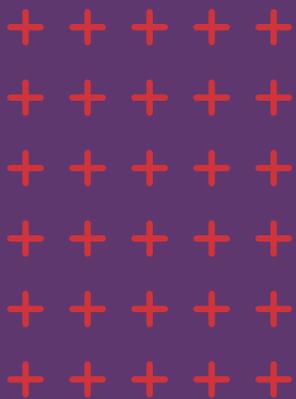


2020 EBA. Better. Safer. Fairer.

Leading the way in mental health nursing reforms for all Victorians



LOG OF CLAIMS FOR ENROLLED AND REGISTERED NURSES WORKING IN PUBLIC MENTAL HEALTH SERVICES 2020-2024

anmfvic.asn.au/EBA2020mentalhealthnursing



++ Mental illness must be treated as seriously as physical illness.

This means designing our mental health system with a focus on best practice, person-centred and recovery-focused mental health care so people can engage with their community, education and employment.

Recovery depends on every person living with mental illness being able to access high quality care, treatment and support — when, where and for as long as they need it.

Quality care, treatment and support requires a skilled and well-supported mental health nursing workforce.

In accepting the Victorian mental health royal commission's recommendations, the Andrews Government has committed to a serious mental health reform agenda.

The ANMF (Vic Branch) log of claims for enrolled and registered nurses in mental health services is designed to support this ambitious goal. It also ensures that ANMF's successes, achieved for nurses and midwives working in the general public sector, flow on to nurses working in mental health.

To realise a better mental health system these claims provide a blueprint to create a culture of respect and excellence and a workforce that can confidently implement the government's reforms.

Mental health nurses are in a unique position of being able to provide people with physical and mental health care.

This is why Victorian mental health nurses seek more nursing positions in prevention and recovery centres, prisons and community mental health. They also seek improved mental health nursing governance and clinical mentoring of the workforce.

Initiatives include improved rosters, ensuring all vacancies are replaced in a timely manner and that mental health nurses do not work in understaffed wards and units.

An undergraduate nursing student employment model will also provide an opportunity for the next generation to experience working in mental health services while they learn. To improve mental health workforce recruitment and retention, graduate and postgraduate nurses should have ongoing employment from day one of their nursing career.

ANMF continues to push for structural changes that will create a mental health service culture that does not accept workplace aggression and violence as inevitable. Employers and health service executives must continue to lead the implementation of strategies that will prevent and reduce violence against mental health nurses.

Our initiative for all nurse unit managers, associate unit managers and supervisors to receive training in incident investigation, conduct consultation and occupational health and safety risk assessment will increase understanding of how to create safer workplaces across management.

Like the Victorian Government, mental health nurses want to deliver life-changing programs for our state's most vulnerable people.

Let's make it better, safer and fairer for mental health nurses and the Victorian community.

++

A. Incorporate achievements won by nurses and midwives in the general public sector

1. Inclusion of the improvements achieved in the 2020-2024 general nurses and midwives EBA outcome, including:
 - a. increased notice requirements for issuing a roster and changing a roster, including on-call requirements
 - b. access to six weeks annual leave for all nurses who are weekend workers
 - c. access to long service leave at 7 years of service
 - d. periods of unpaid parental leave counting as service
 - e. increases in paid parental leave for primary and secondary carers
 - f. superannuation to continue to be paid through absences on parental leave, not just the paid component
 - g. confirmation when previous experience applies for an internationally qualified nurse
 - h. ensuring employers cannot implement punitive performance improvement plans
 - i. portability of P/CNS between employers.
2. Introduce a clause outlining an agreed process to replace unplanned absences.
3. Introduce a requirement for Supplementary Roster.
4. Introduce Demand Escalation Policy requirement to address unexpected surges in workload.
5. Improved Consultation Provision.
6. Improved Dispute Resolution Procedure.
7. Improved and renamed Discipline Clause i.e. managing conduct and performance.

++

B. Salaries, classifications and related matters

1. Wages and allowances for registered nurses (RPN) and enrolled nurses (PEN) to be increased to maintain parity with public sector general nursing.
2. Grade 4 Year 1 to receive uplift to address the anomaly between Grade 3 Year 5 and Grade 4 Year 1.
3. Introduce Sole Allowance provision for nurses comparable to allied health practitioners.
4. Increase the existing rate for work performed on a Sunday night shift for full and part time employees.
5. Where an Employer already has or introduces time keeping that utilises biometric technology, the Employer will provide Employees alternative forms to biometric timekeeping i.e. a swipe card.
6. Amend Payment of Salaries provision to include additional matters on employee pay slips and employee records.
7. Introduce Damaged Clothing Allowance for nurses.
8. Provision that includes the agreed EFT of RPN 5 Clinical Nurse Consultant (CNC) allocated to Acute Inpatient Services and descriptor in accordance with the agreed Position Description.
9. Ensure that Consultation Liaison Nurses employed by public mental health services are paid not less than the applicable pay rates for that grade and classification under the Nurses and Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement 2020-2024.
10. Provision that includes the newly formed position of Community Mental Health Engagement Worker and descriptor in accordance with the agreed Position Description.
11. Introduce a NUM structure aligned to the General Nurses and Midwives EA.
12. Introduce provisions for an advanced practice nursing structure.

++

C. Nurse: Patient Staffing Profiles for inpatient services and related staffing matters

1. Provision that clearly sets out the staffing profiles for all bed-based services including all inpatient units, MBU, CCU, SECU, PARC and TSU in accordance with previously agreed staffing arrangements, at a minimum.
2. Nurses to be rostered for all shifts in Prevention and Recovery Care Centres (PARCs).
3. Amend clause 92.4 High Dependency Units to reflect that staffing profiles in the HDU are met without detriment to LDU.
4. Standardise normal shift lengths between all clinical settings to reflect shift length of eight-hour day, eight-hour afternoon and 10-hour night for both full time and part time employees.
5. Provision that there will be a designated Mental Health Director of Nursing (DON) for each Mental Health service.
6. Introduce a new Mental Health After Hours Co-ordinator role for the off-duty periods of the MH DON in each Mental Health Service campus.

7. Provision to introduce Graduate Support Nurses and allocate to health services across the state.
8. Provision to introduce up to 1 EFT Clinical Nurse Educator (RPN Grade 4) positions at each 6 Mother Baby Units.
9. Amend clause 91.11 Back Filling of Leave to reflect that all planned absences will be backfilled and without limitation of length of time.
10. Strengthen the procedure for appointment to vacant positions.
11. Introduce provision to protect against amalgamation of wards which result in an increase in workload and increase in client risk, without the agreement of the ANMF and the Employer.

++

D. Community mental health

1. Introduce measures to support building the nursing workforce to provide a community team response whereby the mental health and physical health needs of clients are met, to be achieved by:
 - a. Community Mental Health Teams to be led by mental health nurses with role clarity so that comprehensive services are met within the capability of all disciplines;
 - b. To transition to at least 2/3 of the community mental team members to consist of nurses during the life of the agreement so that the community has access to mental health nurses; and
 - c. Any community mental health position held by a nurse that becomes vacant will be replaced by a nurse.
2. Update and amend existing Community Workload Management System (CWMS) provision to reflect recommendations from the *DHHS Implementation of the CWMS – End of project report* with respect to obligations on the Employer for ongoing monitoring and enforcement of compliance.
3. For the purposes of providing annual leave relief, all community mental health teams will have designated ‘relieving’ community mental health nurse/s.

++

E. Assertive outreach services – adopt themes from the ‘Royal Commission into Victoria’s Mental Health System Interim Report’, including to strengthen assertive outreach by mental health nurses

1. Re-introduce standalone Mobile Support Teams (MST) for all Mental Health Services.
2. Re-introduce standalone Community Assessment and Treatment Teams (CATT) for all Mental Health Services.
3. Extend Police Ambulance Clinical Early Response (PACER) to all Mental Health Services and extend the PACER program to provide coverage 24 hours a day.
4. Expand Intensive Mobile Youth Outreach Service (IMYOS) to all Youth Mental Health Programs.
5. Expand the successful Pre-hospital Response of Mental Health and Paramedic Team (PROMPT) model.

++

F. Rosters, leave and related staffing/conditions matters

1. Amend Long Service Leave provision to provide comprehensive and consistent Long Service Leave entitlements for all nurses, including access to LSL after 7 years of continuous service and inclusion of casuals.
2. Amend Roster clause to require a roster in each ward/unit that accurately reflects the required staffing & skill mix for the roster period.
3. Provision that 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 to be immediate, formally recorded in writing and available to the ANMF and employees.
4. Deviations from the published roster (other than one initiated by the employee) will attract the 'change of roster' allowance for each such variation.
5. Improve Overtime and On call/Recall provisions.
6. Amend clause 88.8 (b) Public Holiday Night Duty to ensure that nurses working where a shift commences on the public holiday are paid public holiday penalty rates for the hours worked.
7. Amend Meal Breaks provision to ensure payment for meal breaks not taken.
8. Amend clauses to provide for overtime rates for casuals.
9. Expand definition of Study Leave to include supporting initiatives to improve workforce development.
10. Amend Ceremonial Leave provision to provide for the substitution of a public holiday to enable attendance at NAIDOC events.
11. Introduce provision for paid Defence Service Leave.
12. Introduce provision for Voluntary Emergency Management Leave.
13. Introduced provision for access to Special Paid Disaster Leave.
14. Amend Personal Leave provision to provide for improved portability of leave for casual employees who remain on casual bank/or as a casual employee with their previous employer.
15. Clarify rights of Employees if Employer seeks to terminate employment during the first 6 months of employment (qualifying period).
16. Letter of Appointment to be updated and re-issued when agreed changes have been made.

++

G. Professional development and related matters

1. Amend Qualification Allowance provision to recognise an Advanced Diploma.
2. Introduce a Training and Assessment Allowance to be paid where the Employer requires the Employee to hold a current Certificate IV TAE.
3. Amend Professional Development Leave provision to provide clarity that mandated training occurs in paid time, including for casuals.

++

H. Promoting permanent employment/ workforce attraction and retention

1. Graduate nurses to be provided with on-going employment.
2. Post graduate students to be provided with on-going employment.
3. Amend Clause 93 Workforce Development to remove short term employment restriction.
4. Insert Nursing Indigenous Health Cadetship clause to support the funding of this successful employment model.
5. Insert provision for RUSONs in Mental Health wards with agreed Position Description.
6. Insert provision for previously agreed Aboriginal Traineeship Deed.
7. Increase funding for DHHS Scholarships for Postgraduate Study consistent with the Royal Commission into Victorian Mental Health System Interim Report.
8. Amend Fixed Term Employment clause to limit the use of fixed term employment to genuine fixed term arrangements.

++

I. Occupational health & safety, equal opportunity and employee representation

1. Improvements and strengthening of OHS clauses, for example:
 - a. NUM/ANUM/Supervisors to receive adequate training and support to undertake OHS incident investigations, conduct consultation with staff over OHS issues and undertake OHS risk assessments;
 - b. Add requirement to regularly provide ANMF with a copy of the DWG list, names of the HSRs, dates of election for HSRs, and dates that they have undertaken HSR training;
 - c. Change the Return to Work Clause to ensure injured workers can be represented by their union.

++

J. Other

1. A 4-year agreement with a nominal expiry date of 30 June 2024.
2. Introduce measures to address Gender Based Discrimination.
3. Introduce provision for agreed and future measures to reduce the environmental impact of health services.
4. The ANMF reserves the right to table additional matters as they arise in the course of drafting and in response to matters arising during bargaining for a new enterprise agreement.