust health care system is the bedrock and most crucial and fundamentally basic component of any society. The incoming government has an absolute responsibility to its citizens to ensure we have the best health care system possible, and not just for patients.

We also need a system that values its medical staff, not one that subjects them to the stress, fatigue and violence we currently see on a daily basis. Right now the nursing and midwifery professions are on the cusp of implosion.

Ensuring a strong and sustainable workforce capacity is critical in light of the significant workforce changes anticipated in the coming years. It is expected that 50% of nurses and midwives will leave the workforce in the next 10 years, with a peak in retirements in 2025. Many of these staff are leaders and specialists in their fields which will put enormous stress on SA Health given the significant loss of skills and knowledge.

Health Workforce Australia has projected a shortfall of approximately 85,000 nurses/ midwives by 2025, and 123,000 nurses/ midwives by 2030.

We desperately need a health system that retains and attracts nurses, midwives and care workers, otherwise the consequences for society could be catastrophic.

We know there are solutions to the many issues confronting health in this state. We have offered those solutions in the past and will continue to offer them to whichever party forms government.

These solutions include:

- The cessation of Voluntary Separation Packages
- Employing those working on fixed-term temporary contracts to ongoing permanent employment
- Employing those working casual contracts to ongoing permanent employment
- Implementing the SA Health fatigue management policy
- Recruiting additional graduates (currently approximately only half of the 1,100 graduates are gaining places with SA Health on graduation)
- Implementing the workforce renewal strategy agreed by SA Health with the ANMF in 2019.

Beyond these issues that loom large in the formal health and aged care systems are other policy issues that impact on the community's health and wellness.

Social factors impacting on health include, but are not limited to, housing (and homelessness), education, employment, transport and public safety.

The environment, pollution and, in particular, the issue of climate change and our response to it also impact health.

Unless we address the issues that contribute to health (and illness) the issues of hospital demand, chronic disease and other such factors cannot be properly resolved. Nor can issues of social equity, inclusion and opportunity. For those reasons we begin this statement with an exploration of some of these social health matters to encourage a focus on them and the longer-term structural reform and focus on our health system.

We believe it is important for the wide areas of policy addressed in this position statement to be addressed in the parties' responses to the South Australian community and, in particular, in their positions put to nurses, midwives and personal care assistants.

The major political parties' responses to the issues, and the ideas we advance for policy, will be published to our members in the lead-up to the state election. We will also publish these responses on our website for the benefit of the wider community.



**Adj Associate Professor
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ANMF (SA Branch)
CEO/Secretary



A Healthy State for All

Aboriginal and Torres Strait Islander Health

The health status of Aboriginal and Torres Strait Islander peoples is considerably poorer than any other group in Australia.¹ Substantial inequalities exist between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, particularly in relation to chronic and communicable diseases, infant health, mental health and life expectation. Addressing health inequality is a national priority and South Australia should be taking a leadership role.

The presence of Aboriginal and Torres Strait Islander health professionals makes a positive difference to service access, experiences, and outcomes for Aboriginal and Torres Strait Islander peoples.² There is also consistent evidence that when Aboriginal and Torres Strait Islander peoples work in the health system, Aboriginal and Torres Strait Islander peoples are more likely to access services and gain assistance earlier with consequent improvements in health outcomes and reductions in long-term health expenditure.³

Given First Nations people have the worst health outcomes in the country, it is essential that strategic and long-term efforts are made to increase the overall number and representation

of Aboriginal and Torres Strait Islander nursing and midwifery students and graduates across all jurisdictions.

ANMF (SA Branch) position:

- Aboriginal and Torres Strait Islander peoples should have equitable and affordable access to health services that support their health and wellbeing.⁴
- All health services should focus on improving accessibility for Aboriginal and Torres Strait Islander peoples through the provision of culturally safe and respectful health care services.
- Aboriginal and Torres Strait Islander peoples should be provided access to nursing and midwifery education through further incentives and assistance which will attract Aboriginal and Torres Strait Islander peoples to a career in nursing and midwifery in numbers that will increase the numbers to that which at least reflect the proportion of Indigenous people in the wider community.

What we are seeking...

We seek the following commitment from any prospective Government:

- Funding to improve Aboriginal and Torres Strait Islander health (at a minimum to meet levels in national targets), must remain a priority and be aligned with identified needs.
- The role of nursing and midwifery in Aboriginal and Torres Strait Islander communities should be acknowledged and supported by governments through establishment and maintenance of appropriate practice models and measures that serve to attract and retain nurses and midwives in the workforce.⁵
- Substantial increases to funding for community-controlled, targeted, evidence-based strategies for Aboriginal and Torres Strait Islander health care across the life course including partnerships and in-reach services aligned to the acute care system.⁶



A Healthy State for All (cont)...

Climate Change

Climate change is impacting human lives and health in a variety of ways. It threatens the essential ingredients of good health - clean air, safe drinking water, nutritious food supply, and safe shelter - and has the potential to undermine decades of progress in global health.¹

Projections for South Australia indicate warmer and drier conditions and rising sea levels across much of the state with an increased risk of severe weather events including storms, flooding, heatwaves, drought and bushfires.²

These changes will affect our individual health and wellbeing, along with the key industries and resources that underpin the state's economy. The State Government has a vital role in putting in place policies and practices that help address the issues relating to climate change.³

ANMF (SA Branch) position:

- There is a need to reduce emissions of greenhouse gases through better transport, food and energy-use choices, resulting in improved health, particularly through reduced air pollution.
- We support the transition to renewable energy supplies with systems that ensure ongoing and reliable levels of supply to the community.
- Governments and all sectors of the community need to take urgent action to limit potential temperature increases.
- The health sector needs to be prepared to deal with existing and future health effects of climate change and to contribute to mitigation strategies through improvement in their own energy efficiency and through implementation of practices and procurement which minimise or eliminate consumption of carbon.

What we are seeking...

We seek the following commitment from any prospective Government:

- Identify, facilitate, resource and implement environmentally sustainable practices that support the ten sustainability goals outlined in the Global Green and Healthy Hospitals Agenda.⁴
- To adopt, in the interests of health, environmental policies consistent with world sustainability, including action on climate change, rejection of greater involvement in the nuclear fuel cycle and improvement to quality of water, air and other elements of the environment.

A Healthy State for All (cont)...

COVID-19 Vaccinations

The COVID-19 pandemic has wreaked havoc across the globe. Within Australia, the pandemic has been well managed in the main, but the importance of vaccination against COVID-19 must not be discounted.

Vaccination provides another vital tool in the fight to stop the spread of the virus. Along with wearing masks, personal hygiene and physical distancing, fully vaccinated people are less likely to spread the infection and less likely to be infected without showing symptoms, which will prevent super spreading events by an asymptomatic person.

Having an effective vaccination plan and rollout is key to controlling the current virus and future variants that emerge. These rollouts need to prioritise those most at risk due to potential exposure to the virus or the likely impact it could have on their health such as the vulnerable population groups and people with pre-existing health conditions.¹

Key workforce groups such as health and aged care workers should have universal and immediate vaccination in the interest of maintaining a workforce and to protect patients/clients.

COVID-19 needs an international approach in order to contain it and avoid the emergence of more contagious and deadlier variants. Vaccines need to be available and rolled out in developing and Third World countries who may not have the ability to purchase the necessary resources.

We have been calling on the Australian Government to publicly support the Trade Related Intellectual Property Rights (TRIPS) waiver, not just for vaccines, but for all medical tools necessary to prevent, contain and treat COVID-19, particularly in poorer countries. A waiver would mean vaccines and supplies could be produced cheaply and on a large scale, making them accessible for us to deliver to our communities quickly and across the globe. With the recent (at the time of writing) support for the waiver from the USA a large number, indeed a majority of countries and

the World Health Organization, now support this action. Australia has yet to support this international action.

ANMF (SA Branch) position:

- Supports immunisation as a safe and practical public health program which protects people from many diseases, preventing the spread of disease throughout the population and within specific communities.²
- Supports priority access to vaccination for health and aged care workers to protect essential workers and to curb the spread to patients and clients of health and aged care services who would be vulnerable to any outbreak.
- Supports the TRIPS waiver, not just for vaccines, but for all medical tools necessary to prevent, contain and treat COVID-19.

What we are seeking...

We seek the following commitment from any prospective Government:

- Ensure timely access to vaccinations for all South Australians to be vaccinated against COVID-19 by the end of 2021.
- Put in place the necessary policies and resources to ensure the South Australian public remains protected from COVID-19 and its variants through an ongoing vaccination program which would include priority to health care professionals and other at-risk population groups.
- Support and lobby the Australian Government for the adoption of the TRIPS waiver.

A Healthy State for All (cont)...

National Disability Insurance Scheme (NDIS)

Providing for people affected by a disability is about ensuring that appropriate, safe and accessible services and supports are in place to maximise the purpose, meaning and quality of life for those living with disability.

It is important to recognise that while having a disability is not always a health matter, disability may affect people who are impacted by other health conditions.

The vulnerability of people receiving disability services, combined with their often high level of frailty and medical complexity, requires care delivery from a workforce that is appropriately qualified and regulated. Recent events in South Australia have demonstrated the vulnerability of people receiving care and support. This has highlighted the need to ensure that appropriate standards are met and that funding delivers the interventions required.

The implementation of the NDIS continues to be challenging, especially in relation to how the NDIS interfaces with non-NDIS services. This service

can be complex and frustrating to navigate for the people using the services, their advocates and health professionals alike.

Currently we are witnessing systemic issues facing health care, including woefully inadequate patient flow and discharge processes, lack of aged care services and NDIS failures. These failures are rapidly intensifying the pressure on our already overburdened emergency departments and acuity wards.

There have been people living with disabilities who have had to endure being housed in public hospitals for periods of up to two years, which has had significant detrimental impacts on their health and wellbeing. Added to this, nursing staff have experienced increased episodes of behavioural disturbance and violence/aggression due to the extended delays and lack of appropriate accommodation in the community. Added to this, the delay in discharges is adding significant pressure to the hospitals where demand for beds is high and emergency departments are consistently over capacity.

ANMF (SA Branch) position:

- The NDIS must be fully functioning and appropriately funded.
- There needs to be transparency regarding the performance of providers who deliver their care and support, whatever the setting.
- It is essential that disability support workers are safe and competent to practice and are supported within a formal national regulation framework to enable them to complete their care and support delivery safely.¹

What we are seeking...

We seek the following commitment from any prospective Government:

- Support and advocate to provide additional funding to allow the Community Visitor Scheme to expand its safeguarding role for this vulnerable population to include NGO and private providers.
- Provision of sub-acute accommodation facilities for people with a disability waiting for NDIS approvals and placements that are more appropriate for longer terms care and support after their acute care health needs have been met.
- Continue to monitor and assess the rollout of the NDIS with focus on ensuring equitable coverage for those who experience disabilities.
- Regulation of the disability workforce will ensure that minimum training standards are met, and quality and safety is maintained within the sector.

A Healthy State for All (cont)...

Domestic/Family Violence

In the past decade, domestic (family) violence has been recognised as a major public health problem. It affects all people, irrespective of economic, educational, social, geographic or racial background, resulting in significant morbidity and mortality.

The sad statistical reality is a woman is killed by her partner every nine days in Australia.¹

Domestic violence is a complex pattern of behaviours that may include physical acts of violence, but it can also include emotional and psychological abuse, financial control, sexual assault/coercion and reproductive control.²

Women experience domestic violence at far greater rates than men, and women and children often live in fear as a result of the abuse that is used by men to maintain control over their partners.

About one in six women have experienced physical or sexual violence by a current or previous partner compared to one in 16 for men.³

According to the Australian Institute of Health and Welfare, there were 25,000 sexual assaults reported to police in 2017; and 2.2 million Australians have experienced physical or sexual violence from a previous or current partner. Indigenous people are 32 times more likely to be hospitalised through family violence than non-Indigenous people.⁴

Children are also victims of violence within their own household and the long-term consequences for their psychological wellbeing can be devastating, even fatal.

Childhood trauma including sexual abuse, domestic violence and neglect is one of the leading causes of health issues that can last a lifetime and can increase the risk of drug and alcohol abuse, smoking, and can dramatically increase the risk of other health conditions such as heart disease, stroke, cancer, diabetes and mental health conditions.

ANMF (SA Branch) position:

- Nurses and midwives have an important role in identifying people who are victims of domestic and family violence. They are responsible

for reporting potential for harm and facilitating their access to assistance and support, while respecting their privacy.⁵

- Domestic and family violence is acknowledged as a workplace hazard where the act or the impact it has on an individual/family extends beyond the home, and into the workplaces of nurses, midwives and assistants in nursing.⁶
- Health care should implement and follow the Woman Abuse: Screening, Identification and Initial Response Best Practice Guideline developed by the Registered Nurses' Association of Ontario (RNAO) and used by the ANMF (SA Branch).⁷

What we are seeking...

We seek the following commitment from any prospective Government:

- Provide support to enable nurses and midwives to be involved in developing and implementing organisational policies and protocols to support an effective strategy for people experiencing domestic and family violence and for all staff supporting victims.⁸
- Commitment to providing education regarding domestic and family violence for nurses and midwives during their undergraduate education programs and continuing education made available for all nurses, midwives and assistants in nursing in the workforce.
- That local health networks in line with the WCHN adopt the international evidence-based training guideline centred on protecting abused women and the development of a screening tool, 'Ask, Assess, Respond to Domestic Violence, to identify at-risk women'.

This Best Practice guideline entails empowering health care staff with the expertise and confidence to be alert to and respond to potential victims of abuse.

- That SA urgently adopt the Victorian 'Ending family violence - Victoria's 10-year plan for change' which was a recommendation by Australia's first Royal Commission into family violence. This vision seeks to achieve a 'Victoria free from family violence' by implementing all 227 recommendations as set out by the Royal Commission.⁹



Improving the capacity of our health system to meet the needs of the community

Ownership and control of public health services

Over many decades there has been an ideologically driven attack on the role of the public sector and provision of public services. This has led to privatisation, outsourcing and loss of community control in decision-making.

The Ottawa Charter (1986) set out the Prerequisites for Health including that:

“The fundamental conditions and resources for health are:

- Peace,
- Shelter,
- Education,
- Food,
- Income,
- A stable eco-system,
- Sustainable resources,
- Social justice, and equity.

Improvement in health requires a secure foundation in these basic prerequisites.”¹

Unless we address the conditions that contribute to health (and illness) the issues of hospital demand, chronic disease and other such factors cannot be properly resolved. Consequently, social equity, inclusion and opportunity will not be achieved if this continues to be ignored.

The need for Governmental and public sector leadership in these areas is obvious: the very fabric of our society is rooted in the delivery of integrated and coherent responses to each of the drivers that will lead to the achievement of health.

Fragmented and corporatised management of elements of each of these conditions will not lend

Improving the capacity of our health system to meet the needs of the community (cont)...

themselves to the provision of this vision. Only Governments and their public services are able to exercise the authority and accountability measures to provide the fundamentals of life and the fundamentals that reflect the values of our society.

During 2020, public sector-operated aged care services outperformed private operators in Victoria with residents protected against the onslaught of COVID-19 which was having a dire impact on residents in a number of private facilities in that state.

In September 2020, we criticised the decision of the current SA Government to dismiss a bid by the publicly funded Central Adelaide Local Health Network (CALHN) to operate a proposed new mental health urgent care centre, instead awarding the contract to NEAMI National in partnership with an Arizona-based firm, RI International.

Whilst we welcomed the proposed CBD-based facility that intends to ease the strain on hospital emergency departments, the move to a private provider raised concerns. Not only are we concerned by the profit-driven motivation of private providers, we remain equally concerned about the fragmentation of service delivery.

In this instance, people needing care and support in home and community settings will receive clinical care from the CALHN community mental health teams, inpatient care from the RAH or the QEH services but when they attend the new service an entirely different team will assess and attend to their needs.

ANMF (SA Branch) position:

- A well-resourced, publicly owned and operated health system is key to ensuring the health and wellbeing of our community.
- We support universal access to health care services as a fundamental right of every Australian, not a privilege. Health is a public good with shared benefits and shared responsibilities.
- We oppose various models either suggested or applied that have the effect of eroding public ownership and management of our public health services and the infrastructure that supports them.

What we are seeking...

We seek the following commitment from any prospective Government:

- Oppose any further privatisation or outsourcing of public health services, whether for delivery or management or for the development of physical infrastructure. This extends to the commissioning of new services and to the non-renewal of currently contracted out services wherever possible.
- Commit to an expansion of public services to meet the health (including social health) needs of the community.
- Commit to resourcing and providing appropriate publicly employed staffing levels that ensure a quality public health system that meets the needs of our community.

Improving the capacity of our health system to meet the needs of the community (cont)...

Public Hospitals

The whole health system is facing challenges in terms of activity pressure, costs of service delivery and performance against quality and access measures. Over the past four years we have seen a steady increase in demand for our public health services.

Our members regularly report staff shortages, chronic ramping, patients with life-threatening medical emergencies forced to wait hours for an ambulance response, children left to wait in agony for hours for treatment, exhausted nurses forced to work successive shifts – an obvious danger to patient safety - and all at a time when the State Government offers voluntary separation packages despite being unable to find adequate staff numbers to fill shifts.

Our public hospitals have reached breaking point in their ongoing battle to provide safe and effective care to patients amidst bed shortages and extremely high levels of demand and overcrowding as well as cuts in staffing.

The ANMF (SA Branch) does not advocate for increased numbers of hospital beds as a single silver bullet to deal with the current crisis.

Improvements in the availability of, and ease of access to, aged care services and disability support are required along with substantial increases to community and primary based care and support, particularly in mental health services.

We have also long argued for the supply of greater numbers of subacute care beds. This will enable patients to be transferred from acute care to subacute care where they can receive access to continuous support and supervision from nursing staff and allied health staff if ongoing care is required.

The average number of patients waiting for an inpatient bed in the public hospital system has increased over the past year. Nurses are deeply concerned, and urgent action is required to address issues associated with slow patient flow to avoid preventable deaths or harm to patients.

Our hospital system cannot continue to operate at occupancy levels at or close to 100%, let alone at times well beyond pre-determined capacity levels. Currently the only genuine flex capacity

in the metropolitan areas is often through accessing private hospital beds and contracting elective activity to private services.

To avoid emergency departments acting as bottlenecks for people requiring care, we must reduce the regular occupancy of available public hospital beds to rates of 90 per cent or below.

This would allow surge capacity when demand is high and improve patient flow through the public health system.

Building more emergency department treatment spaces and supplying more ambulances without creating better patient flow out of the emergency departments and into ongoing points of care will not solve the ramping crisis. In fact, it will place even greater workload and financial burdens on our emergency staff and services.

ANMF (SA Branch) position:

- We are committed to the provision of health as a public good with shared benefits and shared responsibilities.
- We consider that access to adequate health, maternity, mental health, disability and aged care is the right of every person and a crucial element of the Australian social compact.
- The community deserves a health system that can reliably provide them with timely, high-quality care, by a highly qualified workforce and in the appropriate setting.

What we are seeking...

We seek the following commitment from any prospective Government:

- Public hospitals to run at 90% capacity through the provision of additional acute and subacute beds to enable better flow from the emergency department, with the ability to flex up to manage any surge in activity and prevent cancellation of elective surgery.
- Advanced planning to manage the volume through the health system including elective activity and surges in demand such as winter activity or unpredicted outbreaks (COVID-19, Norovirus).
- Timely senior decision-making across the whole system 24/7 which includes Implementation of Hospital at Night, Nurse Practitioners – after hours and increase in senior Level 3 Registered Nurses 24/7.
- Ensuring that services are available to avoid where possible admission to hospital through more effective primary and community-based care within the public sector.
- Improve flow and weekend care and discharge management by increasing use of Criteria Led Discharges (CLD) by 50% in the first year of new term and increasing to 70% use of CLD by 3 years.
- Acting to ensure the availability of sufficient numbers of appropriately skilled and experienced staff that can meet patient care and system needs through effective workforce development and planning (see the Workforce Renewal section of this document).

Improving the capacity of our health system to meet the needs of the community (cont)...

Mental Health Services

Many people do not get the appropriate mental health care they need, and mental illness has continued to significantly impact on the ability of many South Australians to lead meaningful and contributing lives. Mental illness remains a significant contributor to disability, reduced productivity and suffering in our community.

The lack of appropriate care for people in need of mental health services poses serious social problems as vulnerable people who need support are:

- Often unable to receive the support and care needed within their community or at home and therefore become increasingly unwell and attend hospital as an emergency admission; or
- Are discharged too early into the community as a result of bed demand pressures and inadequate numbers without appropriate support and follow-up.

South Australia requires urgent investment in suitable mental health facilities to provide care and support for people with mental health needs and to alleviate the over-reliance on our emergency departments.

Australian Institute of Health and Welfare (AIHW) statistics reveal one in 10 mental health patients waited more than 27 hours and 45 minutes in SA public EDs to be admitted in 2019/20. It also reported that South Australia, compared to other states and territories, had the highest mental health-related proportion of ED presentations (5.0%).¹

Data tabled in State Parliament in May showed SA had more than 1,400 mental health patients who waited for more than 24 hours for an inpatient bed over the last year. By contrast, the whole of the Victorian health system – not just mental health – had around 1,000.

We are also confronted by a community team service that is chronically under-resourced and unable to meet the needs of the communities in which they work.

Mental health nurses are amongst those most acutely in shortage. Despite scholarship boosting which may assist meeting some of the gap in the time ahead there is a lack of comprehensive planning and vision.

South Australia needs to implement a comprehensive range of actions and strategies that will address the mental health needs of our community. The mental health plan and policies should be reviewed against the findings of the Victorian Royal Commission into Mental Health and that state's recent reform agenda.²

ANMF (SA Branch) position:

- Ensure all people experiencing mental health conditions can access effective, quality mental health care that acknowledges their needs and preferences for culturally safe and appropriate care.
- All individuals requiring mental health care are entitled to be provided with care, treatment and support in the most appropriate and least restrictive setting.³
- Health service catchment areas and funding systems should not impede access to care.⁴
- There is an urgent need to develop a viable current and future mental health nursing workforce which requires workforce planning that addresses recruitment and retention strategies.
- Specific mental health nursing courses that include theoretical and clinical components must continue to be offered at post graduate level. Undergraduate nursing courses must also offer core subject material in mental health.

What we are seeking...

We seek the following commitment from any prospective Government:

- Develop a clearly articulated policy framework (such as a 'No Wrong Door' Policy) that underpins health service provision recognising and supporting the different pathways and processes that best support planned and unplanned episodes of care.
- Provide a larger number of appropriately funded community-based mental health nursing services which extend scope of practice for mental health nurses that can deliver a timely, flexible, tailored response to consumers' needs including addressing the current gap in accessing after-hours mental health care.
- Provide funding for more community-based mental health in-reach nursing services to support residents within supported residential services (privately run supported housing), where they exist.
- Provide additional funding to psychosocial support care and peer programs that can complement the role and work of community mental health (clinical) teams.
- Ensure that clinical services (including for example urgent care centres) are operated within and aligned to other mental health services in the public sector in order that continuity of care for people in need of urgent care is optimised.
- Implement workforce reform including funded staffing models which broaden access for people seeking mental health care. This includes funding for advance nursing roles, Nurse Practitioners as well as funding for Nurse Practitioner candidate positions for future planning and sustainability.
- Support specialised mental health care funding which is commensurate with the requirements of individuals, groups and communities. The funding needs to be underpinned by service planning at local, state/territory and federal government levels.
- Funding for an additional 30 acute care beds and 20 forensic / psychiatric intensive care beds.

Improving the capacity of our health system to meet the needs of the community (cont)...

Midwifery Care

It has been widely reported that the sustainability of Australian rural maternity services is under threat due to current and ongoing workforce shortages. The prevalence of midwives decreases with distance from the urban centres.¹

To date, more than half of rural maternity units have closed, having a direct impact for women and communities with evidence of poorer health outcomes along with financial and social hardships.

Working within traditional hospital nursing models, rostered to shifts providing care to women and babies as well as acutely unwell patients, has proven to be an ineffective arrangement.² These models are entirely reliant on shift allocation and the good will of midwives to participate in on-call and recall arrangements that have significant impact on their health and wellbeing.

Midwives are forced to undertake medical and surgical nursing work regardless of their interest in doing so. These arrangements not only impact on satisfaction and retention they also influence recruitment, particularly of midwives without nursing registration or qualifications.

Midwifery models (team and caseload models) are well established in metropolitan Adelaide and in some rural locations. They have been demonstrated to be cost effective, offer high-quality and safe care to women and birthing babies and enable continuity of care to women. These models require midwifery to be delivered alongside nursing frameworks rather than from within the current rosters and allocations.

ANMF (SA Branch) position:

- Midwives deserve to work within models that are safe and efficient and meet the needs of the community.
- The community deserves improved access to midwifery continuity of care models across country rural South Australia.
- Midwifery continuity models have significant potential to improve the quality and sustainability of services for women in Australian rural and remote areas.

What we are seeking...

We seek the following commitment from any prospective Government:

- Support (both financial and time) to be given to RNs in rural areas to complete postgraduate midwifery education required to become dual registered, as both a registered nurse and midwife.
- Support and fund the development of a sustainable midwifery model that works with a well-integrated network of maternal and neonatal care providers.
- Provide adequate resourcing and funding for Midwifery Services in regional and rural and remote settings.
- Ensure that women and families are at the centre of decision-making from the beginning of pregnancy through to the birth and postnatal period and are supported through funded best evidence-based care and ongoing professional development.

Improving the capacity of our health system to meet the needs of the community (cont)...

Rural and Remote Health Workforce

People living in rural and remote areas have a shorter life expectancy and higher levels of illness and disease-related factors than those in major cities.¹ In many rural and remote locations there is limited access to health care and a reliance on public health services to service the community.

The majority of health care providers in these areas across South Australia are nurses and midwives who deliver essential care to our state's vulnerable populations.

The chronic underinvestment in rural and remote health workforce is placing at risk the future provision of high-quality services.

Regional and rural areas face health workforce challenges related to an ageing workforce, a rise in the number of patients experiencing chronic disease and the complexity of a diverse geographic environment and changing community demographics.

ANMF (SA Branch) position:

- People living in rural and remote areas deserve better choice and access to health care which will help close the gap of health inequity in these communities.

What we are seeking...

We seek the following commitment from any prospective Government:

- The development of appropriate graduate support, including increasing the number of graduate placements in rural hospitals. This would require additional capacity being provided to support mentoring and teaching in rural and remote locations.
- Incentive packages to encourage short-term secondments for nurses and midwives who have specialist skills in critical need (including the provision of fully subsidised accommodation).
- Robust workforce planning, targeted investment in recruitment and retention and allowing nurses and midwives to work to their full scope of practice, providing different models of care.
- Increased funding in advanced skills and leadership training to strengthen the future nursing leadership capacity of the SA health sector.
- Support and fund financial and other incentives to attract nurses and midwives to rural and remote practice areas.

Improving the capacity of our health system to meet the needs of the community (cont)...

Primary Health Services

The increasing demand being experienced within the public hospitals will only be resolved with a whole system approach that encompasses both acute hospital, community and primary care services, to create increased capacity overall.

Current care delivery models – from acute to primary health care – are struggling to meet the increasing demands, and health care providers are looking for new and innovative ways to deliver health care.

Many of the factors negatively impacting on the health of the community include but are not limited to:

- The increasing unavailability of work, particularly full-time permanent work, due to the economic and industry circumstances in which we live;
- The cost and availability of housing, the collapse of public housing, and the apparent loss of focus on addressing homelessness;
- Social dislocation and isolation of some within our community as a result of their reliance on a social security system that is inadequate for their needs; and

- Climate change and the resulting effects on the health of the community.

Advanced Nursing/Midwifery clinical practice roles can improve the care provided to patients/clients and achieve greater efficiency within health care services. The positive effects of advanced practice roles on patient outcomes have been reported globally.

In addition to the patient experience, advanced practice roles have been directly linked to a reduction in hospital admissions and a shorter length of stay for patients as well as improved health outcomes resulting in economic savings for the health system. These roles are able to provide care to populations of clients in a caseload type model in order to meet specific care needs and conditions such as respiratory illness/asthma, Parkinson's disease, continence, incontinence, palliative care, aged care and mental health.

Many of the people living with these chronic health care conditions can suffer episodic escalation of their conditions that, if unrecognised and unmanaged, result in avoidable

attendances in hospitals as emergency admissions. In addition to the obvious benefits that arise from the demonstrated improvement to the quality of care and to the lives of the individuals there is some evidence of the financial benefits of these models to the system as a whole.

Unfortunately, these models have been undermined by the fragmentation of responsibility for funding (federal/state) and failure to provide ongoing funding even after successful trials. The slow growth of Nurse Practitioner roles in SA has also impacted on the emergence of these roles in some areas along with the absence of succession planning once they have been implemented.

COVID-19 has also taught us the importance of increasing the usage of technology to improve efficiency. Technology can better support connections between primary health care, hospital care, and aged care by creating a more open infrastructure that allows multiple providers to connect to the same health care information, as well as to improve patient outcomes remotely.

ANMF (SA Branch) position:

- Participation of nurses, midwives and personal care workers in the provision of primary health care is essential to achieving improved population health outcomes and better access to primary health care services for communities.¹
- Nurses working in primary health care are skilled, educated, regulated and trusted health professionals who contribute to a person's first level of contact with the health system.²
- Case management of people with chronic health conditions by expert nurses can lead to hospital avoidance, better health status and better financial performance of the system as a whole.

What we are seeking...

We seek the following commitment from any prospective Government:

- Ensure that public primary health networks focus on disease prevention, health promotion, equity and social determinants of health and receive sustainable funding to maintain evidence-based programs found to be effective.³
- Establish funding arrangements which support the use of a wider range of health professionals in chronic and complex care and in preventive and primary care including Nurse Practitioners. An example of this is trained Mental Health Nurses working with the ambulance services to triage mental health clients in the community as a first responder.
- Provide adequate ongoing funding and support to reorient the Priority Care Centre Model with an expansion of the Nurse Practitioner role to manage consumers independently and in partnership with GPs within the public sector alongside emergency departments.
- Support and fund initiatives that promote community engagement, health and wellbeing such as additional Nurse Practitioner/Advanced nursing roles and new ways of providing GP primary care services through multi-disciplinary teams.
- Funding policies to support models of care that enable nurses and midwives to work to their full scope of practice in the primary health care sector. Examples of successful advanced Nurse/Midwifery roles which should be widened are the Parkinson's Nurse and Palliative Care nurses.
- Fund and implement improvements to technology, including access to basic infrastructure, reliable equipment and services (e.g., internet, telehealth), and provide education, training and support services for patients and providers.⁴



Dignified Quality Care for Older South Australians

Improving Care for Older People

The Royal Commission into Aged Care Quality and Safety indisputably revealed a systemically flawed aged care system including equity and access deficits across home and health care, as well as being understaffed with little support and few resources available to them.¹

Up to one in five nursing home residents have been assaulted, two-thirds are malnourished or at risk of malnourishment, many are left to suffer in pain and many also are left to sit in their own excrement because staff are too busy to take them to the toilet.

Elder abuse, in the form of neglect due to excessive workloads, can result in poor care and missed care. Rates of elder abuse are high in institutions such as hospital and aged care residential care facilities, with 2 in 3 staff reporting that they have committed abuse in the past year.²

These are just a few of the litany of shocking findings of the Royal Commission into Aged Care Quality and Safety. The report found that half the people living in nursing homes have dementia, yet “we are deeply concerned that so many aged care providers do not seem to have the skills and capacity required to care adequately for people living with dementia”.³

And yet, unbelievably, despite a grossly flawed and failed system, aged care providers still do not have to provide financial transparency or accountability as to just how the billions of taxpayer dollars they receive are being invested, once again leaving our vulnerable elderly to the profit-before-people whim of some of the more unscrupulous operators out there.

Both the Federal and our State Government are failing to meet the needs of older Australians.

Dignified Quality Care for Older South Australians (cont)...

Poor access to health care has resulted from a lack of funding for proactive primary and preventative health care services provided at home or in residential aged care facilities. Serious levels of understaffing and under-skilling mean that aged care facilities often lack the capacity to meet the needs of residents with people unnecessarily transferred to hospital for assessment or in the alternative, paramedics called to undertake interventions that should be undertaken by an appropriately skilled and resourced workforce in the home.

The systemic issues described are partly a result of the split in responsibilities for health care and aged care between Commonwealth Australian and State and Territory Governments; however constant disagreements about accountability and responsibility resulting in cost shifting and blame between state and federal achieves little to address the person-centred care needs of older Australians.

The State Government has a responsibility as:

- The largest residential aged care provider in SA with most rural and remote facilities operated alongside or by public health networks; and
- As an advocate, funder and regulator of aspects of services to the elderly such as retirement villages and areas home care support.

The ANMF (SA Branch) believes that as a service provider the State Government could and should agree to implement all aspects of the Royal Commission's recommendations that do not rely on Commonwealth action or consent. These could for example extend to staffing levels and skills mix, staff training, consumer rights and improvement to standards.

The State Government could also seek to extend its role as a provider to the metropolitan area, offering choice to consumers and ensuring that a public provider was active in the 'market' to drive up quality and accountability of other providers.

ANMF (SA Branch) position:

- Older Australians deserve a health and aged care system that can reliably provide them equitable access to high-quality care to meet their goals and needs. Right Care, Right Place, Right Time, Right Skills, Right Staff.
- People have the right to be treated with respect and dignity, whether they are being cared for in their own homes, a community setting or in acute or residential aged care.
- Any abuse of a person is unacceptable; nurses and carers need to be involved in developing and implementing organisational policies and protocols to support an effective strategy for older people experiencing abuse.
- Without mandated minimum staffing levels and skills mix guaranteed to meet the care needs of vulnerable aged care residents, Australia's elderly and their families will continue to be at risk of abuse.

What we are seeking...

We seek the following commitment from any prospective Government:

- Introduce legislative change that ensures mandatory minimum staffing levels and skills mix in residential aged care in accordance with the ANMF's evidence, i.e., a national average of 4.3 hours of care per resident per day with a skills mix of 30% RNs, 20% ENs and 50% personal carer workers.⁴
- Mandate that nursing homes must ensure the provision of at least 68 minutes of RN care per day to each resident included within at least 225 total minutes of care provided by RNs, ENs, and carers from July 2022 to June 2024.
- Mandate that nursing homes must ensure the provision of at least 72 minutes of RN care per day to each resident included within at least 240 total minutes of care provided by RNs, ENs, and carers from July 2024 to June 2025.
- Commit to full implementation of the above mandated staffing and skill mix model for residential aged care from June 2025 to July 2026.
- Fund designated salaried Nurse Practitioner positions to support aged care to reduce ED presentations and hospital admissions.
- Provide for more community-based mental health and dementia in-reach nursing services to support older Australians particularly in rural and remote communities.
- Transparency in the Public Sector in reporting of data, funding and aged care outcomes
- Promote, fund and sustain evidence-based safe work practices.
- Ensure that approved providers must implement the Serious Incident Response Scheme and to use this to continuously improve the management and prevention of incidents.
- Establish at least two state-operated aged care facilities of at least 80 beds capacity (each) within the metropolitan area to be fully operational by the time of the 2026 election.



Workforce planning

Mandated Staffing Levels – Ratios

The current health care system is in crisis. There are not enough nurses and midwives employed by the system to ensure safe staffing levels on every shift. Nurses and midwives are working excessive overtime and double shifts just to keep the system going.

We experience almost daily contact from members frustrated by the current staffing systems that are used across the SA public sector. The rules permitted by the current enterprise agreement include:

- Minimum Nurse/Midwife Hours Per Patient Per Day (N/MHPPD)
- Ratios in some areas
- Standards based staffing (Perioperative, Critical care, EDs, etc)
- Country staffing methodology.

Few of these systems require nurses and midwives to check that their actual ward/unit staffing on any shift is in fact in accordance with the minimum requirements.

Reporting compliance with the minimum standards is in fact averaged over a 2 (larger sites) or 4-week period (in the country) with many episodes of understaffing disguised by data manipulation and averaging.

Aged care is another area of concern, with findings from the recent Royal Commission highlighting the need for increased staffing levels with appropriate skills mix.¹ Aged care sites under the public sector agreement have staffing hours that will fall below the levels recommended by the Royal Commission and below levels necessary to meet the requirements of ANMF research.

Now more than ever, nurses, midwives, personal care workers and the community need increased transparency and legally enforceable minimum staffing on every shift to ensure the safe delivery of care.

Workforce planning (cont)...

A growing body of evidence clearly shows that health care outcomes improve when nurses are required to care for fewer patients. A recent paper, published in the Lancet, showed that investing in more nurses pays for itself twice over due to costs to the overall health budget avoided through reduced readmissions and shorter hospital stays.²

It is now time to move to a legislated ratio-based staffing model to replace the established South Australia 2013 Nursing/Midwifery Hours per Patient Day (N/MHPPD) model. Such a model has been in place in Victoria for over a decade and in Queensland since 2016. In both states the system now receives bipartisan support.

ANMF (SA Branch) position:

- Evidence demonstrates that the best patient and population health outcomes occur when there is the right mix of nurses and midwives in the right place, at the right time with the right resources needed to perform their jobs, and management support to enable them to work effectively to their full scope of practice.³
- It is important that transparent and enforceable regulatory staffing frameworks are in place to ensure quality care is delivered to the public.⁴
- Public sector registered nurses/midwives, enrolled nurses and personal care workers in aged settings need patient ratios legislated to ensure safe staffing on every shift so that South Australians receive the safest possible standards of care.
- We seek legislation that sets out minimum staffing ratios in accordance with the standards established in the Victorian legislation which are largely reflected in the Queensland Act.

What we are seeking...

We seek the following commitment from any prospective Government:

- Require SA Health to collaborate with ANMF (SA Branch) to explore a ratio-based staffing model to replace the established South Australia 2013 Nursing/ Midwifery Hours per Patient Day (N/MHPPD) model and associated Business Rules (Appendix 13) to reflect a shift to the Victorian-based ratios model recognising that some locations need to be mapped to relevant Victorian standards.
- Introduce legislative change that ensures mandatory minimum staffing levels and skills mix in residential aged care in accordance with the ANMF's research, i.e., a national average of 4.3 hours of care per resident per day with a skills mix of 30% RNs, 20% ENs, 50% personal care workers with interim steps to implement Royal Commission recommended standards.⁵
- Introduce legislation to facilitate the implementation of nurse/ midwife: patient ratios.

Workforce planning (cont)...

Secure Workforce

The South Australian Nursing, Midwifery and Assistant in Nursing workforce has become too highly casualised, subjected to too many temporary contracts, is over-fractionalised and requires an increased availability of permanent and full-time roles.

The over-reliance on part-time, casual and temporary staff means that continuity of care is compromised.

Casual workers are much less likely than permanent employees to have access to on-the-job training, which does impact career development. They are much more likely to face irregular and insufficient hours of work and fluctuations of around 53% in earnings, from one pay period to another.¹

There is a demand for part-time work that meets the need of the workforce and can complement full-time work. However, there is a growing prevalence of part-time work to the exclusion of full-time work despite demand from the workforce.

This has led to increasing reports of multiple jobs being held to provide sufficient income to the workers involved.

COVID-19 again highlighted the overdependence on casual workers, many of whom worked in multiple sites for different employers in order to earn a sustainable income. This ultimately places the community and workers at risk with people having to make the impossible decision of whether to attend a shift to have enough money to pay their rent or stay home to follow health guidelines.

Casual workers also bore the brunt of economic fallout. Although they normally have regular and predictable shifts due to the reliance of the health system on casual workers, when elective surgeries were cancelled in March 2020, they had no other income or options. They also were not entitled to the benefits that permanent workers did, such as sick leave, annual leave or the recently introduced paid pandemic leave. Again, putting them and the community at risk.

ANMF (SA Branch) position:

- Strong commitment to reaggregate workforce to full-time permanent roles to levels that meet the workforce demands and reduce the reliance on casual workforce.

What we are seeking...

We seek the following commitment from any prospective Government:

- Permanent staff should make up the workforce available to meet minimum activity expected during any period of the year. Casual and temporary staff should only be used to meet unplanned and peak demand and replace unforeseen leave and absences.
- LHNs and health care sites should include in their required workforce calculations for permanent staff, the numbers required to backfill the usual numbers, workers on parental leave, workers compensation or other foreseeable and regular absence requirements. Only numbers above the usual level of absences should be replaced by temporary or casual appointments.
- Health care sites must be required to offer flexible permanent work arrangements that reflect the current work arrangements and the needs of ongoing regular employees currently classified and paid as casuals.
- Reducing fragmentary or vulnerable employment has the capacity to reduce the risk of discontinuity in care.
- Part-time employment should be complementary to the use of permanent full-time roles and be proportionate to demand for such work by employees/prospective employees and not be used as a device to avoid entitlement accrual by workers.²
- The casual employment of nurses, midwives and assistants in nursing must only be used for temporary employment situations or in exceptional circumstances (e.g., where unpredictable changes in demand for care arise).
- The use of permanent staff in relieving roles to provide backfill for ongoing levels of demand to support unpaid or paid leave and staff absences such as parental leave, long service leave, workers compensation absences, etc, which are presently replaced with temporary contracts despite relatively high rates on minimum required coverage.
- To work closely with SA Health and the Local Health Networks to introduce a measured policy of reaggregating work to full-time roles to levels that meet workforce demand and minimise the reliance on casual and contracted work.
- To work closely with SA Health and the Local Health Networks to develop a plan that will limit the number of employees employed on a casual, temporary (or agency) basis required to meet temporary or exceptional circumstances which cannot be met by the level of permanent staff.
- To work closely with SA Health and Local Health Networks to ensure that they offer flexible permanent work arrangements that reflect the current work arrangements and the needs of ongoing regular employees currently classified and paid as casuals and actively work to move staff to these new arrangements with a negotiated transition if necessary.
- Initiation of a workforce planning committee in partnership with the ANMF (SA Branch) to identify and monitor skills shortages and implement necessary supports and programs.
- Integrated workforce strategies in place to ensure the future capacity of the public sector workforce:
 - Employing those working on fixed-term temporary contracts to ongoing permanent employment
 - Employing those working casual contracts to ongoing permanent employment

Workforce planning (cont)...

Workforce Renewal

Nursing, midwives, and personal care workers represent Australia's largest workforce and make up over half of the overall health care workforce.

Not only do the number of nurses, midwives and carers need to increase, it is also crucial to making sure their contributions to health and wellbeing are properly understood and that policy and funding enables them to work to their full potential across all settings.

Ensuring a strong and sustainable workforce capacity is critical considering the significant workforce changes anticipated in the coming years.

It is expected that 50% of nurses and midwives will leave the workforce over the next ten years, with a peak in retirements in 2025. Many of these staff are leaders and specialists in their fields which will put enormous stress on SA Health given the significant loss of skills and knowledge.

Health Workforce Australia projected a shortfall of approximately 85,000 nurses/midwives by 2025, and 123,000 nurses/midwives by 2030. There has been no more contemporary modelling that has created an alternative or more optimistic scenario.¹

In addition, the workforce adequacy has been impacted by unforeseen (in the earlier projections) factors including:

- The effect of the global pandemic on migration to Australia which has been used in the past to address areas of skills shortages, particularly in areas of specialist undersupply such as that in mental health nursing; and
- Increased demand as a consequence of the implementation of measures to address the chronic understaffing in residential age care and the urgent expansion of home care.

Voluntary Separation Packages to reduce workforce numbers

The Australian Nursing and Midwifery Federation (SA Branch) is extremely concerned about any workforce reductions in light of the current crisis facing the public hospital system including chronic overcrowding and overwhelming demand for services. This demand for services has led to ramping, immense pressure on staffing, discharge blockage and increased use of temporary contracts and casual staff.

There is no evidence that staffing levels across the system are over the required demand. In fact, most data would

support the contrary. If there are small areas in the system that do have excess staff it is our position that during times of critical staff shortages, nursing positions from areas with oversupply would be redeployed to areas of undersupply before any voluntary separation package is contemplated.

VSPs are offered only where there is a reduction in the permanent workforce within an agency. Whilst we recognise that individual applicants for packages will continue to seek payments to assist their transition from the workforce we do not accept that there is any genuine capacity to reduce the overall nursing and midwifery numbers. Year to year overall workforce numbers have been misused to suggest real growth. These comparisons do not take into account growth in some services, the impact of the COVID-19 response and other measures that distort the real trends.

We know that there have been over 100 nursing and midwifery positions abolished as a consequence of the VSP program. All of these lost positions create gaps in front facing roles either directly or by shifting additional work to the remaining staff.

ANMF (SA Branch) position:

- Strongly supports ensuring a robust and sustainable workforce that is skilled and highly qualified to ensure the health and aged care sectors have a safe, competent, flexible nursing and midwifery workforce that can meet the evolving needs of our population.

What we are seeking...

We seek the following commitment from any prospective Government:

- The cessation of Voluntary Separation Packages that lead to a loss of nursing or midwifery positions.
- That SA Health be directed to urgently partner with ANMF (SA Branch) to undertake workforce assessment and planning to ensure sufficient numbers of nurses and midwives to meet South Australia's immediate and future demand.
- Undertake timely, accurate trend analysis of nursing and midwifery student numbers on enrolment, completion, and employment recruitment and retention rates to enable informed decision-making.
- Increase the number of graduate nurse and midwife positions to 750 (currently approximately only half of the 1,100 graduates are gaining graduate places with SA Health on graduation). This will assist with future shortages as well as to address the current underemployment level amongst nursing and midwifery graduates.
- Increase the number of and accessibility to available scholarships and other financial support for nurses and midwives to gain formal education in specialty areas of need which will address the current and identified future skill shortages. These programs should be expanded to include placements for nurses and midwives engaged in development and mentoring programs with Nursing Unit Managers and senior clinicians in order to build workforce capacity to replace these roles on retirement or resignation.
- Increased funding in advanced skills and leadership training to strengthen the future nursing leadership capacity of the SA health sector.
- Support and implement Workforce Renewal Part 8.1 Nursing and Midwifery (South Australian Public Sector) Enterprise Agreement 2020 including new rounds of offers of programs to early retirement.



Industrial Relations

Work Health and Safety (WHS)

Our nurses are the frontline of our public health system and are facing increased demand pressure that leads to patient flow issues, violence and fatigue and staff shortage in the workforce. This is having a significant impact on their safety at work.

Bullying

Bullying is repeated and unreasonable behaviour directed towards a worker or group of workers that creates a risk to their health or safety.¹ Bullying can occur by a single person or a group of people. It can be direct or indirect, physical or psychological, and it need not be intentional. Effects of bullying include physical and psychological symptoms.²

Instances of bullying and harassment are themselves misconduct and cannot be tolerated. The harmful effect of such conduct on the health, wellbeing and morale of victims is well known.

The Parliamentary Inquiry into Workplace Fatigue and Bullying in SA Hospitals and Health Services report in February 2020 reported that 75% of respondents reported having witnessed bullying in their current workplace, with 49% reporting that they had been subjected to bullying during the last 12 months.³

Only 18% of these respondents reported submitting a formal complaint about the workplace bullying, 70% of these had not been resolved to the worker's satisfaction and 33% reported having to take sick leave due to the workplace bullying.⁴

ANMF (SA Branch) position:

- Workplace bullying is a serious health and safety hazard affecting nurses and midwives.⁵
- Nurses and midwives have a right to be protected against bullying in the workplace. Bullying in the workplace is unacceptable and will not be tolerated.⁶
- All employers of nurses and midwives must take appropriate measures to prevent bullying in the workplace, or if it is reported, to take appropriate measures to address it.⁷

Industrial Relations (cont)...

Fatigue

Fatigue is a serious Work Health and Safety issue for nurses, midwives and assistants in nursing. Fatigue reduces alertness which may lead to errors and an increase in incidents and injuries.

In the Parliamentary Inquiry into Workplace Fatigue and Bullying in SA Hospitals and Health Services report in February 2020 noted during the years of 2013-2018, there was a total of 6,686 workers compensation claims. Of these claims, 268 (4%) were coded as being due to 'work pressure' and a further 104 (1.6%) had fatigue or other related key words in the worker's description of the injury.⁸

We have repeatedly called upon SA Health to meet their Duty of Care to patients and staff alike and raised our associated concerns over excessive use of extra shifts, double shifts, overtime and the related missed/delayed care.

A recent survey of ANMF (SA Branch) members working in the SA Public sector shows that the levels of fatigue and burnout are higher than they have ever been with the levels deteriorating from already troubling levels in 2016 and 2019. More than a massive 3,000 nurses and midwives in the public hospitals and wider health systems responded to the survey – itself an indication of the extent of the problem.

ANMF (SA Branch) position:

- That nurses, midwives and assistants in nursing have a right to a safe and healthy workplace environment and to perform their work free from fatigue-related health and safety risks.
- Requires the prevention of fatigue through our Work Health and Safety (WHS) and industrial activities, including through provisions in enterprise agreements on work hours, breaks, overtime, on-call, staffing levels, workload, and skill mix.

Violence

Challenging behaviours, violence and aggression is defined by SafeWork SA as 'any behaviour with the potential to physically or psychologically harm another person or self or property. It can range from verbal abuse through to threats or acts of physical violence'.⁹

South Australia's nurses, midwives and other health workers have been left exposed to violent attacks and aggressive behaviours for far too long. With an increased number of serious incidents and threatening behaviours, it is clear a strategic plan to address the issue is well overdue.

SA Health's Challenging Behaviour Strategic Framework notes that in 2018-2019 there were 3,244 WHS

incidents, with 61% being physical assaults and 12,307 Code Black Calls.¹⁰

Violence isn't just an issue in big metro locations, it sadly is prevalent in country and regional sites who face the additional challenge of little security support. Nor is violence restricted to emergency departments with medical wards, mental health units and aged care services all featuring in the frontline of aggression and violence.

The prevalence of security in regional areas is far less than that of their metro counterparts, with some smaller regional hospitals having no security personnel at all. In Code Black situations police are called and it's a matter of hoping they respond in time rather than the immediate response a Code Black incident would receive at most metropolitan hospital sites.

In implementing its 'Challenging Behaviours Policy', SA Health and LHNs have lacked the requisite level of urgency. Every day, every week nurses, midwives and care workers are being injured and harmed in the workplace as a result of violence and aggression and it must be stopped.

ANMF (SA Branch) position:

- Nurses, midwives and assistants in nursing have the right to work in a safe and healthy work environment free from violence and aggression.¹¹
- Aggressive and violent behaviour towards nurses, midwives and assistants in nursing is a health and safety issue, is unacceptable and should not be tolerated in any workplace.¹²
- Employers have a legal obligation to eliminate risks associated with occupational violence and aggression as far as is reasonably practicable, and minimise remaining risks so far as is reasonably practicable.¹³

What we are seeking...

We seek the following commitment from any prospective Government:

- A full commitment to funding, implementing, and monitoring the following Policies and Procedures:
 - SA Health Prevention and Management of Workplace Bullying and Harassment Policy Directive.
 - SA Health Prevention of Fatigue Policy Directive
 - Challenging Behaviour Strategic Framework
- Undertake the strategies and activities outlined in the Workforce Renewal and Secure Workforce sections of this document.
- Implementation of an immediate violence and aggression safety audit across all health care sites to be conducted by SA Health in collaboration with ANMF (SA Branch) and with a particular focus on identifying gaps in the existing systems and responses that should be implemented and prioritised including but not limited to the use of monitored CCTV, security guards, duress systems in sites.
- That chief executives of the department and all LHNs be directed to collaborate with ANMF (SA Branch) and other unions on changes to their actions and response that could eliminate or mitigate the risk of aggressive behaviours and violence and develop an urgent action plan within 12 months of the 2022 election.
- Commit to increase funding to SafeWork SA to ensure that regulators are properly resourced to conduct work health and safety reviews.
- Support collective agreements that recognise the role of the ANMF to represent its members in WHS matters.
- Improving the regulator's ability to prosecute for Work Health and Safety breaches by committing to adequate funding of regulators; in addition, amend the legislation to commit to WHS representatives and unions to initiate prosecution for breaches in the absence of action by the regulators.

Industrial Relations (cont)...

Bargaining

Collective bargaining is a process of negotiation of employment and employment-related matters between employers (or their representatives) and employees (represented by a union or otherwise).

Collective agreements need to define and classify nursing and midwifery skills, responsibilities, and educational qualifications; and provide fair and equitable remuneration and conditions of employment to enable employers to attract and retain the required levels of nursing and midwifery staff.

Remuneration and employment conditions should enable nursing and midwifery employees to enjoy a comfortable and dignified standard of living and promote secure work. They should reflect the value of nursing (including personal care assistants) and midwifery work compared to the work of other occupations in our communities.

They are intended to boost productivity but were never intended to result in the trade-off of existing working conditions and benefits in order to achieve wage outcomes. The 'trade-off' mentality has unfortunately become increasingly apparent in

recent bargaining rounds with the State Government. In our own case it was the attacks on night shift duration which would have also resulted in a significant attack on professional development time. For public servants it is an attack on their permanence and job security. For ambulance officers it was an attack on their rostering and other conditions.

Future bargaining should reflect the value of work nurses and midwives undertake which is evidenced by improvements to patient care as opposed to a bargaining arrangement that is predicated on 'trading entitlements' and eroding workers conditions.

Collective agreements should enable the enhancement and promotion of nurses, midwives and assistants in nursing as integral to the provision of quality health care, aged and community care.

ANMF (SA Branch) position:

- Nurses, midwives and personal care workers have the resources, training and safe work conditions, and must be appropriately compensated for the level of skill and responsibility that is required to carry out their duties.
- Collective agreements to include safe workloads, and encourage workers control over safe staffing practices. Collective agreements should include minimum staffing arrangements, underpinned by legislated ratios, and allow the reporting of unsafe practices to the employer without fear of intimidation.
- Collective agreements to include provisions that support Work Health and Safety (WHS) laws and recognise the role of Health and Safety Representatives (HSRs) in the workplace.

What we are seeking...

We seek the following commitment from any prospective Government:

- Commitment that existing working conditions such as penalty rates will not be eroded or undermined, and that the State Government will lobby against the Federal Government for any cuts to workers entitlements under federal awards and regulation.
- Support and ensure a fair bargaining system, which includes a collaborative enterprise bargaining framework that recognises nurses and midwives' contribution to productivity and excludes an artificial cap on wages.
- Support making improvements to the bargaining landscape to support the achievement of improved wages and conditions and greater job security.
- Support the ready access to workplaces by ANMF (SA Branch) staff and regularly and genuinely consult with ANMF (SA Branch) officers and representatives on matters that will impact on the professional and industrial rights or obligations of our members.
- Commitment to the introduction of a jurisdiction in SAET, similar to the general protections jurisdiction in the federally regulated sector, that provides that employers, principals, employees and industrial associations are prohibited from taking adverse action against certain other persons because the other person has, or exercises, a workplace right, or engages in industrial activity.
- Commitment to support amendments to the Fair Work Act 2009 that seeks a definition of casual employee that reflects the common law and ensures that employers are encouraged to offer employees permanent work at the time of engagement.
- To maintain health sector-wide bargaining for nurses and midwives.
- Recognising ANMF (SA Branch) as the bargaining agent, principal union and professional organisation for nursing and midwifery employees.

Industrial Relations (cont)...

Regulation of Care Workers

Care workers can be referred to by several different titles and these can include assistants in nursing, health assistants in nursing, personal care assistants or workers and personal carers.

Numerous inquiries and reports over the past five years have made recommendations for a care worker regulation scheme to combat concerns about the quality of aged care and the safety of consumers. The quality of care delivered to consumers within aged care services is under scrutiny. With an aged care workforce that is characterised as “under pressure, under-appreciated and that lacks key skills” opportunities to raise the bar must be explored to strengthen the protections for consumers.¹

The Royal Commission into Aged Care has recommended the establishment of a registration scheme for personal care workers.² The benefits to a registration scheme include mandatory minimum qualifications which are obtained from approved training providers, ongoing training and continuing professional development requirements, minimum levels of English proficiency, criminal history screening requirements and a Code of Conduct and power for the registering body to investigate complaints and breaches of the Code of Conduct.³

ANMF (SA Branch) position:

- Strong commitment to the protection of consumers and the provision of safe and competent care within the care sector and advocates for registration of assistants in nursing should be introduced under the Health Practitioner Regulation National Law Act 2009.
- The aspects of nursing/midwifery care that can be undertaken by assistants in nursing/midwifery and unlicensed workers (however titled) must be consistent with their level of education, training and competence; the acuity level of the person requiring care and the context in which the care is to be provided.

What we are seeking...

We seek the following commitment from any prospective Government:

- Commitment to support and enable the establishment of a registration scheme for care workers which includes minimum qualifications, maintains the safety of the public as the core focus of regulation, and assures competence and fitness of persons registered.
- Advocate for the scheme to commence nationally to provide protection to the consumers of the various community and residential settings that receive care from care workers.



Professional Practice

Research

Nurses improve health outcomes for all Australians through nursing and midwifery research. It enables them to advance their field, stay updated and offer better patient care. Nurses need to lead and promote nursing/midwifery-led research and the application of its research into practice within the health care system.

Innovative approaches to research are needed in nursing to implement evidence-based practice. Evidence-based practice has been shown to improve patient care and outcomes in all health care settings.

ANMF (SA Branch) position:

- Nursing and midwifery practice should be evidence-based to contribute to the safety, quality and cost effectiveness of nursing and midwifery care for individuals, groups and communities using health and/or aged care services.¹
- Nursing and midwifery research can be broad and wide-ranging, using a variety of methodologies and extending in scale from a small research project undertaken by a single researcher to large international collaborations involving multiple organisations.²
- Quality improvement projects and accreditation processes, while not necessarily formalised research, contribute valuable evidence toward improving the quality of nursing and midwifery.³

What we are seeking...

We seek the following commitment from any prospective Government:

- Health and/or aged care services should encourage and promote nursing and midwifery research; and provide adequate and equitable resources including funding for such research.⁴
- Funding should be made available through Governments and bodies such as the National Health and Medical Research Council to assist in the undertaking of nursing and midwifery research.⁵
- Provide support to the research programs by securing external and internal grants for funding, as well as providing support via a direct funding contribution.
- Support through funding, appointment of university academics to research positions within hospitals and health services to boost onsite and front facing research, and support and enhance the knowledge and skills of novice researchers and front-line clinicians.

Professional Practice (cont)...

Advanced Nursing Roles

Nurses practising at an advanced practice level incorporate professional leadership, education, research and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe.¹

Australia has a skilled and highly qualified nursing and midwifery workforce which, while critical in determining national health outcomes, is largely under-utilised. Nurses and midwives are still denied opportunities to realise their full potential and optimally contribute to the health, aged, maternity, disability, mental health, and primary health care sectors.²

ANMF (SA Branch) position:

- The scope of practice of the nurse practitioner builds upon registered nurse practice, enabling nurse practitioners to manage episodes of care, including wellness-focused care, as a primary provider of care in collaborative teams. Nurse Practitioners use advanced, comprehensive assessment techniques in screening, diagnosis and treatment.³
- Within the provision of universal health care, the nursing profession has the right to determine the nature and parameters of nursing care, to examine current practice and to explore new models of nursing care, thereby responding in a dynamic way to changing individual and community needs.⁴

What we are seeking...

We seek the following commitment from any prospective Government:

- Support and increase the career pathways for Nurse Practitioners and Nurse Practitioner candidates and for nurse consultants as part of the nursing clinical career structure.
- Enable Nurse Practitioners in the public sector access to Medicare Benefits Schedule (MBS) and a 'request and refer' MBS provider number to allow for the delivery of comprehensive care, which includes the ability to order diagnostic investigations and refer to other health professionals including allied health, when required.⁵
- Provide funding to support creation of Nurse Practitioner and Nurse Consultant roles that can improve the capacity of other nurses to undertake better care of complex clients within aged care settings in addition to providing high-order consultancy and interventions in those settings.
- Provide funding for the expansion of Nurse Practitioner and Consultant roles, nurse-led and midwife-led clinics in health, aged care, maternity care, mental health, and primary care.⁶
- Ensure that workforce planning and funding provides for succession planning and training for advanced practice roles including for cover of periods of leave wherever that is possible.
- Fund designated salaried Nurse Practitioner positions in each Primary Health Network to support residential aged care facilities in providing quality care and reduce emergency department presentations and hospital admissions.⁷
- Support wherever possible access to the MBS and the Pharmaceutical Benefits Scheme (PBS) by Nurse Practitioners which is governed by the Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010.

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