



## COUNCIL OF UNIONS – RATIFICATION INFORMATION PACKAGE

### **Bargaining Committee Message**

For more than a year and a half, the Council of Unions' health care bargaining committee have been negotiating to achieve a new collective agreement that is fair and protects the rights and benefits that health care workers have earned in the past.

Results of our recent strike vote saw 93% of health care bargaining unit members who participated, vote in support of a province-wide strike if necessary to achieve a collective agreement. The health care bargaining committee asked for a strong strike vote to send a message to the Employers that they take these negotiations seriously.

On Friday, April 27, the Executive Council received an offer to utilize Mediation-Arbitration to resolve outstanding issues that could not be resolved in the current round of bargaining for all four Councils (Healthcare, Nursing, Administrative Professional and Support Services). On Monday, April 30, all four Council of Unions' Bargaining Committees held an emergency meeting to consider the proposal.

The proposal was considered at length by each Bargaining Council and all four bargaining committees concluded they would present the offer to the memberships and recommend the process be accepted and ratified by the 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 answer your questions and provide you with the date and time of the upcoming telephone town hall call that will take place.

The proposal, if ratified by the membership, would allow for an independent third party to mediate and then arbitrate, if necessary, any outstanding issues the parties are unable to resolve in bargaining. This process would ensure all four bargaining units would have a collective agreement by the end of this calendar year.

Members from all four bargaining units will get to vote on whether to accept this proposal. As a requirement of the proposed agreement, the votes of all members from each bargaining unit, from each Union, will be tallied together for one result. The members will collectively accept or reject the offer.

Voting time frames vary slightly between different Unions depending on their voting processes, but voting will occur in a window between May 7 and May 17. The results of the vote will be tallied on May 18.

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

After more than 18 months at the bargaining table without concluding an agreement for the health care bargaining unit the Council of Unions and your bargaining committees are recommending that you vote YES for ratification of this proposal.

**In solidarity,**

***CUPE Local 8920 Bargaining Committee Members***



## **Town Hall Call**

Local 8920 will hold a Town Hall Call with members as follows:

**Wednesday, May 9, 2018**

**7:00 p.m.**

Call in number – 1-877-229-8493

Participant Code – 117334#

**CUPE Member Voting Schedule –  
May 14 to May 17 inclusive**

The Local is arranging a voting schedule and voting location for members in the worksite.

Voting opportunities for all CUPE Local 8920 members will occur between May 14 to May 17 inclusive.

As soon as the schedule is finalized, it will be posted and communicated.

# 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 action.

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 is 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. Throughout bargaining, the Employers have continued to introduce new demands aimed at reducing your rights and benefits even further.

It has become clear to your Bargaining Committee that the NSHA and IWK are taking advantage of the restructuring in health care and will do everything they can to take away benefits and rights gained over decades of collective bargaining. On March 21, 2018, your bargaining committee informed the Employer that it was going to seek a strike vote. The Committee then sent an update to all 6,500 members across the province asking that you give us a strike vote mandate to protect these hard-earned benefits.

Taking a strike vote and referring the IWK essential services plan to the Labour Board contributed to the offer to find a way to resolve outstanding bargaining issues in all four Councils.

## Mediation-Arbitration Offer - Summary:

- 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

\* 5<sup>th</sup> unit increases are all 5 months later
- Early payout of retirement allowances to 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 not paid out, allowance accrued to April 1, 2015, paid out at time of retirement at rate of pay at time of retirement
- Wage rate adjustments, retroactive pay and payout of retirement allowances as soon as possible after ratification of the agreement
- 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
- 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
- If there is no agreement on sick pay and retiree benefits in mediation the arbitrator must award status quo as in the expired agreements.
  - The Bargaining committees and Employers can bargain sick leave and retiree benefits BUT if there is no agreement on changes to these benefits, they will continue as in the expired collective agreements
  - These status quo benefits will apply to new employees not just present ones, this includes the 5<sup>th</sup> unit

## **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 unionized 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)

## 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 but after more than 18 months of bargaining this is the first time the government has offered mediation-arbitration to conclude any issues that can't be resolved through bargaining. Current sick leave and retirement benefits would be maintained if they cannot be resolved through bargaining. Payout of retirement allowances and wage increases over a six-year term would be implemented and retroactivity paid. Processing of the retirement allowances and wages would begin after ratification for all bargaining units and will not wait until mediation-arbitration is concluded. If you have questions about the offer you should take part in the telephone town halls scheduled for May 9.

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

A: The strike vote has been taken. If the members accept this offer there will be no need for job action in this round of bargaining.

**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. The Councils are recommending that members ratify this offer. However, it will ultimately be the decision of the members to accept it or not. If the offer is ratified members will have a new collective agreement by the end of the year. If not, the bargaining committee will have to return to the bargaining table and continue bargain and increasing leverage at the table by referring the NSHA Essential Services Plan to the Labour Board and utilize the pressure of a possible strike to conclude a collective agreement that the bargaining committee believes the members would ratify.

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

A: Each Union is conducting their own vote, however, those results will all be compiled by an independent elections officer as one result. There are only two possible outcomes – either the majority of members who vote will accept or reject this offer.

**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")

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

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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/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, Nova Scotia this \_\_\_\_ day of 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.