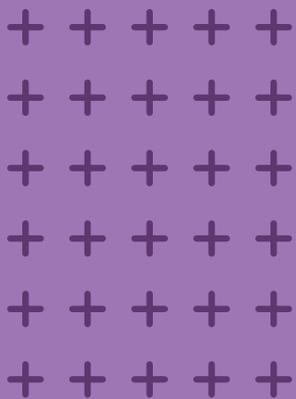


# 2020 EBA. Better. Safer. Fairer.

Leading the way in mental health nursing reforms for all Victorians



## LOG OF CLAIMS FOR ENROLLED AND REGISTERED NURSES WORKING IN THE VICTORIAN INSTITUTE OF FORENSIC MENTAL HEALTH SERVICE 2020-24

[anmfvic.asn.au/EBA2020mentalhealthnursing](http://anmfvic.asn.au/EBA2020mentalhealthnursing)



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

Recognition of the increased demand for the Victorian Institute of Forensic Mental Health's services has led to consensus on the need for serious reform in these services caring for people with severe mental illness in the Victorian criminal justice system.

It must be a system that provides treatment, care and support for those with a mental illness who also offend. This will provide every person an opportunity for recovery.

It is anticipated these reforms will be detailed in future recommendations by the Royal Commission into Victoria's Mental Health System. These recommendations are eagerly awaited by ANMF and our mental health nurse members.

While not part of this claim, ANMF continues to advocate on behalf of members for three 20-bed statewide semi-secure inpatient units with dedicated mental health nurse staffing.

Staffing levels have not kept up with the recent rapid growth in Forensicare's services.

This log of claims is designed to retain and further recruit a mental health nursing workforce for these expanding services. It aims to create a physically and psychologically safe workplace. It also ensures that ANMF's successes, achieved for nurses and midwives working in the general public sector, flow on to nurses working in forensic mental health services.

Building a stable, skilled and well-supported mental health nursing workforce will be key to Forensicare's ability to provide best practice, person-centred and recovery-focused mental health care to people in the criminal justice system.

To realise better Forensicare mental health nursing services our claims provide a blueprint to create a culture of respect and excellence and a workforce that can confidently implement the much-needed reforms to come.

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

This is particularly important for people with severe mental illness who have not engaged in health services prior to coming into contact with the criminal justice system. This is why Victorian mental health nurses seek more nursing positions throughout the community including 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 forensic 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's involvement in a recent review of the use of seclusion at Thomas Embling Hospital revealed serious concerns about the violence and aggression that mental health nurses experience. The review panel made significant recommendations to improve the safety of the workforce and consumers.

ANMF continues to advocate for changes that support a culture that does not accept workplace aggression and violence as inevitable.

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.

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

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### **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

**+**  
**+**

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- 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

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## **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 utilizes 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. Provision that includes the newly formed position of Community Mental Health Engagement Worker and descriptor in accordance with the agreed Position Description.
10. Introduce a NUM structure aligned to the General Nurses and Midwives EA.
11. Introduce provisions for an advanced practice nursing structure.

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## **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 in accordance with previously agreed staffing arrangements, at a minimum.
2. Amend clause 67.5 High Dependency Units to reflect that staffing profiles in the HDU are met without detriment to LDU.
3. Provision that there will be a dedicated Director of Nursing (DON) and an After Hours Co-ordinator role for the off-duty periods of the DON

4. Provision to introduce Graduate Support Nurses and allocate to health services across the state.
5. Amend clause 97.11 Back Filling of Leave to reflect that all planned absences will be backfilled and without limitation of length of time.
6. Strengthen the procedure for appointment to vacant positions.
7. 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.
8. Employ additional nurses to work in mental health settings in prisons

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## **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.

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## **E. 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 49.8 (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.

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## F. 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.

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## G. 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 98 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.

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## H. 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.

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## I. 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.