

## Meeting Minutes

August 28<sup>th</sup> 2023

### ONA-P Collective Agreement Update

65 members in attendance

#### Questions that were asked

- 1. Why does the Central Agreement get finalized within 6 months and ours is still being negotiated? Why is it we feel like we are second in line to the nurses**
  - It is a strategy.
  - ONA has been more successful in negotiating the larger units (Central Agreement) before negotiating smaller units (non participating units such as ONA-P)
  - That way the smaller units can benefit from the awards that the larger units are able to obtain.
  - If a smaller unit were to negotiate before the larger units (Central agreement) it could have negative impacts on the Central Agreement
  - Summary: It's to our advantage to follow the central agreement decision. Unfortunately timelines are often out of our control, however it works to our advantage
  
- 2. Can we please have a summary of what has been agreed to and the outstanding items?**
  - If we share details, it can hinder the negotiating process. That has always been ONA's past practice.
  - ONA did, however, share their brief for the most recent Central Agreement as a strategy. The ONA central brief is available to view on ONAs website [Bargaining Updates – Ontario Nurses' Association \(ona.org\)](https://www.ona.org/Bargaining-Updates)
  - Given the significant wage suppression that has occurred over the last decade, our argument on our wage proposal will be quite similar.
  - Our ultimate goal is try and achieve what the ONA Central agreement has achieved
  
- 3. Where are we at with master schedules?**
  - There is nothing mandatory that states managers have to have a master schedule
  - There are particular areas that do not have a master and that is one of our priorities in negotiations. We are trying to work on it.
  - It may be challenging to achieve because it will severely restrict management rights.
  
- 4. With the most recent wage increases, will the government be making increases to the hospital funding?**
  - This is difficult to know, Hospitals will likely see increases to ensure they can run a balanced budget
  - During our central process, the OHA did not raise an inability to pay argument
  - Given the current state of health care in all sectors, cutting health care resources will continue to have a negative impact on patient care and health outcomes. With our aging population, let's hope that the government realizes that they need to increase funding to health care

## **5. Why does our CA no align with the Central Agreement**

- Participation in the central process has to be mutually agreed upon by ONA, the OHA and the hospital. We have not had agreement from the Hospital and thus have not explored this with the OHA
- ONA's strategy is to use the ONA central agreement as our comparator
- The Central Agreement has been in existence for over 40 years, thus it will take time to move the ONA-P agreement to mirror the central agreement with its long-standing language.

## **6. What will be the new dates of this contract ?**

- Aiming for 3 year deal to align with the expiry of the central agreement but this has not yet been agreed to yet
- Now that OPSEU and ONA Central have awards, this may assist the parties to agree to a term

## **7. Will the wage increases be retroactive?**

- Yes that is what we are aiming for and most often with awards, wages are retroactive
- Other types of monetary improvements are not always retroactive. For example, it is difficult to provide retroactivity on benefit increases as benefits are typically a set amount per calendar year
- Under article 32 of the collective agreement, there are some details on retroactivity

## **8. Can we ask for the pandemic pay?**

- Given the recent OPSEU award, ONA is currently exploring adding a proposal related to pandemic pay and retention bonus
- The best possible improvements on wages are often sought vs lump sum payments as improvements to wages compounds year over year and counts toward your pension.

## **9. As a radiation therapist, we have people leaving and going to BC for better pay. Does our negotiating team look at that?**

- With a bargaining unit with over ninety classification, we do our best to try to ensure wages align with relative comparators. In looking at comparators, often it is just not wages but total compensation.
- The collective agreement allows for market adjustment. This has to be agreed to by the parties. It is driven by significant recruitment and retention issues that will have an impact on patient care with delayed services, treatment etc.

## **10. It's very frustrating that we have to wait for this contract to be settled when our managers and non-union staff just got awarded the same as what ONA just achieved.**

- We agree it's very frustrating
- Unfortunately ONA is bound to follow the process

**11. Job classification – I am the only one that exists across the province. Is there anything being done to assist with recruitment?**

- Normally we bargain a general wage increase for everyone however if there is an issue with recruitment and retention, the hospital may request a market adjustment to help recruit more people within your profession.
- We encourage you to write emails to your managers, your directors and anyone above you who will listen
- The most success that we have gained in market adjustment requests is when the pressure comes from the frontline workers. Send messages to all your superiors.

**12. Why will the hospital not let ONAP be under the central agreement?**

- The central agreement has many superior conditions that ONA-P doesn't currently have.
- Our goal will be to achieve a little at each round of negotiations
- The Hospital does not view ONA central as the comparator, we have argued that our ONA-P members work under many of the same working conditions as our members under the central agreement

**13. Why is the hospital reconciling nursing first with my HSN and payment corrections?**

- This was not a decision that ONA agreed to. It was a decision made by HSN
- We continue to file grievances for our ONA-P members who are impacted by payroll issues. The grievance may not resolve the payroll issue any quicker, but we work to ensure members are afforded ways to mitigate financial hardship and we are seeking additional damages for the amount of time it has taken to resolve.

**14. If I have experienced payroll issues, should I be reaching out to the union? Are we making separate grievances for each person?**

- Yes, we encourage you to reach out with your individual facts.

**15. What happens if when we get close to the expiry date of our agreement and then have to go back to negotiations?**

- Sometimes that happens for a variety of reasons
- All we do is receive our award and then get right back into negotiations
- Again though, we let the big ones go first and then try to achieve what they achieved.
- In some cases where this happens, we may narrow our proposals in the next round to focus mainly on monetary issues

**16. Is re-deployment (AKA as re-assignment) something that may happen again?**

- Unfortunately, our current agreement does not have language that can prevent the employer from re-assigning us. However, during the redeployment phase, it was brought forward by many of our ONA-P members that outpatient units and their patients were negatively impacted secondary to closures of those units.