

# EBA 2020. Better. Safer. Fairer.

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PUBLIC SECTOR MENTAL HEALTH SERVICES  
VICTORIAN INSTITUTE OF FORENSIC MENTAL HEALTH



## EBA CAMPAIGN UPDATE 14 WEDNESDAY 26 MAY 2021

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## Mental health EBA negotiations

ANMF is well aware that our hard-working nurse members are ready for this enterprise agreement to be finalised. We continue to meet in good faith with all parties in an effort to bring an end to these discussions and a resolution for our priority member claims. Of the 67 claims endorsed by delegates back in 2019, we have only three priority claims outstanding. These include:

1. staffing profiles and improvements to existing staffing
2. the Community Workload Management System (CWMS)
3. discipline mix in community mental health teams.

As you can see, the majority of our priority claims have been agreed including all relevant claims already achieved as part of the general public sector nurses and midwives enterprise agreement.

There is no bargaining meeting this week due to HACSUs state-wide meeting. ANMF has made it known we are available to meet on other days to continue bargaining.

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### Progress on members' EBA claims

Our claim for improved staffing profiles across bed-based services is still outstanding. The Victorian Hospitals' Industrial Association has continued to refuse to progress this claim which would involve asking their members to clarify the outstanding areas of difference. This would be the next logical step and is a normal part of any equivalent full time (EFT) claim in bargaining.

Put simply, ANMF does not understand why this cannot be provided immediately.

Members would be aware that the Andrews Government made an election commitment to legislate the staffing profiles in mental health. ANMF is committed to ensuring that this election promise comes to fruition, however it is critical that prior to the drafting of the legislation that the existing staffing levels and profiles are confirmed and embedded into the EBA. This work is tedious but needs to be completed as a matter of priority.

Despite the above, ANMF can report that recently we strongly urged VHIA to consider all our staffing EFT claims.

At a minimum we've asked VHIA to consider an uplift for night shift in aged persons mental health and an uplift in secure extended care units (SECU). This has been acknowledged and supported by VHIA. We welcomed this development and support for our SECU and aged persons mental health members who continuously raise serious workload issues due to insufficient staffing levels. We will continue to push for the consideration of all our staffing claims.

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### Discussions and exchange of drafts for ANMF claims continue

ANMF continues to offer to meet with HACSUs, on claims where we hold a shared view. A particular example is the Community Workload Management System (CWMS).

The CWMS tool currently has application for all community teams including emergency department mental health and crisis teams. This mechanism seeks to ensure that clinicians have at least 40 per cent non-direct clinical time to attend to activities such as personal development, clinical supervision and education. This leaves 60 per cent of their workload for direct clinical work. However, we know that in many cases for these crisis teams, the tool is not being used. We have made progress, working with HACSUs to ensure that the proposal put forward by VHIA is fit for purpose and supported by our shared membership.

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### Discipline mix in community mental health teams

Another priority claim from our members relates to nurse for nurse backfill in community mental health.

We know there is an issue with the substitution of nursing roles with allied health and no regard for discipline-specific skills.

ANMF is supportive of multidisciplinary teams but does not endorse generic position descriptions or roles.

The mental health royal commission's final report highlights that the generic case management model is undoubtedly in need of

reform and the model means that many consumers do not receive specialised therapies suited to their needs.

We know that nurses bring important skills, including a comprehensive understanding of the life span, through our training and education. Nurses provided distinct skills and we do not support dilution of this expertise. In response to our claim for discipline skill mix, the VHIA put forward a proposal for a new clause to replace the current skill mix clause, which supported our claim for nurse for nurse backfill. To date, this has not been agreed by HACSU.

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### **HACSU industrial action**

As has been stated before, it is critical that ANMF members understand you are not legally protected and therefore not entitled to take part in any of HACSU's protected industrial action campaign. This includes stop work meetings or barbecues. ANMF understands the difficulty of ANMF members working alongside colleagues who are participating in the industrial action. ANMF is working to finalise this small, but important, number of outstanding claims as soon as possible.

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### **Mental health royal commission final report**

The inaugural ANMF Royal Commission Working Group held its first meeting on 12 May. This group of dedicated ANMF delegates has been chosen to represent different areas of mental health and brings many years of experience and knowledge to the table. Assistant Secretary Maddy Harradence chairs the newly formed group, alongside deputy chair Mental Health Nursing Officer Jade Chandler.

ANMF has expressed support for a royal commission facilitative clause in the EBA which provides for the establishment of a Royal Commission Working Group to ensure that any changes as a result of the report's findings can be implemented and reflected in the agreement as required. Unfortunately, HACSU has not agreed to this facilitative clause.

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### **Forensic negotiations**

ANMF knows that our members at Forensicare have immense workload and staffing pressures. This is compounded by the prevalent issue of occupational violence and aggression that our members face daily.

In terms of EBA negotiations, these discussions have been quite fragmented. We know that our members' claim for increased prison nurses is more important than ever, given the royal commission's recommendations for an additional 127 beds to be added to Thomas Embling Hospital, and the expansion of the forensic community mental health model. You just can't add more beds and increase capacity without increasing the number of forensic mental health nurses. We look forward to engaging with our members about these issues and many more in the coming weeks.

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