

EBA 2020. Better. Safer. Fairer.

Leading the way in mental health nursing reforms for all Victorians

PUBLIC SECTOR MENTAL HEALTH SERVICES



EBA CAMPAIGN UPDATE 23

TUESDAY 12 APRIL 2022

How to vote (YES) and further frequently asked questions

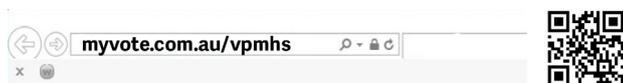
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Two-day ballot opens 9am, Wednesday 13 April

The ballot of all eligible employees to approve the proposed public sector mental health 2020-24 enterprise agreement will open at 9am, Wednesday 13 April and will close at 5pm, Thursday 14 April 2022. ANMF is recommending members vote early and vote YES.

To vote follow these steps:

1. Log your computer on to the internet and in the address bar at the top left corner of your web browser (not through a search engine such as Google) enter myvote.com.au/vpmhs or scan your phone's camera over the QR code shown here.



2. Enter your surname, employee number, date of birth and click on the submit button

3. Click on either the YES or NO box and click on the submit button. ANMF recommends a YES vote. Once you click on SUBMIT you cannot change your vote.

Please note that your personal information is only used to check that you are eligible to vote and that you have not already voted. That way your vote remains secret.

Does your ward/unit/small workplace have two Job Reps? Workplaces with ANMF Job Reps get better outcomes. Nominate now anmfvic.asn.au/jobrep

Update your details.

So you get the information that's relevant to you. anmfvic.asn.au/memberportal

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Further frequently asked questions

Following on from the statewide virtual members' meeting of 11 October 2021, and more recently, virtual members' meetings held as part of the access period on 7, 8 and 11 April 2022 there were a number of queries that ANMF indicated we would respond to after the meetings. This information should be read in conjunction with the more detailed information contained in the EBA update issued on 1 April – read via anmfvic.asn.au/update1April

ANMF encourages members who have questions relating to clarification about existing entitlements to make those type of inquiries to our Member Assistance service via our online form at anmfvic.asn.au/memberassistance

Please remember that, **while these new outcomes have been endorsed overwhelmingly by members, they do not become enforceable until the EBA has been approved by the Fair Work Commission. Terms that apply from a date prior to the Fair Work Commission approval steps will be backdated to the relevant date.**

1. How does ANMF decide what claims to pursue?

Each year ANMF and hundreds of our Job Reps and Health and Safety Reps meet at the Annual Delegates Conference. Job Reps and HSRs bring motions, requested and supported by members at their workplace, to the conference for improvements to enterprise agreements, ratios and other issues. The motions are debated and put to a vote. If the motions are supported by the majority of delegates, they then inform the various EBA logs of claims that the ANMF takes to Branch Council for endorsement. We also seek changes arising from disputes or difficulties we have had with existing EBA terms and develop ideas internally to address what we believe will be of benefit to our broader membership.

The Annual Delegates Conference usually happens in June of each year and is scheduled for Thursday 30 June and Friday 1 July later this year.

If you want to become more involved, and you are not an ANMF Job Rep or HSR already, please visit [anmfvic.asn.au/reps](http://anmfvic.asn.au/ reps) for information about how to become one.

2. When will I receive my back pay?

The first wage increase and the 'once off nurse alignment payment' will be processed after the EBA has been formally approved by the Fair Work Commission. The EBA legally operates seven days after formal approval from the Fair Work Commission.

ANMF has received confirmation that employees who worked for a different public sector mental health employer, covered by the 2020-2024 EBA for the 'once off nurse alignment' period of FFPPOA (first pay period on or after) 1 December 2020 to June 30 June 2021, will be paid the nurse alignment payment by their previous employer for that period.

3. Why are nurses not entitled to the 'annual retention payment'?

The 'annual retention payment' is payable only to Mental Health Officers (previously named PSOs under the new EBA. Nurses are instead entitled to the 'once off nurse alignment payment' (which is not payable to MHOs). Unlike the flat rate payable under the 'annual retention payment', the 'once off nurse alignment payment' will have the same effect as a 3% payment on your wages from FFPPOA 1 December 2020 to the end of June 2021 and will be reflected in your leave entitlements and superannuation.

This payment will align mental health nurses' wages with those ANMF achieved in the public sector nurses and midwives eight-year wages deal (2016-2024). A percentage increase is generally superior to a flat lump sum amount given the additional benefit that it is not only applied to your rate of pay but also to your other entitlements such as allowances and leave loading etc.

Casual employees will also be entitled to the 'once off nurse alignment payment'.

4. When will the RPN Grade 4 Year 1 uplift apply from?

The uplift of \$50 to the amount of \$1,950 to address the current anomaly between RPN Grade 3 Year 4 and RPN Grade 4 Year 1, will be applied to the commencement rate in the 2020-2024 EBA. This means that once the EBA is formally approved and legally enforceable, the new rate of \$1,950 should be used for the purposes of calculating and applying backpay to FFPPOA 1 December 2020.

ANMF wishes to also correct the previous reference to RPN Grade 3 Year 5. As part of the translation to new agreed structures in the 2016-2019 EBA, RPN Grade 3 structure was revised from 5 to 4 pay increments. The uplift is therefore intended to address the anomaly between the current RPN **Grade 3 Year 4** and RPN Grade 4 Year 1.

5. Why aren't the staffing profiles in the EBA as per ANMF's Log of claims?

The inclusion of current staffing profiles in the EBA was not an agreed item as part of bargaining. However, as part of reaching in-principle agreement for the 2020-24 EBA, the following commitments in relation to the have been recorded in a legally binding Memorandum of Understanding (MOU) between the unions, the Victorian Hospitals' Industrial Association (VHIA) and the Department of Health:

5.1. In the first 12 months following the making of the Agreement, the ANMF, HACSU, the Department and VHIA agree to undertake the necessary work to map the staffing profiles in bed-based services.

5.2. Once staffing profiles have mapped and agreed to by the parties, these will be set as the minimum staffing level for each affected service, subject to change through local agreement with the ANMF and HACSU.

5.3. These minimum profiles and change arrangements will be recorded in a further MOU or Deed between the ANMF, HACSU, Department and VHIA or by variation to this MOU.

6. How will the 800 EFT agreed as part of the MOU be allocated?

The 800 EFT is to be implemented in the delivery of mental health services over the life of the 2020-24 EBA. In accordance with the MOU, the ANMF and HACSU will be consulted and engaged through the Mental Health Division of the Department in delivery of this EFT, including consultation around how and where the EFT is allocated. This EFT is to be allocated across multiple disciplines. ANMF will consult with its members as part of this process to identify priority areas of staffing shortfall across mental health services.

7. What is the difference between a Clinical Nurse Educator and a Graduate Support Nurse?

The Graduate Support Nurse trial includes an allocation of 6 EFT across St Vincent's, Mercy Health, Peninsula Health, Eastern Health, Bendigo Health and Barwon Health. This new RPN3 role aims to provide immediate and practical support in an inpatient unit setting to early career nurses. It is distinct from a Clinical Nurse Educator.

ANMF will work to ensure there is a robust evaluation process to try in order to secure funding of this important role in the future.

8. Sixth week of annual leave

A number of members sought clarification about access to the sixth week of annual leave.

From 1 July 2022 both full- and part-time enrolled and registered nurses will have access to the sixth week of annual leave if they work 'ordinary hours' on a part of 10 weekends or more over the year. 'Ordinary hours' does not include overtime or on-call, and is a term that generally means rostered hours.

Where less than 10 occasions are worked per year you will be credited with a pro rata entitlement.

If you are getting the sixth week of annual leave under the old 'test' you will continue to do so even if you do not meet the new test, unless at your initiative you change jobs.

9. I work in a community mental health team, which Community Workload Management System tool do I use?

Members would be familiar with the CWMS tool (Clause 49) implemented over the life of the current EBA. Community teams that work in the continuing care models, including integrated teams which perform both crisis and case management functions, will continue to apply the CWMS tool under the 2020-24 EBA.

For community teams that work under the Acute Community Interventions Service Program, the NEW Crisis Team Workload Management System (CTWMS) tool will apply to you. Examples may include Crisis Assessment and Treatment Teams, Emergency Mental Health, and PACER.

This NEW CTWMS tool will provide protected time free from direct clinical care each month for nurses, commencing from January 2022 for nurses working 0.9 to 1 EFT and extending application from 1 January 2023 to apply to nurses working 0.4 to 0.8 EFT.

10. **Will long service leave apply to casual employees under the 2020-24 EBA?**

Currently the way that LSL applies to casual nurses, in particular casual enrolled nurses who derive an entitlement from pre-modern awards, has been the basis of a number of disputes. The 2020-2024 EBA will include a re-drafted comprehensive LSL clause making it clear that all RPNs and ENs (whether full time, part time or casual) will have access to the full entitlement under the Agreement. This means you accrue LSL at 1.7 weeks per year of service (instead of the *Long Service Leave Act* accrual rate of .866 weeks per year of service).

The aim of the new EBA clause is to ensure that your entitlements which are contained in two different places, the EBA and *LSL Act*, and are in the one clause.

The unions have agreed to work with VHIA to develop a guide to LSL entitlements to assist members and employers to readily identify how entitlements are to be applied.

11. **Relationship with the nurses and midwives EBA**

There are two enterprise agreements that apply to public sector nurses (not midwives) one being the current *Victorian Public Mental Health Services Enterprise Agreement 2016-2020* that applies to all staff employed in certain public mental health services - that these improvements relate to, and another - *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020-2024*.

We usually are able to achieve, as far as possible, the same outcomes for nurses employed under the latter EBA for mental health nurses working under this EBA.

It has been confusing in the past for both for employers and members to be certain of which EBA applies.

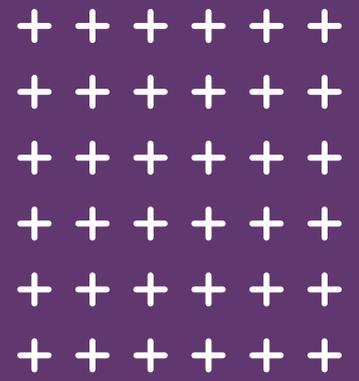
The changes to the *2020-2024 Victorian Public Mental Health Services Enterprise Agreement* confirm that it is the nature of the ward/unit/department/service that you work in that determines which EBA applies.

A similar change has been reflected in the *2020-2024 Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement*. That Agreement also contains an example around the new AOD/MH Hubs within Level 1 emergency departments. These are part of the emergency department, seeing emergency department patients. Hence the ward is the emergency department, and the new *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020- 2024* will apply.

12. **How long will the FWC take to approve the EBA if voted up?**

It is difficult to say as the FWC approval process operates outside and separate to the unions, VHIA and the Department. The ANMF is committed to ensuring that once voted up, an application for approval will be made to the FWC within the required 14 days from the outcome of the ballot. ANMF is hopeful that if no objections are raised and the FWC does not require any additional undertaking for approval, that the new EBA can be approved within 6-8 weeks.

It is therefore critical that members VOTE EARLY and VOTE YES when the ballot opens, to avoid any unnecessary delays in getting an application to the FWC for approval.



**Public sector
mental health nurses**

VOTE YES

to your 2020–24 EBA

Vote YES in the Elections Australia electronic ballot from 9am,
Wednesday 13 April to 5pm, Thursday 14 April 2022.

myvote.com.au/vpmhs

Elections Australia Pty Ltd

Conducting elections throughout Australia since 1974

**Do you approve the proposed Victorian
Public Mental Health Services
Enterprise Agreement 2020-2024**

	YES I approve the Agreement
<input type="checkbox"/>	NO I do not approve the Agreement



EBA 2020-24. Better. Fairer. Safer.

**PUBLIC SECTOR MENTAL HEALTH INPATIENT
AND COMMUNITY SERVICES MEMBERS**



**Australian
Nursing &
Midwifery
Federation**
VICTORIAN BRANCH

Public sector mental health EBA ballot

At a virtual statewide members meeting on 11 October 2021, ANMF public sector mental health nurse members voted **YES** to their 2020–24 enterprise agreement settlement. Members also endorsed a 10.5% pay rise, plus an ‘alignment’ payment which will ensure mental health nurses remain closely aligned with their general public sector colleagues despite the frustrating and protracted negotiating process.

You now need to vote YES to formalise the EBA and receive the agreement’s benefits. These include:

✓	A once-off ‘nurse alignment’ payment equivalent to 3% on your wages, leave loading and allowances for the shifts you worked between 1 December 2020 to the end of June 2021 (a percentage increase is superior to a flat lump sum).
✓	Wage rises of 3% in July 2021 (this will be back paid), July 2022, July 2023 and 1.5% in July 2024. The ‘nurse alignment’ payment and the scheduled pay rises maintain pay parity with the general public sector.
✓	RPN Grade 4 Year 1 will receive an uplift of \$50 to \$1950 per week to address the anomaly with RPN Grade 3 Year 4.
✓	800 EFT to be implemented in the delivery of mental health services over the life of the agreement.
✓	Agreement to map the staffing profiles in bed-based services and record as minimum staffing levels for these services.
✓	\$3 million (ongoing) for additional staffing EFT allocated to SECU/ acute aged care services over the life of the agreement.
✓	6 EFT of new Graduate Support Nurse positions within 6 months of implementation.
✓	0.5 EFT Clinical Nurse Educator positions at each of the 6 parent and infant units.
✓	10-day enrolled nurse transition program for up to 550 ENs in mental health.
✓	Increased funding for Department of Health scholarships from 440 to 1000 to allow more nurses to access scholarships.
✓	Nurse for nurse replacement in community mental health teams and improved wording to ensure backfill in community mental health teams must have regard to existing workload, team vacancies and availability of trained staff.
✓	Introduction of a supplementary roster system.
✓	From 1 July 2021 you can access your long service leave (pro-rata) at nine years’ service (currently 10 years), from 1 July 2022 this will be from eight years, and from 1 July 2023 from seven years’ service.
✓	Improved parental leave from 10 weeks to 14 weeks for leave commencing on or after 19 October 2021. The qualifying period will reduce from 12 months to six months. Secondary carer leave pay to increase from one week to two weeks.
✓	Mental health nurses rostered 10 weekends or more can access a sixth week of annual leave.
✓	From 1 July 2024, as part of a trial for 13 pay periods, the Sunday night shift rate will increase from \$79 to \$154.60 as an incentive for full- and part-time staff to fill the roster.
✓	Superannuation payments throughout all paid and unpaid parental leave from 19 October 2021.
✓	Improvements to post incident support for mental health nurses involved in a violent or aggressive incident, including mandating the provision of information regarding worker’s compensation claims and reporting to police.
✓	Mental health nurse managers will receive OHS education and/or support in risk assessment, incident investigation and staff consultation.
✓	NEW Crisis Team Workload Management System (CTWMS) provision to protect non-clinical time for nurses working in acute community teams (ECATT, CATT, triage or like services).
✓	Any education or training deemed compulsory or mandatory by the employer must occur within an employee’s paid time. No deduction will be made to an employee’s professional development leave for mandatory training.
✓	Up to two weeks paid voluntary emergency management leave. Currently this leave is unpaid.
✓	The introduction of three days special paid disaster leave due to an event such as flood or fire.
+	Plus much more. For details about all of the benefits and improvements to your working life visit anmfvic.asn.au/MHEBAvotes

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PUBLIC SECTOR MENTAL HEALTH SERVICES



EBA CAMPAIGN UPDATE 22

FRIDAY 1 APRIL 2022

EBA ballot to open 13 April 2022 – VOTE YES

The public sector Mental Health 2020-24 Enterprise Agreement ballot will open on 13 April 2022.

The electronic ballot will be conducted by Elections Australia.

All employees covered by the Agreement are eligible to vote. If the majority of those who vote, vote YES then an application for approval will be made to the Fair Work Commission (FWC), in accordance with the provisions of the *Fair Work Act 2009*.

If approved by the FWC, the Agreement would become legally enforceable seven days later.

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Ballot timeline

Seven-day access period - 9am, Tuesday 5 April 2022 to 11:59pm, Tuesday 12 April 2022: members will be able to review the proposed Enterprise Agreement. Employers will distribute the Agreement with a 'key changes' summary document to all eligible employees for the seven-day access period.

ANMF will hold virtual state-wide members' meetings during the access period to provide members with an opportunity to ask any outstanding questions relating to the proposed Agreement. The meetings will be on the following dates (with notices and links to be sent shortly):

- Thursday 7 April at 8pm (via Microsoft teams)
- Friday 8 April at 2pm (via Microsoft teams)
- Monday 11 April at 2pm (via Microsoft teams)

The ballot - opens 9am, Wednesday 13 April 2022 and closes 5pm, Thursday 14 April 2022. Eligible employees will be able to vote electronically at any time during this period.

We recognise that this is a short timeframe to cast your vote. All parties agreed to a compressed ballot period in order to get the ballot finalised before Easter and hopefully a successful YES vote. It will be an electronic ballot to ensure efficient access and return of ballots.

ANMF is recommending that members VOTE EARLY and VOTE YES. ANMF will send further voting information closer to the ballot. The result will be declared following the ballot.

JOB REPS AND HSRs ARE ENCOURAGED TO DISPLAY THIS EBA UPDATE ON WORKPLACE NOTICEBOARDS.

Does your ward/unit/small workplace have two Job Reps?

Workplaces with ANMF Job Reps get better outcomes. Nominate now anmfvic.asn.au/jobrep

Update your details.



So you get the information that's relevant to you. anmfvic.asn.au/memberportal

Further information concerning the proposed 2020-24 Enterprise Agreement is detailed below.

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1. Date and period of operation of the 2020-24 EA

The proposed 2020-24 Agreement will operate from seven days after its approval by the Fair Work Commission and provides for the full settlement of employment terms and conditions for employees covered by the 2020-24 Agreement for the period from 1 December 2020 to 31 December 2024.

The proposed Agreement will expire 31 December 2024 to ensure it stays aligned as close as possible with the general public sector nurses and midwives EBA which expires in April 2024.

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2. Scope - nurses covered by the 2020 - 24 EBA

The 2020-24 Agreement will continue to cover public sector registered and enrolled nurses employed by an employer covered by the agreement and engaged solely or predominantly in the provision of mental health services in a classification/occupation within the Agreement.

The new Agreement provides express clarification that, '*engaged solely and predominately in the provision of Mental Health Services*' refers to the service, department, unit or program of the employer rather than the duties of the individual employee.

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3. Wages

a. Increased wages and allowances

The wage increases that will apply to registered nurses (industrially classified as RPN) and enrolled nurses (industrially classified as PEN) are from the first full pay period on or after (FFPPOA):

1 July 2021 – 3% 'nurse alignment' payment (the effect of this payment is as if this increase applied from FFPPOA 1 December 2020)

1 July 2022 – 3%

1 July 2023 – 3%

1 July 2024 – 1.5%

b. **‘Nurse alignment’ payment**

A once off ‘nurse alignment’ payment will be made following formal approval of the new Agreement equivalent to three per cent of wages earned dated back to 1 December 2020. This will have the same effect as a 3% payment on your wages from 1 December 2020 to end of June 2021 and will be reflected in your leave entitlements and superannuation.

This payment will align mental health nurses’ wages with those ANMF achieved in the general public sector nurses and midwives eight-year wages deal (2016-24). A percentage increase is superior to a flat lump sum amount given the additional benefit that it is not only applied to your base rate of pay but also to your other entitlements such as allowances and leave loading etc.

c. **RPN Grade 4 Year 1 uplift**

RPN Grade 4 Year 1 will receive an uplift of \$50 to the amount of \$1950.00 in the 2020-24 EA, to address the current anomaly between RPN Grade 3 Year 5 and RPN Grade 4 Year 1.

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4. Allowances

a. **Qualification allowance – Certificate IV TAE**

From the commencement of the new 2020-24 Agreement, a 3.5% allowance will be payable where the employer requires the employee to hold a current Certificate IV TAE. The new allowance will not apply to an employee who is already in receipt of a higher qualification allowance.

b. **Damaged clothing allowance for nurses**

The Agreement will contain a new clause aligned with existing health professionals provision for the replacement or repair of soiled or damaged clothing or other personal effects.

c. **Advanced Diploma in Mental Health**

The qualification allowance clause has been amended to recognise an Advanced Diploma in Mental Health as a relevant qualification for enrolled nurses to access a 4% qualification allowance.

d. **Sole allowance – nursing**

The Agreement contains a new clause providing that an RPN or EN who is the only person employed by the health service in the classification of RPN or EN shall be paid, in addition to their appropriate rate, a sole allowance per week, as listed in schedule 2.

e. **Change of roster allowance**

From the commencement of the new Agreement, a change of roster change allowance of 2.5% of the allowance rate (as defined) for changes notified between eight and 14 days, and 5% of the allowance rate (as defined) for changes notified seven days or less will apply in accordance with the amended clause.

f. **Sunday night shift allowance**

Operative as a trial commencing from FFPPOA 1 July 2024, the Sunday night shift allowance rate for permanent RPNs and PENs finishing on a Monday after commencing duty on a Sunday will increase to \$154.60 per shift.

The trial will end 13 pay periods after commencement, following which the parties will review the data on unscheduled absences on weekends and the effectiveness of the Sunday night shift allowance in addressing such absences.

By no later than 1 July 2022, the parties will implement a system through the Mental Health Industrial Implementation Committee (MHIC) to collect and share data on unscheduled absences on weekends and nights between themselves and the Department.

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5. Additional staffing/EFT

a. **Memorandum of Understanding (MOU)**

As an outcome of bargaining for the 2020–24 Agreement, the following commitments have been recorded in a legally binding MOU between the unions and the Department of Health (DOH):

- 800 full time equivalent (EFT) to be implemented in the delivery of mental health services over the life of the 2020-24 EA – unions will be consulted and engaged through the Mental Health Division of the Department of Health in delivery of this EFT
- In the first 12 months of the 2020–24 Agreement being implemented, work will be undertaken by the parties and the DOH to map the staffing profiles in bed-based services and to record as a minimum staffing level for these services, subject to change through local agreements with the unions. These minimum profiles and change arrangements will be recorded in a separate MOU between the DOH, the Victorian Hospitals’ Industrial Association (VHIA) and both unions
- Additional administrative staffing (seven days a week) for acute inpatient services.
- Additional staffing EFT allocated to SECU/Acute Aged services staged over the life of the 2020–24 Agreement with \$3 million allocated for a minimum of four years (and ongoing) to cover the cost of agreed allocations in the MOU.

EFT allocation (total= 26.8EFT)			
Acute Aged			
Service	Aged Acute Unit	Additional RPN ND	
ALFRID	Belting		1
	PIC South		
EASTERN	Wood		1
MONASH	Wood 3		0
NWMH	Sunshine		1
NWMH	BECC		1
NWMH	Broadmeadows		1
PENINSULA	1 West		1
St Vincent's	Norminby		1
	Steele		
BALLARAT	Haughton		1
	Marjorie		
BENDIGO	PHB/ps		1
IRH	Micalinter		1
Total EFT = 18 (30 x 1.8)			
SECU*			
	AM	PM	ND
Austin	0	1	0
Monash	0	1	1
NWMH	0	1	0
Ballarat	0	0	0
Bendigo	0	1	0
IRH	0	1	0
Total EFT = 6.8 (5 x 1.4) + 1.8			

*Note: EFT is allocated over 7 days

b. **NEW Graduate Support Nurse EFT**

Within six months of the 2020-24 Agreement being implemented, six EFT of new Graduate Support Nurse positions will be recruited and implemented at some rural and metropolitan health services as part of a trial to assess the benefit to the workforce. ANMF believes this will be an important measure to support the increasing graduate nurse positions and importantly, retain these nursing graduates in mental health. The Andrews Government has announced an additional 150 (EFT) graduate positions in 2022.

Graduate Support Nurse Allocations

Health service	EFT
St Vincent’s	1
Mercy	1
Peninsula Health	1
Eastern Health	1
Bendigo Health	1

c. **HDU staffing**

The Agreement will include a provision for additional staffing allocation for HDU to ensure mandated staffing profiles in HDU do not cause detriment to the remainder of the unit overnight.

HDU allocation

Health service	Unit	Night duty allocation
Alfred	Ground Floor	1 x ND
	Includes 4 PICU as part of the 8	
Eastern Health	Upton House (Box Hill)	1 x ND
NWMH	RMH JCU – level 1	1 x ND
	SAAPU (Sunshine)	1 x ND
	BIPU (Broadmeadows)	1 x ND
	NPU – Ward 7 (Unit 1)	1 x ND
Peninsula Health	2 West	1 x ND
Monash Health	Unit 2 – Youth (Dandenong)	1 x ND
	Ward E (Casey)	1 x ND
	Biala Aged Acute Inpatient Unit	1 x ND
St Vincent’s	Ground	1 x ND
	First Floor	1 x ND
Northeast Health Wangaratta	Kerferd Unit	1 x ND

CAMHS/CYMHS

Health service	Unit	Night duty allocation
Monash Health	Stepping Stones	1 x ND

d. **Designated Mental Health Director of Nursing**

The 2020-24 Agreement will provide for a designated Mental Health Director of Nursing (DON) for each Mental Health service (where they do not already exist). This clause has been drafted to ensure that this position is in addition to the Senior Psychiatric Nurse role.

e. **Clinical Educators for parent and infant units**

The Agreement will include a provision to introduce 0.5 EFT Clinical Nurse Educator (RPN Grade 4) positions at each of the six parent and infant units.

Parent and infant unit – Nurse Educator allocations

Health service	EFT
Ballarat	0.5
Austin	0.5
Werribee	0.5
Monash Health	0.5
Latrobe	0.5
Bendigo Health	0.5

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6. Additional workforce measures

a. **EN transition program**

The 2020-24 Agreement will include a provision for a 10-day transition program for up to 550 enrolled nurses commencing in mental health allocated across the mental health services.

b. **Retention – community rotation**

Establishment of a process to enable workers in community and acute inpatient units to elect to work in an alternative setting to assist with retention of mental health staff.

c. **Fixed term employment**

The 2020–2024 Agreement will further limit the use of fixed term employment to ensure it is not used for filling vacant ongoing positions, but rather for things like backfill of existing positions during parental leave and other extended leave.

d. **Retention – graduate mental health nurses and postgraduate students**

The 2020-24 Agreement will include a provision for graduate nurses and employees undertaking postgraduate studies with ongoing employment where suitable vacancies exist.

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7. Classifications and salary structure

The 2020-24 Agreement will contain the following changes to classifications and salary structure:

- a. insertion of a framework to introduce and embed the Registered Undergraduate Student of Nursing (RUSON) and enrolled nurse pre-qualification employment model
- b. inclusion of Mental Health Inpatient Clinical Nurse Consultant classification descriptor (RPN 5 CNC) in accordance with the agreed position description
- c. inclusion of a Graduate Support Nurse classification descriptor
- d. inclusion of Aboriginal traineeship arrangements
- e. inclusion of a nursing Indigenous health cadetship clause to support the funding of this successful employment model
- f. inclusion of the newly formed position of Community Mental Health Engagement Worker classification descriptor in accordance with the agreed position description.
- g. renamed PSOs to ‘Mental Health Officer’ (MHO)

- h. amendments to the existing Registered Psychiatric Nursing (RPN) and Psychiatric Enrolled Nurse (PEN) classifications to reflect modernisation work already completed (updated terminology).
- i. Referral of the following ANMF claims to the newly established Best Practice Employment Committee (BPEC) to assist with resolution over the life of the EA:
 - developing an advanced practice structure with classification descriptors aligned with a contemporary classification stream for liaison, clinical coordinators and advanced practice nurses, and associated translation arrangements
 - developing a clear pathway for Nurse Practitioner candidates
 - reviewing existing RPN Classifications, with reference to contemporary practice, to ensure role clarification between different RPN classifications
 - reviewing existing Nurse Unit Manager (NUM) classification and role with the intention of developing a three level NUM structure having regard to agreed principles
 - development of a research classification stream for RPNs.

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8. Back filling of leave arrangements and recruitment to vacant positions

The 2020-24 Agreement will contain a number of improvements to existing backfilling of leave arrangements and the process of recruiting to vacant positions, including:

- a. introduction of additional measures to strengthen the existing process of recruitment to vacant positions, including definition for 'genuine recruitment efforts' and obligation to notify Unions in writing when, despite genuine recruitment efforts, the employer has been unable to recruit to the vacant position.
- b. introduction of a new provision facilitating the permanent appointment of an employee to a vacant position where, following recruitment of vacant position obligations, that employee has been performing higher duties in a vacancy for a continuous period of nine months.
- c. improved provision outlining an agreed process to replace unplanned absences in bed-based services, and a new process for community mental health teams - outlined below.
- d. introduction of a supplementary roster system – see explanation under 'rosters' below.

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9. Community Mental Health

- a. **Nurse for nurse replacement – CMHTs**
The new Agreement includes a provision regarding nurse for nurse replacement in community mental health teams. This important achievement will require an Employer to maintain a written record of nursing positions within community mental health teams and replace existing nursing positions in those teams when they become vacant. This may only be amended in specific circumstances, for example, the inability to recruit a nurse after a reasonable recruitment process or via the general consultation process where the

employer will need to demonstrate the changes in needs of consumers and how the care needs will be met.

- b. **Backfill of unplanned absences**
When considering backfill in community mental health teams employers must have regard to existing workload, team vacancies, and the availability of existing suitably trained employees, and will consult with team members and implement measures to mitigate any increase in workload if backfill is not provided.
- c. **Community mental health discipline mix**
Referral to BPEC for the development of an appropriate clinical discipline mix comprised of a combination of nurses and health professionals to apply to community mental health teams, having regard to certain criteria to be determined by the BPEC.
- d. **NEW Crisis Team Workload Management System (CTWMS)**
The 2020-24 Agreement introduces a new Crisis Team Workload Management System (CTWMS) which will provide protected non-clinical time for nurses working in acute community teams (ECATT, CATT, triage or like services) as follows:
 - from 1 January 2022 - 0.9 to 1 FTE to receive two days per month free from direct client care
 - from 1 January 2023 - 0.4 to 0.8 FTE to receive one day per month free from direct client care.

The existing Community Workload Management System (CWMS) provision will continue to apply to all other employees working in community mental health teams, with improvements to compliance and oversight from employers. Integrated teams which perform both crisis and case management functions will continue to utilise the CWMS at clause 49.

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10. Leave

- a. **Long service leave**
The 2020-24 Agreement will include a re-drafted comprehensive clause regarding long service leave (LSL) to reflect prospective resolution of pre-modern Award LSL entitlements. Under the re-drafted clause, all RPNs and ENs (whether full time, part time or casual) will have access to the full entitlement under the Agreement (six months after 15 years).

The new clause will include access to pro rata LSL at seven years for all nurses phased in from July 2021 to July 2023, by which date access will be available at seven years instead of the current ten years. The staged introduction will be as follows:

July 2021 – nine years

1 July 2022 – eight years

1 July 2023 – seven years.

The new clause will also align periods of unpaid leave that count as service with State LSL Act entitlements.

The new clause will importantly also provide clarification for the recognition of service for nurses moving between the general nurses and midwives enterprise agreement and the 2020-2024 Mental Health Enterprise Agreement.

The parties have agreed to work with VHIA to develop a guide to LSL entitlements.

b. **Parental leave**

The 2020–24 Agreement contains an improved entitlement to parental leave and an increase in the quantum of paid primary carer leave and paid secondary carer leave.

The qualifying period for measuring paid parental leave has been reduced from 12 months service to 6 months service.

The paid primary carer leave will increase from the existing ten weeks' pay to 14 weeks' pay from 19 October 2021.

The paid secondary carer leave will increase from the existing one week pay to two weeks' pay from 19 October 2021.

The parental leave clause has also been varied to provide for:

- 20 'keeping in touch' days over a 24-month period
- capacity for an employee to seek to return to work earlier whilst on parental leave.
- loss of pregnancy under 20 weeks gestation will become a 'permissible' matter for the purpose of accessing the full compassionate leave entitlement for the primary and non-primary carer on each permissible matter
- paid leave entitlement will be determined at time of birth to ensure right to paid leave occurs contemporaneously with the birth of the child.

From 19 October 2021, an employee who is on parental leave, including paid and unpaid parental leave, will continue to receive employer superannuation contributions as though the employee was still at work.

c. **Annual leave**

The 2020–24 Agreement will contain improved annual leave entitlements for employees who are rostered to work on part of ten weekends or more per year. This includes a clearer definition of 'weekend worker', ensuring the sixth week of annual leave to part time employees who work weekends.

The new test for determining whether a nurse is a 'weekend worker' for the purposes of accessing the sixth week of annual leave can be summarised as follows:

- a nurse who works rostered hours on part of ten weekends or more per year
- weekends include Sunday nightshifts
- where less than ten occasions are worked per year the employee is to be credited with a pro rata entitlement.

Existing employees getting the sixth week under the old test continue.

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11. Other leave provisions

a. **Special disaster leave**

Employees unable to attend for work due to a disaster such as a fire or flood will be entitled to up to three days per year of paid leave (non-cumulative).

b. **Voluntary emergency management leave**

Employees will be entitled to up to two weeks paid time to undertake voluntary emergency service, such as the SES or CFA.

c. **Defence service leave**

An employee (full-time/part-time) undertaking defence force service will be entitled to make up pay for any pay lost when compared with payments received from by the Australian Defence Force subject to the process outlined in the provision.

d. **Ceremonial leave**

An employee will be entitled to substitute an existing public holiday to enable attendance at a NAIDOC event, subject to operational requirements.

e. **Compassionate leave**

The existing clause contains amended wording to increase employer discretion to provide compassionate leave for relatives not currently covered by the existing immediate family definition.

Compassionate leave can also be accessed where there has been a loss of pregnancy under 20 weeks gestation by the primary and non-primary carer.

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12. Gender equity

The 2020–24 Agreement will include the following improvements and measures to better support and promote gender equity in the workplace:

- establishment of an industry-level standing committee of representatives, CEOs, the unions and VHIA to review audit results and promote gender equity issues
- introduction of gender transition leave providing for up to 20 days paid leave (up to 48 weeks unpaid leave) for essential and necessary gender affirmation procedures
- as part of the signed MOU, any future decision of government to introduce policy related to 'reproductive health leave' will be applied to the employees covered by the 2020–24 Agreement and will be incorporated as an entitlement of the 2020–24 Agreement at the next available opportunity.

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13. Establishment of a Royal Commission Working Group (RCWG)

The 2020–24 Agreement will as soon as practicable, but no later than three months after the commencement of the Agreement, establish a committee with representatives of the unions, the Department of Health and VHIA to:

- identify recommendations of the royal commission which have implications for the operation of the Agreement;
- identify any amendments to the agreement necessary to give effect to the royal commission recommendations; and
- seek to reach consensus on any necessary amendments to the Agreement.

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14. Managing employee performance and conduct

The 2020–24 Agreement will contain a new clause that updates the existing disciplinary clause, which will be titled 'managing performance and conduct'.

The clause continues to apply the principles of natural justice and procedural fairness.

The clause has been varied to allow an employee to elect not to dispute or respond to the allegations made against them but to still raise matters in mitigation of any potential action from the employer. Importantly, the clause also provides that any proposed performance improvement plan must not be punitive in nature, for example by altering the employee's classification, work location or hours of work.

The clause also includes new obligations on employers before they can terminate an employee during their first six months of employment – the qualifying period when employees are not protected against unfair dismissal under the *Fair Work Act*.

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15. NEW alternative dispute resolution procedure

The 2020-24 Agreement contains a new provision that empowers a newly appointed Independent Disputes Resolution Industry Panel (the Panel) to hear and determine disputes relating to classifications, and by mutual agreement disputes regarding underpayment of wages.

The Panel will be made up of a nominee of the union, a nominee of the VHIA and an independent chairperson agreed by the Unions and VHIA. The new clause sets out the role, procedures and determinations of the Panel.

This alternative dispute resolution procedure has the potential to provide a less formal and quicker mechanism for resolving classification disputes and alleged underpayments (where agreed) with a determination of the Panel considered binding, subject to a limited appeals process to the FWC.

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16. Consultation

The consultation clause has been amended to ensure roster changes that are not major changes still requires consultation.

The clause has been further amended to provide for greater clarity and improved process, along with a requirement to include proposed position descriptions as part of the change impact statement process.

17. Rosters and Hours of Work

a. Rosters – posting of rosters/change of roster allowance

The 2020–24 Agreement will require an employer to implement the following matters from the commencement of the Agreement:

- the minimum length of a posted roster will be 28 days
- the roster must be posted 28 days before it comes into force, rather than 14 days currently.
- there must also be a posted roster for on-call arrangements.

An employee who is required to change their roster without 14 days' notice (currently 7 days) will receive a change of roster allowance of 2.5% of the allowance rate (as defined).

An employee who is required to change their roster without seven days' notice will receive a change of roster allowance of 5% of the allowance rate (as defined).

b. Overtime and recall

The 2020–24 Agreement will provide the following amendments and improvements to overtime and recall provisions:

- a request or direction made by the nurse in charge that an employee work overtime is to be deemed as an approved overtime. This provision has been included to prevent an employer from requiring written authorisation from executive management for approval of overtime and will empower the nurse in charge of the shift
- any recall that occurs on a public holiday will not impact on the rostered off public holiday benefit
- all time spent travelling to and from the place of duty when recalled will be deemed to be time worked and attract the relevant overtime penalty
- an employee will be entitled to a paid 20-minute rest break after more than four hours of overtime
- confirmation that overtime applies to casual employees.

c. Recall (without return to workplace) (non CATT)

From the commencement of the new Agreement, if an employee:

- i. was on-call for telephone advice or similar before a rostered shift; and
- ii. during the preceding eight hours had:
 - exceeded two hours work (rather than the time paid): or
 - had three or more recalls over a period of four hours or more, and

the employee is due to commence their rostered shift within four hours of the completion of the last recall, the employer will:

- i. not require the employee to resume or to continue to work without having had ten consecutive hours off duty without loss of pay for rostered ordinary hours, or
- ii. pay the employee at the rate of double time until released from duty for ten consecutive hours, without loss of pay for rostered ordinary hours occurring during such absence.

d. Meal breaks

The 2020–24 Agreement will clarification of existing entitlements requirements relating to meal breaks and the inclusion of 'crib-time' arrangement, including:

- strengthened provisions requiring payment for a meal break that was unable to be taken and/or an employee is not allowed to leave the ward or unit area for their meal break
- in circumstances where employees are regularly unable to take their meal break (including being unable to leave the ward or unit area for their meal break) a mandatory crib time arrangement will operate which entitles an employee to a paid meal interval for not less than 20 minutes to commence between three hours and five hours of duty.

e. Fixed roster agreement

The 2020-24 Agreement will contain a provision that will facilitate an employee making a written request to the employer to have a roster fixed by mutual agreement where the employee can demonstrate a regular and systematic pattern of work (as defined). The employer will not unreasonably refuse a request for a fixed term where the requirements of the provision are met.

f. **Supplementary roster**

In addition to the published roster required to be posted, under the 2020-24 Agreement, an Employer will be required to maintain a supplementary roster. The supplementary roster facilitates additional shifts worked on a voluntary basis and will:

- a. display vacant shifts, at a point in time, which employees can nominate to work; and
- b. contain a 'stand by' facility where employees wishing to work extra shifts can nominate the days/shifts they wish to work should such vacancies arise in the normal roster.

Vacancies that arise in the normal staffing roster will, as far as possible, be filed through the supplementary roster.

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18. Improvements to occupational health and safety (OHS) and occupational violence and aggression (OVA) provisions

a. **OVA – post incident support**

The 2020–24 Agreement will require an employer to improve the support it provides to nurses and midwives following an incident. This will include:

- access to post incident support services
- appropriate action to prevent further injury to employees
- conducting an incident investigation in a timely manner and implementing workplace controls to prevent a recurrence
- providing information regarding the employee's rights including workers compensation claims and reporting to police.

b. **OVA reporting**

The 2020–24 Agreement will require an employer to provide to the OVA committee (which will continue to have a mandated requirement for ANMF representation):

- data relating to code grey and code black matters and other alerts relating to the risk and violence
- the number of reported incidents of OVA
- the number of incidents that have resulted in an injury to staff/patient/visitors, and
- the number of incidents that have resulted in property damage
- systemic recommendations and actions concerning risk management and OVA.

The clause has also been amended to include OVA as a standing agenda item at WICs.

c. **OHS –education for managers**

Employers will be required to ensure that nursing managers and supervisors receive education and the support to ensure:

- OH&S risk assessments are undertaken
- OH&S incident investigations occur, and
- employees are properly consulted on OH&S issues.

d. **OHS – HSR elections**

The 2020–24 Agreement will require employers to provide in writing to the ANMF annually (or within 28 days of

receiving a written request from ANMF) a copy of the Designated Work Group list and the names of the Health and Safety Representatives for each designated work group.

e. **OHS – code grey**

Employers will ensure that sites with an acute inpatient unit have an adequately staffed code grey response in operation.

19. Professional development

The 2020-24 Agreement contains the following clarification and changes to strengthen and improve access to professional development for nurses:

- existing professional development entitlement to be made available to support State Government initiatives to improve workforce development of priority areas of nursing care
- any education that is a mandatory requirement from an employer must be provided in paid time, including for casual employees and not require any part of an employee's existing professional development leave to be utilised
- increase to funding for Department of Health scholarships for postgraduate study from 440 FTE to 1000 FTE to allow more eligible nurses to access study leave entitlement.

20. Additional variations to the 2020-2024 EA

a. **Base employment campus – relocation payment**

A new clause will be introduced to address the circumstances arising where an employer requires an employee to relocate from one campus to another location to undertake their duties. The clause does not permit an employer to relocate an employee but sets out compensation where such circumstances arise.

The clause provides for payment where an employee is required by the employer to relocate from their base employment campus before or during a shift, temporarily or permanently.

- within rostered shift – paid time and vehicle allowance
- outside rostered shift – vehicle allowance and travel time allowance, if additional travel time exceeds 15 minutes, and reimbursement for additional costs – e.g. car parking.
- temporary relocation – actual cost up to \$1,900
- permanent relocation – actual cost up to \$1,900

b. **Psychiatric Clinical Nurse Specialist**

The 2020–24 Agreement includes a new provision providing for portability of P/CNS classification from one employer to another employer within the same specialty/clinical area

The new employer will advise the transferring P/CNS of the next P/CNS advertising period and if the employee applies for P/CNS and is successful, the employee will be back paid at the P/CNS rate from the date of commencement in the role with the new employer.

c. **Portability of personal leave**

The personal Leave clause has been amended to provide clarification that an employee who transfers from employer A to employer B but who remains engaged as a casual employee with employer A will be entitled to transfer their accrued personal leave to employer B (subject to the existing cap contained with the 2020–24 Agreement). A statement of service is to be made available.

d. **Biometric time keeping**

An employer will be required to mitigate or avert the impact on an employee with a genuine difficulty in complying with a requirement to utilise biometric technology. This clause will apply to any or new existing biometric technology and any new or existing employee.

e. **International experience**

A new clause has been included to confirm when previous experience is counted for internationally qualified nurses, in line with the new Nursing and Midwifery Board of Australia requirements.

The parties have also agreed the following additional matters:

- superannuation clause updated to reflect statutory changes. Employer superannuation to be calculated and paid fortnightly where existing systems have the capacity to. Future implementation of new systems to incorporate this requirement
- amendments to the existing meal allowance clause to clarify entitlement
- employers will be required to ensure that an updated letter of appointment is provided to an employee where their employment arrangements change
- each employer will be required to maintain and apply a demand escalation policy in accordance with the new clause, no later than six months after the commencement of the Agreement
- amendment to redundancy and entitlements clause requiring employer to give priority to existing employees in the context of a 'spill and fill'
- new clause to facilitate casual conversion.
- clarification of 'casual employee' definition
- clarification of requirement to establish local MHWIC and reschedule cancelled meetings
- inclusion of provisions outlining employers statutory pay slip obligations, including that pay slips provided by an employer must list all deductions and the reason for the deduction
- amendments made to relevant clause to capture that RPN Grade 5 will have access to 'Saturday and Sunday work', 'higher duties allowance', 'shift allowances', and 'overtime' when undertaking direct care clinical work
- new provision for Individual Flexibility Arrangements (IFAs)
- amendment to the payment on termination provision to ensure employees who resign at their own initiative are paid any outstanding amounts owing to them on their next ordinary pay day
- inclusion of provision regarding private car use by employees – employees can only be directed to use their private car for work purposes where it forms part of contract of employment or agreed in writing.

Members with any queries in relation to this matter are requested to contact the ANMF via: records@anmfvic.asn.au (Email subject line: MH EBA Ballot)