

ALL-IN FOR HEALTH CARE

HEALTH CARE FAQ SHEET

October 16, 2024

I hear we are getting both general wage increases AND flat wage increases. How does that work?

Sometimes Unions negotiate wage increases as a % of existing wages. For example, a 1% wage increase for someone earning \$20/hour is \$0.20 (new wage \$20.20), and a 1% wage increase for someone earning \$30/hour is \$0.30 (new wage \$30.30). In recent history, this variety of wage increase has been the most common.

However, other times Unions negotiate a flat wage increase where everybody, regardless of current wage, receives a set wage increase. For example, a \$0.50 flat increase would mean the \$20/hour wage became \$20.50, and the \$30/hour wage becomes \$30.50.

The proposed Collective Agreement contains both % and flat wage increases.

For classifications which are in Pool A, the wage adjustments will be as follows:

April 1, 2024	1% Market Adjustment + 2.5% general wage increase
April 1, 2025	2.75% general wage increase
September 30, 2025	\$0.50/hour wage increase
April 1, 2026	3% general wage increase
September 30, 2026	\$0.50/hour wage increase
April 1, 2027	\$2.00/hour wage increase + 3% general wage increase

For classifications which are in Pool B, the wage adjustments will be as follows:

April 1, 2024	1% Market Adjustment + 2.5% general wage increase
April 1, 2025	2.75% general wage increase
September 30, 2025	\$0.45/hour wage increase
April 1, 2026	3% general wage increase
September 30, 2026	\$0.45/hour wage increase
April 1, 2027	\$1.75/hour wage increase + 3% general wage increase

What classifications are in Pool A? Pool B?

The following broad classifications were agreed to be part of Pool A:

- Health Care Aide
 - Rehab Aide
 - Family First Visitor
 - Mental Health Proctors
 - Dietary Aide
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- Linen Aide
- Housekeeping
- Maintenance 1 & 2
- Residential Care Worker
- Youth Care Worker
- Groundskeeping
- Clerical positions which start at less than \$21.00/hour, excluding Unit Clerks

All other classifications are part of Pool B.

Why are Unit Clerks in Pool B?

The Employer insisted on placing Unit Clerks in Pool B and wouldn't budge despite insistence from CUPE that they needed to be included in Pool A. While we would have preferred for all classifications to receive the same flat rate increase – on top of the previously negotiated general wage increases – unfortunately we weren't able to achieve that demand.

However, we know that wages for Unit Clerks are a problem, and it is CUPE intention to ensure Unit Clerks receive an adjustment through the Market Adjustments and Wage Standardization (MAWS) process this round.

Are PNAs and Service Workers (laundry/dietary) included in Pool A?

It is CUPE's position that PNAs and Service Workers should be included in Pool A because even though their titles are different, the duties they perform mirror those of classifications who are specifically included in Pool A. At this point, we haven't received clarification from the Employer as to whether they are going to dispute CUPE's position. Rest assured, CUPE continues to advocate – and use the tools available to us – for the inclusion of these positions in Pool A.

Are we losing pre-retirement leave?

No. This agreement does not change the pre-retirement leave provisions of the Collective Agreement. It remains in effect.

Has anything changed about overtime?

Yes. We successfully negotiated to make overtime hours eligible for evening, night and weekend premiums. Double time continues – these premiums are in addition to double time.

There are no other changes to overtime in the agreement.

Can you explain the additional \$18 million that is going towards wages? I heard I'm getting another \$950 raise – is that right?

We negotiated for approximately \$18 million to use for wage adjustments through the Market Adjustment and Wage Standardization Committee and the Retention and Recruitment Committee. These committees –

which include CUPE, MGEU, and Employer representatives – will make decisions about how to allocate the resources. If the \$18 million for adjustments was spread out equally between CUPEs 19,000 health care members, it would work out to \$950 each – but that’s unlikely to be the case.

What will happen is that all three parties will identify classifications that they feel need to be adjusted, either because of standardization issues, inequity between positions, market issues (positions where health care pays less than other Employers), or areas where the Employer is having challenges with recruitment and retention. Through a series of negotiations, the three parties will reach an agreement on which classifications will be adjusted, and what adjustments will apply to each classification.

To be clear, not every classification will be included, and the adjustments will vary even amongst the classifications that the parties agree to be included.

Are we going to be compensated if we are temporarily reassigned?

We negotiated the creation of a new Letter of Understanding (LOU) to deal with temporary transfers – it requires that should an employee be required to physically travel from one site to another that the Employer would be required to pay for transportation costs (including parking), per diems where required, and prohibits the practice of shared hotel rooms where overnight travel is required.

To be clear, this new LOU is not applicable if you’re temporarily transferred to another unit at the same physical location. It will come into effect if your Employer has multiple sites, and they temporarily transfer you from one site to another site.

Can I still use sick time to look after my sick kids?

Yes, you can still use sick time to look after your sick kids. In fact, we expanded your ability to do so in bargaining.

The existing language was that you could use sick time to care for “dependent” children, this meant only children that were considered dependent on you. The inclusion of “dependent” meant that to use sick time to look after a sick child, the child had to meet the test of whether they were “dependent”, a process which most of the time excluded adult children.

The removal of the word “dependent” from child means that you’ll now be able to use sick time to care for the medical needs of your children, without consideration for their dependency on you.

Why are Families First Home Visitors (and others who use their personal vehicle daily) not getting the CRA rate?

While we were successful in getting Home Care Direct Service Staff and Mental Health Proctors eligible for CRA rates, unfortunately we couldn’t get those rates for the entire bargaining unit. Our understanding is that the Employer was willing to make the change for these classifications due to classification specific recruitment and retention challenges.

Our intention is to expand eligibility in the next round of bargaining now that we’ve opened the door for CRA rates in this round of bargaining for some members.

Why can't we get all the negotiated flat increases now?

While your bargaining committee was able to make significant monetary gains for you through additional flat rate increases on top of the previously negotiated general wage increases, the Employer was not willing to put them at the beginning of the contract.

And while we would prefer that the flat rate increases started right away, it's important to note that the first scheduled increase is less than one year away, and that in the meantime there will be a 1% Market adjustment and 2.5% general wage increase effective April 1, 2024, and a 2.75% general wage increase effective April 1, 2025. The entirety of the flat wage increases will be in effect within two and a half years from now.

How do long service step work?

Under the proposed Collective Agreement, there are three long service steps (LSS) – one at 15 years, 20 years, and 25 years. The 15-year LSS is 2% on top of the top of scale rate for your classification, the 20-year LSS is another 2%, and the 25-year is an additional 3%.

To qualify for the long service step, you need to have at least the associated years of continuous service (i.e. The 15-year LSS requires 15 years of continuous service), and to have been at the top of your classification wage scale for at least the past twelve months.

If you do not qualify for an LSS today, you will one day be eligible so long as you work long enough to meet the criteria.

It is also important to note that the LSS is pensionable income – so not only do you benefit in your weekly paycheck once you qualify, but it will also increase the value of your pension which you will collect in retirement.

What happened to the “super premium” for weekends?

The weekend super premium was an interim measure adopted by the Employers/government – and agreed to by health care Unions – to encourage people to work weekend shifts during the pandemic. Part of the deal on super premiums was acceptance that it was a time limited benefit and would end with the ratification of a new Collective Agreement.

Going forward, we've negotiated that the new weekend premium will be \$5.75/hour – it was \$2.00/hour in our last Collective Agreement – and the Friday evenings and the Sunday/Monday night shift will now also be eligible for the weekend premium. This is the same deal the Manitoba Nurses Union reached on weekend premiums in their recent settlement.

How will the changes to downtime for home care work? Will we get premiums on downtime hours now?

The proposed Collective Agreement eliminates the Available Work Period (AWP) and the associated rules around the Available Work Period within the next 6 months. CUPE's position is that the elimination of the AWP eliminates the differentiation between “downtime” and work time during a shift – it's all just

scheduled time – and you will be paid for your time regardless of whether the Employer has you scheduled to be with a client, no different than when there is a gap in the schedule in a lab or x-ray department. CUPE's position is that all premiums should apply to all hours paid.

What will home care schedules look like without the AWP?

We expect home care schedules will look much the same as they already do, just without one hour of unpaid time tacked on. Instead of being scheduled for 9 and being paid for 8, you'll be scheduled for 8 and you'll be paid for 8. Details of what those start and end times will look like will be worked out over the next 6 months while the Employer reconfigures operations to match the new reality, but we don't expect major changes to your schedules – again, except no unpaid hour.

I heard a rumor that (insert here) – is that true?

We know there many of rumors going around – there always is whenever a new agreement has been reached and not everyone has had a chance to read all the information.

Here is what you really need to know: there were **NO CONCESSIONS** negotiated. If someone tells you we gave something up that we had in our last contract, we didn't.

If something sounds like it's probably not true, it probably isn't true. If you have a question about any specific changes that you've heard about, please contact your Local or email us at healthcare@cupe.ca and we will try and answer any questions you may have.

However, if you hear that this contract includes an average wage increase of 27% believe them – because that's absolutely true even if it sounds too good to be true.