

## Log of Claims 2016 Public Mental Health Sector EBA

### A. Salaries, classifications and related matters

- Salaries to be increased for registered nurses (RPN) and enrolled nurses (PEN) to reflect our interstate and/or territory counterparts, including addressing disparity for RN grades 5, 6 and 7.
- The CPD allowance to be rolled into hourly rate for all purposes.
- Nurses at grade five to have an additional increment above the existing rate.
- Introduce 'sole allowance' provision for nurses comparable to allied health practitioners.
- Introduction of a statewide classification committee, with independent chair, to standardise grades applicable to comparable roles.
- Align EBA terms with National Employment Standards where NES more favourable, e.g. jury service.

### B. Standardising of conditions

- Introduction of standardised, comprehensive organisational change provisions incorporating redundancy, retraining, redeployment and salary maintenance and OHS consultation obligations.
- Merging comparable conditions applying to general nurses and mental health nurses to ensure portability of service between mental health and general nursing agreements.
- Ensure consistent PIawe calculation method is used for both access to workers compensation and accident pay calculation (i.e. inclusion of penalties and overtime in the calculation).
- Standard process for notifying employers of completion of education leading to the award of a qualification (evidence) and (timing).
- Align public holiday 'rostered off' benefits for full and part-time employees.
- Standardised parental leave benefits regardless of gender, birth, adoption, placement.
- Standardise personal leave to remove unnecessary distinctions between sick leave and carer's leave, e.g. reinstatement of annual leave if on carer's leave.
- Experience to be treated equally regardless of sector, state or country of experience.

### C. Mandated nurse: patient ratios for inpatient services and related staffing matters

#### 1. Mandate mental health nurse: patient ratios within bed based services.

High dependency unit/ICA/ECU/AMA/low stimulus or swing beds (however titled)					1:2
Adult acute beds* (other than HDU beds)	AM + PM	1:4	Night duty		1:7
<small>*Adult acute unit rosters must always have a minimum of four nurses on any shift</small>					
Acute secure extended care beds (for beds other than HDU beds)	AM + PM	1:4	Night duty		1:7
<small>NOTE: minimum of 2 nurses on any shift</small>					
Acute child, adolescent and youth (for beds other than HDU beds)	AM + PM	1:4	Night duty		1:5
<small>NOTE: minimum of 2 nurses on any shift</small>					
Parent infant psychiatry and/or mother/baby units	AM + PM	1:2	Night duty		1:3
<small>NOTE: minimum of 2 nurses on any shift</small>					
Acute aged (for beds other than HDU beds)	AM + PM	1:4	Night duty		1:7
<small>NOTE: minimum of 2 nurses on any shift</small>					
Sub-acute Psychogeriatric/Aged Residential (other than HDU beds)	AM + PM	1:5	Night duty		1:10
<small>NOTE: minimum of 2 nurses on any shift</small>					
Sub-acute Community Care Units (CCU)	AM	1:5	PM	1:4	Night duty 1:10
<small>NOTE: minimum of 2 nurses on any shift</small>					

#### 2. Forensic nurse: patient ratios.

Forensic Acute Beds (other than HDU beds) e.g. Argyle, Atherton, Barossa	AM* + PM	1:4 plus I/C	Night duty		1:7
<small>* Up to one AM Nurse may be rostered to commence as per C8 shift requirements</small>					
Forensic sub-acute beds and Rehabilitation (other than HDU beds) e.g. Bass, Canning, Daintree	AM* + PM	1:4	Night duty		1:7
<small>* Up to one AM Nurse may be rostered to commence as per C8 shift requirements</small>					
Forensic Rehabilitation beds in a low secure environment (e.g. Jardine Unit)	AM* + PM	1:5	Night duty		1:7
<small>* Up to one AM Nurse may be rostered to commence as per C8 shift requirements</small>					

#### 2.1. In addition to the above Forensic nurse: patient ratios:

- Each Forensic ward/unit will roster an additional nurse on the 'H' shift which commences at 1030 hours and finishes at 1900 hours.
  - Each forensic campus will roster an additional RPN 4 (Clinical Specialist) on the Night Shift to assist with de-escalation and first responder requirements. This night nursing position will have the capacity to provide assistance to any of the wards/units on the campus.
- Standardise normal shift lengths to eight hour day, eight hour afternoon and 10 hour night for both full and part-time employees.
  - Vary clause regarding back-fill to ensure that all planned absences are covered.
  - Insert at Part C, Clause 58 Staffing, the requirement for 1 EFT of nurse unit manager for each ward or unit.
  - There must be a designated mental health director of nursing (DON) for each hospital campus.
  - There must be a designated mental health emergency liaison nurse (ELN) rostered on a day shift in ED listed in Schedule 1 of the Agreement (Area Mental Health Services).
  - Extend clinical nurse educator (Grade 4) positions to all program areas (e.g. child and adolescent, aged persons, forensic).

## D. Community mental health

1. For the purposes of providing annual leave relief, all community mental health teams will have designated 'relieving' community mental health nurse/s. For every nine EFT of clinicians employed, one additional EFT of nursing will be provided to assist with relief.
2. Any community mental health position held by a nurse that becomes vacant will be replaced by a nurse.
3. At least 2/3 of the community mental team members should consist of nursing employees to ensure that the community has access to mental health nurses.
4. Each community mental health team to comprise a nursing skill mix of PEN 3 (and/or RPN 2 community entry training positions), RPN 3 and RPN 4 positions.
5. Implement community workload provisions that ensure each full-time nurse is allocated up to 20 hours of agreed contact time per week. Contact time to be defined within the agreement. Pro rata will be applied to part-time staff.

Organisational requirements, professional development, clinical supervision, professional commitments and variable commitments are not part of the 20 hours contact time.

## E. Rosters, leave and related staffing / conditions matters

1. The employer to notify employees within a reasonable timeframe if their annual leave is approved or refused and the reasons for any refusal.
  - a. Annual leave requests should be submitted at least four weeks in advance of roster publication; and
  - b. The status of leave requests notified to employees in writing within two weeks of receipt of application.
2. Where higher duties performed for an aggregate of three months or more in a 12 month period, the same annual leave benefit as a permanent or fixed term employee, pro rata to apply.
3. Protect total of paid EBA parental leave and government parental leave entitlements.
4. Agreed domestic violence leave and systems to be introduced.
5. An employee, by making a request in writing to the employer or as demonstrated by a regular pattern of work, will be considered to have his or her roster fixed by mutual agreement.
6. Employers to provide reasonable break time for an employee without loss of pay to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public, which may be used by an employee to express breast milk or breastfeed a child.

7. Amend roster clause to require a roster in each ward / unit that:
  - a. Is available in print for viewing by ANMF without notice;
  - b. Complies with all nurse to patient ratio obligations;
  - c. Accurately reflects the required staffing and skill mix for the roster period; and
  - d. Allocates a Registered Nurse to be in charge of each shift.
  - e. All efforts must be made to fill vacancies in the roster with a nurse working the same hours as the rostered shift vacancy. Such efforts are to be immediate, formally recorded in writing and available to the ANMF.
8. Any deviation from the published roster (other than one initiated by the employee) will attract the 'change of roster' allowance for each such variation.
9. Overtime payable where an employee works:
  - a. An additional shift that commences on the same day as the previous shift worked (such as night duty shift commencing on the same day as a morning shift previously worked by the employee); or
  - b. When an eight hour break has not been provided between successive shifts.
10. If an employee works a double shift (which should only occur in emergency circumstances) the following will be put in place to mitigate the risk of fatigue:
  - a. Allow two hourly breaks of at least 5-10 minutes duration;
  - b. Adequate transport provided free of cost to employee; and
  - c. An employee must have 24 hours off duty between that work and the next successive shift without loss of pay.
11. Escalation plan setting out how health service manage in a safe manner during periods of higher than usual demand, higher than usual acuity, and circumstances necessitating nursing or midwifery care to be provided in an alternative environment.
12. Remove the barrier to access overtime payments and Saturday and Sunday shift allowances for nurse practitioners that exist now (Clause 44.1 a, 50.7 and 50.8).
13. Enhanced overtime rates commensurate with the length of overtime worked, e.g. triple time after four hours overtime.

## F. Professional development and related matters

1. Paid professional development leave to apply to attend conferences / seminars or other professional development activities that fall on a day that they are not rostered to work.
2. Qualifications allowance to recognise double degree and Masters undertaken before entry to practice.

3. PhD and Doctorate qualification allowance to 10 per cent of base rate.
4. Increase professional development leave for those nurses required to undertake more than 20 hours of CPD per annum.
5. Exam leave broadened to include major assessment tasks / other methods of assessment.
6. PD leave not to be used for mandatory education.
7. Remove barriers to study leave within Clause 61.2 (a).

## G. Promoting permanent employment

1. Option for all casual nurses and midwives to become permanent after six months.
2. Reinforcement of agency directive.
3. First and final warning only to occur for serious and wilful misconduct, and remove reference from LSL provisions.

## H. Occupational health & safety, equal opportunity and employee representation

1. Employees with disabilities (including temporary disability) to be reasonably accommodated at work.
2. A committee to be established to explore safe rostering practices across the industry, changes for existing employees only by mutual agreement.
3. Healthcare employers must establish and maintain an effective occupational violence and aggression prevention and management program which targets the multi-factorial nature of this hazard, and addresses potential contributing factors.
4. Every facility must implement and maintain an ANMF agreed policy on prevention of occupational violence and aggression. This should involve consultation with HSRs and staff members. (The ANMF policy to be included in the body of the agreement.)
5. Job Rep leave consistent with NSW Health 'Leave Matters for the NSW Health Service' policy directive September 2014.
6. Employees to be provided reasonable access to electronic communication devices to facilitate communication between Employees and the ANMF.
7. Employees to be given full access to ANMF staff, officials and Job Reps during working hours to discuss any employment matter or seek ANMF advice.
8. Compulsory mental health WIC agenda item to give effect to the above, and current Clause 57 as replicated or amended in the new EBA.