## Council of Unions

ratification information package



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## **Presidents message**



NSGEU President Jason MacLean

For more than a year the Council of Union's health care bargaining committee has been negotiating to get a new collective agreement that is fair and protects the rights and benefits that health care workers have earned.

Results of our recent strike vote saw 93 per cent of health care bargaining unit members who participated vote in support of a province-wide strike. The health care bargaining committee asked for a strong strike vote to send a message to the Employers to take these negotiations seriously. And you delivered.

Calling for a strike vote and referring the IWK decision on essential services put the Unions closer to a strike position. This helped prompt the mediated-arbitration offer.

On Monday, April 30, all four Council of Unions Bargaining Committees met to consider a new proposal that, if accepted, would use mediation arbitration to conclude collective agreements for the Health Care, Nursing, Support Services and Administrative Professionals bargaining units.

The proposal was considered at length and all four bargaining committees concluded they would recommend the process be accepted and ratified by our members.

This is a significant development and we know there will be many questions and much discussion as to the details and benefits of this proposal. This information package was prepared to provide you with all the details of the proposal and to answer your questions. The NSGEU is also providing you with dates and times of the upcoming telephone town halls that will take place.

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The process, if ratified by the membership, would allow all four bargaining units to continue bargaining their collective agreement. Under this offer any issues that the parties were unable to resolve would be go before an independent third party to mediate and then arbitrate a final decision. Mediation-arbitration has previously not been available. The new offer also ensures all four bargaining units will have a new collective agreement by the end of this year.

All affected and signed members of all four unions will get to vote on whether to accept this proposal. The vote will take place the week of May 7. Results will be announced on or about May 18.

The ultimate goal of The Council of Unions was to bring you a fair deal for you to consider and vote on.

After more than 18 months at the bargaining table without concluding an agreement for the health care group the Council of Unions and your bargaining committee's are recommending you vote YES for ratification of this proposal. In solidarity.

Jason MacLean President, NSGEU

# The History of Health Care Bargaining in Nova Scotia

Prior to September of 2014, collective bargaining for health care workers in Nova Scotia had proceeded in the same way for decades.

Four Unions, NSGEU, CUPE, NSNU and Unifor, each represented their own members in bargaining. Each Union negotiated agreements that over time came to represent the priorities of their memberships.

In 2014 and 2015 the Provincial Liberal Government led by Stephen McNeil passed several pieces of legislation aimed at sharply reducing the bargaining power of the health care Unions and their members.

In March of 2014 the province passed essential services legislation. That law was an attempt to weaken the Unions bargaining power by requiring a dramatic increase in the number of health care workers who would have to remain at work in the event of a strike. It left the final numbers to be negotiated by the Union and the Employers before a strike could take place which created a significant delay in the current round of bargaining. Essential services took many months to negotiate allowing the Employers to almost ignore Union proposals as there was no threat of imminent job

In September of 2014 the province introduced another new law. The Health Authorities Act created the NSHA and the IWK.

This new law also initially attempted to force health care members into Unions that were not of their choosing. After losing that fight, the Premier agreed to allow health care workers to stay with their Union and instead created four Councils of Unions.

The law created the Health Care Council, the Support Services Council, the Administrative Professionals Council and the Nursing Council. Each Council was tasked with negotiating single collective agreements for their bargaining units at the IWK and the NSHA. Each Union would continue to administer the agreements for their own members between rounds of bargaining. This work involved having the Unions combine 55 collective agreements into single agreements for each of the two new Employers.

The Unions undertook that work in 2015 and completed it in the summer of 2016. The Unions chose to lead bargaining with the Health Care Bargaining Unit in October of 2016.

But before bargaining even began, Premier McNeil introduced a third new law. This law limited wage increases in the public sector to 0% in year one, 0% in year two, 1% in the third year, and 1.5% in the fourth year, with an additional 0.5% on the last day of the fourth year. That law also froze the retirement allowance for all public sector employees effective April 1, 2015.

Emboldened by what they saw as a weakened bargaining position of health care workers, the NSHA and the IWK spent almost 40 days of bargaining trying to take away key rights and benefits that health care workers have negotiated over the past 40 years.

The Council of Unions and your bargaining committee, in the meantime, bargained each day unwilling to concede to these demands. In January 2018, the Employers' introduced new demands aimed at reducing your rights and benefits even further.

On March 21, 2018, your bargaining committee informed the Employer that is was going to seek a strike vote. On Friday, April 28, while the strike vote was underway a formal proposal was received for consideration. An urgent meeting of all four bargaining committees was called for Monday, April 30.

On April 30 your bargaining committees met to review the new proposal. After careful consideration the bargaining committees and Council of Union executive announced its recommendation that members accept and ratify the new proposal.

Over the coming weeks each Union will hold information sessions and conduct their own ratification vote. Those results will be gathered and counted together, producing one combined result for all four bargaining units which will be released on or about May 18. The Council members will ratify the proposal or not.

You and your fellow union sisters and brothers will have the final say.

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## The Tentative Agreement Proposal Includes

Increases in pay rates over a 6 year term

- 1% on November 1, 2016
- 1.5% on November 1, 2017
- 0.5% on October 31, 2018
- 1.5% on November 1, 2018
- 0.5% on October 31, 2019
- 1.5% on November 1, 2019
- 0.5% on October 31, 2020
- \* 5th unit increases are all 5 months later unless the parties negotiate otherwise.

The proposal will allow each member to decide whether they want to receive an immediate payout of their retirement allowance. This would be implemented as soon as possible after ratification

- Option of early payout of retirement allowances accrued to March 31, 2015 at salary in effect on October 31, 2017
- If accepted, the wage rate adjustments, retroactive pay and payout of retirement allowances would begin as soon as possible after ratification of the agreement and would not need to wait until agreements are finalized in the fall.

Mediation – arbitration of issues not solved in bargaining.

• If parties do not conclude an agreement in mediation the mediator/arbitrator will make a final and binding award on the remaining issues If there is no agreement on sick pay and retiree benefits in mediation the arbitrator must award status quo.

- That is, unless the parties negotiated something different, those in the Short Term Illness (STI) plan would stay in the STI plan. Those in the accumulated sick leave plan would stay in their plan. That same applies to retiree benefits.
- These status quo benefits will apply to all new hires not just current employees.
- Those NSGEU members in Public Health, Addictions, and Continuing Care will retain their STI and retiree benefits as they currently exist, unless the parties negotiate something different.

A schedule for completion of all four collective agreements (Health Care, Nursing, Support Services, Administrative Professionals) by the end of 2018

- Health Care agreement must be done by September 1, 2018
- Nursing Agreement must be done by October 31, 2018
- Administrative Professionals must be done by November 30, 2018
- Support Services must be done by December 31, 2018
- \* 'Done' means completed bargaining, mediation and arbitration

## **Frequently Asked Questions**

#### Q: Why should I vote to accept this offer?

A: All four bargaining committees and Council of Unions Executives are recommending this offer be accepted. It was not a decision that was taken lightly. This offer protects your current sick leave and retirement benefits, which the Employers were trying to claw back. It provides for early payout of retirement allowances that would be implemented soon after ratification and provides wage increases over a six year term that would conclude in 2020. This includes four years of retroactivity.

If you have questions about the offer you should take part in the telephone town halls scheduled for May 7 and 9. Ultimately, members will decide if the offer is accepted or not.

#### Q: Why are we working with other Unions?

A: In 2015, the Liberal government passed legislation that created a Council of Health Care Unions, this council is made up of NSGEU, NSNU, CUPE and Unifor. The legislation also created four bargaining units; health care, nursing, support services, and administrative professionals. Each bargaining team is made up of members from each of the four Unions with the majority union being the lead. The Council of Unions has been working on your behalf to get a new collective agreement that is fair to all members.

## Q: We voted in favour to strike. What happens with that vote?

A: While the members consider this current proposal any potential job action has been put on hold. It's important to remember that even with a strong strike mandate the NSHA

is still without an essential services plan so no legal strike could yet take place with those employees.

If the members accept this offer there will be no need for job action. A condition of this offer includes all four bargaining units having a new collective agreement concluded by the end of this year.

It should be noted that this strike vote and concluding the IWK essential services agreement helped prompt the mediation-arbitration offer you are now considering.

#### Q: What happens if we don't accept this offer?

A: Your bargaining committee has worked hard over the last 18 months to conclude a fair collective agreement. They, along with the Union President, are recommending the members ratify this offer. However, it will ultimately be the decision of the members to accept it or not. If the offer is ratified all members will have a new collective agreement by the end of the year. (See schedule of collective agreement in this package) If not, the bargaining committee will return to the bargaining table without the protection and benefits the bargaining committees are recommending. We will then resume negotiations with the possibility of a strike required to resolve the collective agreements.

## Q: What if there is a split vote with one Union voting different than the others?

A: Each Union is conducting their own vote but those results will be complied by an independent elections officer and counted together. There are only two outcomes – the members will accept or reject this offer.

## Voting opens at noon on Thursday, May 10th

and close on Wednesday, May 16th at 5:00 pm

### **Health Care Bargaining Unit Information Sessions**

This includes all members of Locals 100, 101, 119, 1246, 189, 190, 191, 193, 104, 195, 423, 122, and 124.

#### **Telephone Town Halls**

May 7 Monday, May 7 @ 12:00 p.m. and 7:30 p.m

May 9 Wednesday, May 9 @ 4:30 p.m. and 7:30 p.m.

NSGEU President Jason MacLean, along with Chief Negotiator Shawn Fuller will be on the call to answer any questions you may have.

Because of the number of people we expect to participate, we encourage you to dial in at the beginning of whichever Town Hall you wish to attend. Please watch your email for instructions on how you can dial in yourself.

Because of the size of the group, please be patient. You may get your call up to 10 minutes before or 10 minutes after the town hall is scheduled to start. We will do our best to make sure all the information is repeated throughout the call.

If you have a question or wish to make a comment at any time during the call please dial \*3. After speaking to an operator, you will be put in a queue where you will be able to ask your question or make a comment live. The meeting call will last about 90 minutes, but you can leave at any time simply by hanging up.

## **Key Facts: Nova Scotia Councils of Unions**

The Four Councils were created through the Health Authorities Act in April of 2015.

The Councils conduct collective bargaining and essential services negotiations with the IWK and the Nova Scotia Health Authority on behalf 24,361 unionised health care workers.

#### The Nova Scotia Council of Health Care Unions

Lead Union Negotiator – NSGEU

Deputy Lead Union Negotiator – CUPE

Membership Total: 6,506 (5,692 at the NSHA and 814 at the IWK)

- NSGEU 3,808 (Bargaining Committee Members 6)
- CUPE 1,940 (Bargaining Committee Members 3)
- Unifor 751 (Bargaining Committee Members 1)
- NSNU 7 (Bargaining Committee Members 0)

## The Nova Scotia Council of Health Administrative Professional Unions

Lead Union Negotiator – CUPE

Deputy Union Negotiator - NSGEU

Members Total: 4,213 (3,602 at the NSHA and 611 at the IWK)

• NSGEU – 2,979 (Bargaining Committee Members 7)

- CUPE 1,195 (Bargaining Committee Members 3)
- Unifor 35 (Bargaining Committee Members 0)
- NSNU 4 (Bargaining Committee Members 0)

#### The Nova Scotia Council of Health Support Unions

Lead Union Negotiator – Unifor

Deputy Lead Negotiator – NSGEU

Member Total: 4,029 (3,689 at the NSHA and 340 at the IWK)

- NSGEU 1,853 (Bargaining Committee Members 5)
- CUPE 1,093 (Bargaining Committee Members 3)
- Unifor 1,082 (Bargaining Committee Members 3)
- NSNU 1 (Bargaining Committee Members 0)

#### **The Nova Scotia Council of Nursing Unions**

Lead Union Negotiator – NSNU

Deputy Lead Union Negotiator – NSGEU

Member Total: 9,613 (8,543 at the NSHA and 1,070 at the IWK)

- NSNU 5,149 (Bargaining Committee Members 11)
- NSGEU 3,507 (Bargaining Committee Members 7)
- CUPE 484 (Bargaining Committee Members 1)
- Unifor 473 (Bargaining Committee Members 1)

## How to vote

You will receive an email with voting instructions including a link and a PIN number by noon on Thursday, May 10th. If you click on the link, you can use your PIN to vote on this agreement. Included in the voting instructions will be the option to vote by phone.

#### Electronic voting will close on Wednesday, May 16 at 5:00 p.m.

You must be a signed member to vote on this agreement. If you are not a signed member but want to vote contact the Labour Resource Centre at 902-424-4063 or toll-free at 1-877-556-7438.

All Unions (NSGEU, CUPE, Unifor, NSNU) will conduct their own vote, however, every union will vote on the same question and all votes will be counted together.

The result of the vote will be communicated on or about Friday, May 18th.

On Thursday
May 10<sup>th</sup> you
will receive
an email
with voting
instructions
including a
link and a PIN
number.



#### This Agreement made this \_\_\_ day of May, 2018

Between:

The Nova Scotia Council of Nursing Unions

and

The Nova Scotia Council of Health Care Unions

and

The Nova Scotia Council of Health Administrative Professional Unions

and

The Nova Scotia Council of Health Support Unions

(the "Councils")

and

The Nova Scotia Health Authority

and

The IWK Health Centre

(the "Employers")

## Mediation/Arbitration of issues outstanding after Collective Bargaining to replace Collective Agreements which expired on October 31.2014

- 1. If the Councils and the Employers are unsuccessful in reaching collective agreements after bargaining collectively in the current round of bargaining, all outstanding issues in dispute shall be referred to final and binding mediation/arbitration.
- **2**. As of the effective date of this Agreement, the parties agree to waive all rights to strike and lockout under the Trade Union Act which apply to the current round of bargaining, and also agree that no Essential Services Agreement applications will be filed with the Nova Scotia Labour Board while mediation/arbitration is pending, unless mutually agreed otherwise by the parties.
- **3.** In the absence of the resolution of all outstanding issues in dispute between the Council of Health Care Unions and the Employers in the mediation process, the mediator/arbitrator shall make a final and binding award by September 1, 2018 which includes this Agreement, all provisions agreed to by those parties in collective bargaining and mediation, and the arbitrator's decision on all outstanding issues. This deadline may only be amended on mutual consent of the parties.
- **4(a)** If the other Councils and the Employers are not successful in reaching collective agreements after bargaining collectively and the outstanding issues in dispute have been referred to mediation/arbitration but mediation does not result in resolution of all outstanding issues, the mediator arbitrator shall make a final and binding award which includes this Agreement, all provisions agreed to by those parties in collective bargaining and mediation, and the arbitrator's decision on all outstanding issues. The mediator/arbitrator shall make a final and binding award with respect to the other bargaining units in accordance with the following schedule, which may only be amended by mutual consent of the parties:

i. Nursing Unit – October 31, 2018

ii. Health Administrative Professional Unit – November 30, 2018

iii. Health Support Unit – December 31, 2018

- **(b)** The Employers shall ensure that the employee members of the Negotiating Committees of the Councils are granted the leave with pay required for them to participate in collective bargaining, mediation and arbitration within this compressed bargaining schedule.
- **5.** The same mediator/arbitrator will be utilized for the resolution of outstanding issues in all four of the bargaining units of employees in each of the Nova Scotia Health Authority and the IWK; that mediator/arbitrator shall be Bill Kaplan. The mediator/

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arbitrator will be required to schedule the mediation/arbitration to comply with the timelines for awards established in paragraph 3 and 4 of this Agreement. With the exception of the timelines established for completion of each mediation/arbitration process, the mediator/arbitrator has the discretion to determine the relevant factors and process to be followed, and shall have the exclusive jurisdiction to resolve any disputes arising under this Agreement.

- **6.** This Agreement for mediation/arbitration requires ratification by the members of the constituent Unions in all four Councils in a single vote as soon as reasonably possible.
- **7(a)** The term of each of the collective agreements will be November 1, 2014 October 31, 2020, with the following increases in rates of pay:
  - i. Increase of 1% to all rates on November 1,2016;
  - ii. Increase of 1.5% to all rates on November 1, 2017:
  - iii. Increase of 0.5% to all rates on October 31, 2018;
  - iv. Increase of 1.5% to all rates on November 1, 2018;
  - v. Increase of 0.5% to all rates on October 31, 2019;
  - vi. Increase of 1.5% to all rates on November 1,2019;
  - vii. Increase of 0.5% to all rates on October 31, 2020.
  - **(b)** The increases in rates of pay to employees in positions formerly included in the drug dependency, public health and continuing care bargaining units of the former District Health Authorities 1-7 shall be made effective five months later than the dates in paragraphs i) to vii) unless otherwise agreed by a Council and the Employers.
- **8**. Employees will have the option to obtain an early payout of their service award accrued up to March 31, 2015, or receive payout on death or retirement in accordance with the provisions of their collective agreements. If employees choose an early payout, the salary used to calculate the amount of the service award shall be the salary at October 31, 2017. Otherwise, the salary will be based on the salary the employee was receiving at retirement or death.
- **9.** The Employers will make best efforts to implement any payouts requested under paragraph 7 and 8 as soon as possible after ratification of this agreement.
- **10.** If a Council and the Employers are unable to agree on the terms of sick benefits or retiree benefits the mediator/arbitrator will be bound by the provisions of Appendix "A," which shall remain confidential between the parties, and will not be provided or disclosed in any manner to the mediator/arbitrator until after mediation has concluded.

Signed at Halifax	κ, Nova Scotia this	dav of I	May, 2018

#### APPENDIX "A"

The parties agree that in the event they are unable to agree on terms for sick benefits and retiree benefits for employees, the mediator/arbitrator shall award income protection for employees who are unable to perform their duties because of illness or injury and retiree benefits on the following basis:

#### STATUS QUO for sick benefits and retiree benefits

- a) Employees who are unable to perform their duties because of illness or injury shall be granted sick leave with pay or general leave for sickness and short-term illness benefits in accordance with the provisions established for their work location under the predecessor collective agreements entered into between the District Health Authorities or IWK and the constituent Unions of the Councils.
- **b)** Retired employees shall receive retiree benefits in accordance with the provisions established for their work location under the predecessor collective agreements entered into between the District Health Authorities or IWK and the constituent Unions of the Councils.



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