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UNA proposes memorandum of agreement with AHS to address all key concerns raised in MacKinnon and Ernst & Young reports

After meeting in January and February with little progress in negotiations for a new Provincial Collective Agreement between United Nurses of Alberta and Alberta Health Services, the union has tabled a comprehensive memorandum of agreement addressing all key issues identified as concerns by the employer and the government.

Starting from the understanding both parties desire to ensure continuation of high-quality, sustainable and transparent public health care in Alberta, UNA's proposal addresses all major concerns identified by the MacKinnon Report on Alberta's Finances and the Ernst & Young consulting report on the operations of Alberta Health Services in a way consistent with the government's bargaining mandate to the employer and fairness to UNA's members.

"Lengthy, adversarial negotiations, let alone job actions, are not in the interest of nurses, health care employers, the government or the people of Alberta," said UNA Labour Relations Director David Harrigan. "This memorandum of agreement provides a way to accommodate both the stated concerns of the government and Alberta Health Services and to treat Alberta's nurses fairly." UNA's Bargaining Committee has presented the memorandum of understanding to the AHS bargaining team.

The proposals in the comprehensive Memorandum of Understanding cover:

Overtime

Both reports raise concerns about the amount of overtime worked by Registered Nurses and Registered Psychiatric Nurses represented by UNA.

Accordingly, the parties will agree no overtime shall be permitted or required unless it has been assessed to be a recognized critical unforeseen emergency and it can be demonstrated that a *bona fide* attempt was made to mobilize the appropriate, available resources to address and resolve the issues before activating these provisions. Another provision of the overtime section will require the employer to advise UNA's Local whenever overtime is utilized, and to report each month on its website the total amount of overtime worked in each unit, program or office.

Part-time employees

Recognizing the finding of the Ernst & Young report that the AHS rate of part-time nurses “is not cost effective and poses operational challenges,” the parties will agree that on a weekly basis at least 75% of postings of vacancies shall be for full-time employees.

Both the Ernst & Young and MacKinnon reports raised a concern about part-time employees receiving overtime on their Designated Day of Rest. Accordingly, UNA has proposed that no part-time employee shall be permitted or required to work on their Designated Day of Rest.

Nurse-patient ratios

Numerous studies show a direct correlation between the numbers of Registered Nurses and Registered Psychiatric Nurses and quality care. The Ernst & Young report stated that since “clinical staffing decisions are typically based on historical staffing levels and (Operational Best Practices) worked-hours targets, rather than evidence-based assessments of patient acuity,” therefore “AHS should optimize staffing levels and skill mix across the organization in both nursing and clinical support services through the use of such acuity based staffing.” It further cited targets used in some jurisdictions for assessing patient care staffing ratios on different types of units.

Accordingly, the memorandum of understanding proposes that the employer will immediately cease implementation of its “Operational Best Practices” program and “will move to an evidence-based model to develop nurse-to-patient ratios,” to be completed by an agreed-upon date. The nurse-patient ratios on each site, furthermore, “shall be shared with the union and posted on the employer’s website, and the employer will agree not to staff below that level.

Recruitment, retention and vacancy management

The Ernst & Young report states provisions in UNA’s current collective agreement place restrictions on the use of vacancies and can inhibit flexible staffing models, such as changing positions to be multi-site positions to meet demand in rural areas.

Therefore, UNA proposes the parties agree to a letter of understanding on rural flexible positions applying to all areas except Greater Edmonton, Greater Calgary, Lethbridge, Red Deer, Fort McMurray, Medicine Hat and Grande Prairie. The letter of understanding contains detailed provisions dealing with postings, hours of work and scheduling, transportation and vacancies.

Salaries

Salaries in comparison with those in other provinces in Western Canada are identified by both the MacKinnon and Ernst & Young reports as issues. Research by Statistics Canada shows salaries in all occupational categories are higher in Alberta than the other provinces.

On the understanding that the parties agree that publicly employed nurses should be no better or worse off than the Alberta average, and given that average weekly earnings in Alberta are 15.1% higher than the "Ontario-West average" cited by AHS (15.5% in the case of Alberta cabinet ministers) and Alberta nurses are paid only 7.2% more on average than the Canadian average and have seen no pay increase for three years, "therefore the parties agree that there shall be a 2% increase in each year of the collective agreement, provided that at no time shall the salaries be more than 15% greater than the Ontario-West average for Registered Nurses and Registered Psychiatric Nurses." Also in keeping with the Ontario-West average, "employees will reach top salary in 7.25 years rather than 9 years."