# Campaign update #32 public sector mental health enterprise agreement

22 SEPTEMBER 2016

## Members endorse mental health EBA proposed settlement

**Mental health nursing members voting at yesterday's statewide meeting**

ANMF (Victorian Branch) members working in public mental health services have endorsed a proposal, subject to Victorian Government approval, to settle the enterprise bargaining agreement. ANMF members at a statewide meeting on Wednesday 21 September 2016 unanimously endorsed the proposed settlement.

All protected industrial action should now cease, including the wearing of campaign T-shirts. The major elements of the proposed settlement are attached, are:

- mental health nurse pay parity with the wages increases negotiated for by ANMF for nurses in the general public health sector, i.e. after tax parity with NSW nurses in 2019
- 125.8 EFT of additional mental health nurse positions phased over six years
- a Community Workload Management System (CWMS) that provides for community clinicians to have a maximum allocation of approximately 60 per cent of ordinary hours towards direct clinical and caseload commitments and 40 per cent towards organisational and practitioner development time
- a review of discipline mix in community teams to tackle substitution of nurses
- 20 days paid Family violence leave per annum
- employers must establish an 'action plan' to address occupational violence and aggression
- each ward or unit must have one EFT of Nurse Unit Manager
- qualification allowance to apply to double degree and masters entry after 12-months experience, and 10 per cent allowance for Masters qualification.

**The proposed agreement is still subject to Victorian Government approval. ANMF congratulates members for their support and patience through these complex negotiations.**

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## Details of settlement

### 1. Wages

RPN and PEN pay parity with public sector general nurses. The continuing professional development (CPD) allowance is rolled into the base rate from the commencement of the agreement and annual wage increases in April each year. The new nursing wages also incorporate the significant translation in April 2019 which is inclusive of:

a) RPN2 revised from 10 pay increments to 8 increased increments

b) RPN3 revised from 5 pay increments to 4 increased increments

c) clarification that ANUMs in mental health will finally have parity with the public sector general nurses and midwives ANUM structure inclusive of insertion of ANUM Year 1 and 2 pay points at equivalent pay points. This provides for an ANUM Year 1 commencement pay point in 2016 of RPN3 Year 4 and ANUM Year 2 equivalent to RPN 3 Year 5.

d) RPN 4 revised from 4 pay points to 3 increased pay points

e) RPN 4 Years 1-3 NUMs will translate to an increased Nurse Unit Manager single salary point in 2019

f) RPN 7 converts to a single increased salary point in 2019.

### 2. Staffing and workload

Introduction of a new PEN 4 (Education Support) pay point equivalent to PCNS and allocation of three EFT to establish PEN 4 Education Support roles in each of the Mental Health Education and Training Clusters

128.8 additional EFT (125.8 EFT for additional nursing positions and three EFT for additional allied health educators) and will be funded under government policy commitments to increase the mental health clinical workforce. Implementation to be phased as follows:

a) 1 December 2016: additional 25.9 Nursing EFT

b) 1 July 2017: additional 24.6 Nursing EFT (includes the 17.8 EFT for Thomas Embling Hospital)

c) 1 July 2018: additional 29.8 Nursing EFT

d) 1 July 2020: additional 20 Nursing EFT (inclusive of Nurse Education positions) and 3 Allied Health Educators

e) 1 July 2021: additional 25.5 Nursing EFT

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The additional 125.5 Nursing EFT allocations will provide for:

- improved mental health nursing numbers in acute units (for both HDU non-HDU beds) and a boost in nursing levels at Forensicare Thomas Embling Hospital
- allocation of a Nurse Unit Manager to St Vincent's to enable the allocation of a designated NUM to each bed-based facility (agreed exception to Austin CCU)
- additional clinical educators (nine CNE/RPN 4, three health professional and three PEN 4) to enable extension of Clinical Nurse Educator (Grade 4) positions to all program areas not previously allocated including perinatal psychiatry, child and adolescent and aged persons services
- improved mental health nursing numbers to SECU, mental health aged and mental health mother baby units to enable transparent and consistent nursing rosters across the state in all bed based environments.

A varied HDU clause to reflect the sliding scale of rostered nurses to HDU beds. HDU includes intensive care areas, ECU, flexi care, acute management areas, low stimulus or HDU swing beds (however described).

**A Community Workload Management System (CWMS)** that provides for community Health Practitioners Workloads to be managed via a maximum allocation of approximately 60 per centof ordinary hours towards direct clinical and caseload commitments (Column A) and 40% directed towards organisational and practitioner development time (Column B) in accordance with the table below. The new clause includes certainty as follows:

(a) **direct clinical commitments time of 60 per cent** of working hours inclusive of a secondary caseload allocation; and

(b) **organisational time and practitioner development time of not less than 40 per cent** of working hours,

(c) services that have an organisational and practitioner development allocation below 40 per cent must implement the minimum standard above (there is a mechanism for review that may extend the process for up to 20 months)

(d) all tasks assigned to an employee, including caseload allocation and fixed and variable clinical and organisational commitments, must be capable of being completed within the employee's normal ordinary weekly or fortnightly hours of duty.

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| **Column A**<br>**Direct clinical commitments** | **Column B**<br>**Organisational and Practitioner Development** |
|---|---|
| Client contact and/or engagement with families or carers and/or nominated persons (includes Registered Contacts); this includes patients or clients previously registered with the mental health service | Handover |
| Unregistered client contact; such as when services are provided to people who are not registered with the local area mental health service. | Rostered duty time |
| Community centred contact occurs when a service is provided by the mental health service to a community organisation or service provider working in a non-mental health specific setting. This includes, but is not limited to, the following:<br>i. Consultation services<br>ii. Case conferences | Staff/team meetings |
| Clinically related administrative work (e.g. reading or researching patient's notes for any purpose) | Rest breaks |
| Other clinical direct care duties required by the team | Clinical Review Meeting(s) |
| Report writing or reviewing | ADO (full-time Employees) |
| Travel time | CWMS reviews time (between Employee and Manager) |
| Intra-agency liaison meetings and training | Supervision of students (if applicable) |
| Individual Clinician triage and allocation | Portfolios (if applicable) |
| Review and Discharge | Clinical supervision |
| Discipline specific responsibilities | Staff/Professional Development |
| Time for documentation requirements, such as, but not limited to:<br>i. Progress notes and clinical documentation<br>ii. Clinical review preparations<br>iii. Outcome measures | |
| Reports, risk assessments, statistics, etc. | |
| Secondary caseload | |
| Community education and social activities | |
| Community development activities | |

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## 3. Discipline mix

**Community Mental Health Community Team skill mix**

a) If the annual state wide statistics provided by DHHS show that the percentage of nurses engaged in Mental Health Community Teams fall to ***64 per cent*** then a committee chaired by DHHS will consult with unions, employers and DHHS and make recommendations, based on relevant criteria, to DHHS to consider.

b) At any time, ANMF may engage in consultations with an employer regarding the actual or proposed discipline mix within a team. Such discussions must have regard to clinical criteria which includes the desirability for community to have access to both mental health nurses and allied health professionals.

Forensicare replacement of planned and unplanned leave must maintain adherence to RPN and PEN skills mix.

Commitment to reducing the volume and duplication of organisational, clinical, legal and reporting documentation undertaken by mental health clinicians by reviewing and setting a standard form of documentation to be applied to clinical mental health services.

## 4. Standardising of conditions and insertion of new provisions including:

a) standardised, comprehensive organisational change provisions incorporating redundancy, retraining, redeployment and salary maintenance and OHS consultation obligations

b) merging comparable conditions applying to general nurses and mental health nurses to ensure portability of service between mental health and general nursing.

c) insertion of a Nurse Unit Manager clause for each ward/unit (bed based facility) with some exceptions such as Austin CCU

d) access to qualification allowance via provision of transcript or other evidence

e) standardised parental leave benefits regardless of gender, birth, adoption, placement.

f) reinstatement of annual leave if on carer's leave.

g) experience treated equally regardless of sector, state or country of experience.

h) standardise normal shift lengths to 8 hour day, 8 hour afternoon and 10 hour night for both full and part time nursing employees in bed based and CATT/ECATT type services.

i) nursing back-fill to ensure that all planned absences are covered in bed based and CATT/ECATT type services

j) reasonable break time and location for an employee to express breast milk for her nursing child for one year after the child's birth

k) remove the barrier to access overtime payments, allowances and Saturday and Sunday shift allowances for nurse practitioners

l) first and final warning only to occur for serious and wilful misconduct, and no loss of long service leave.

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## 5. Health and safety at work

a) Employees with disabilities (including temporary disability) to be reasonably accommodated at work.

b) An effective occupational violence and aggression prevention and management program which targets the multi-factorial nature of this hazard, and addresses potential contributing factors.

c) Every facility must implement and maintain an agreed policy on prevention of occupational violence and aggression. This should involve consultation with HSRs and staff members.

d) A Statewide Industry OHS Committee.

e) Improved union matters clause.

f) Compulsory mental health Workplace Implementation Committee (WIC) agenda item to give effect to the above occupational health and safety, equal opportunity and employee representation matters, and replicated or amended in the new EBA.

## 6. Improved rostering, leave matters and fatigue management

a) The employer to notify employees within a reasonable timeframe if their annual leave is approved or refused and the reasons for any refusal.

b) 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:

- two hourly breaks of at least 5-10 minutes duration; and
- adequate transport provided free of cost to employee.

**c)** Amended roster clause to require a roster in each ward / unit that:

- is available in print for viewing by ANMF/HACSU without notice
- complies with all nursing allocations obligations
- accurately reflects the required staffing and skill mix for the roster period; and
- allocates a registered nurse to be in charge of each shift.

d) Overtime payable where an employee works:

- 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
- when an eight-hour break has not been provided between successive shifts.

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**7. Improved professional development provisions related matters such as:**

a) paid professional development leave to apply to attend conferences / seminars or other professional development activities that fall on a day that you are not rostered to work

b) where your base qualification is a double degree or Masters, the qualification allowance will be payable after one year of experience in an area where the qualification is relevant

c) PhD and Doctorate qualification allowance to 10 per cent of base rate

d) increase professional development leave for those nurses required to undertake more than 20 hours of continuing professional development (CPD) per annum. Nurse practitioners now access an additional 10 hours

e) exam leave broadened to include major assessment tasks / other methods of assessment for nurses

f) professional development leave not to be used for mandatory education

g) remove barriers to accessing study leave for nurses e.g. 'subject to organisational policy'.

**8. Almost 40 new clauses to reflect the changes including moving many to the Common Part of the Agreement that has application to all employees working under the Public Mental Health Agreement.**

**9. A comprehensive Service Delivery Partnership Plan (SDPP) which was required to be agreed between the parties in order to access the additional 0.5 per cent wages in accordance with government policy. The majority of the ANMF SDPP proposals have been included in the draft SDPP.**

*While the proposed settlement is still subject to Victorian Government approval, drafting and Fair Work Commission processes, ANMF members unanimously endorsed the matters presented at the statewide meeting on 21 September 2016.*