



# 2007 PUBLIC SECTOR PSYCHIATRIC NURSING STAFF CLAIM

Nurses save lives! Nurses are essential to the health and well-being of the Victorian community and yet there is enormous failure on behalf of governments of all political persuasions to recognise the overall contribution that nurses make.

Nursing must be seen as a viable career option for school leavers and, in addition, existing experienced nurses must have job satisfaction to ensure that they remain nursing. No amount of marketing will be successful if retention issues are not continually addressed and nurses are not valued.

Agreement and implementation of the 2007 Psychiatric Nursing Staff Claim will allow the following to occur:

1. Experienced nurses will continue working in the mental health system, nursing those Victorians with mental health issues.
2. Workloads will become safer and patients will receive better care as a result of the introduction of nurse patient ratios in inpatient settings.

3. The Victorian Government will be able to demonstrate its true commitment and how it values nurses.
4. There will be a safer working environment that ensures nurses are free to nurse, free of fear, intimidation and violence.
5. Psychiatric nurses will be able to better balance the competing work, family and life issues that they are faced with.
6. Ensure that there are psychiatric nurses for the additional mental health beds the Bracks Government announced in its 2006 election promise which is on top of the commitments made in the 2006 Budget.
7. Provide a better incentive to those considering a career in nursing in mental health.

The Victorian community values and respects psychiatric nurses' contribution. It is now time for the Government and employers to demonstrate the same.

## VICTORIAN PUBLIC SECTOR PSYCHIATRIC NURSING STAFF - COLLECTIVE BARGAINING AGREEMENT 2007

### Precis of Log of Claims

#### Part A - Award variations

The new Agreement to contain improvements (to be specified) to Awards that have not been incorporated into previous agreements and are of benefit to ANF members (except where varied by the existing Agreement or Part D of this claim), insofar as they relate to matters pertaining to the employment relationship between each or any of the employers served with this claim and the employees engaged in classifications covered by the Victorian Psychiatric Services Certified Agreement 2004-2007 insofar as such matters are neither objectionable nor prohibited, and shall be enforceable as provisions of the new Agreement.

Terminology to be updated where appropriate.

#### Part B - Current EBA maintenance

The new Agreement to contain all conditions contained in the Victorian Psychiatric Services Certified Agreement 2004-2007 (except where varied by Part D of this claim), insofar as they relate to matters pertaining to the employment relationship between each or any of the employers served with this claim and the employees engaged in classifications covered by that Agreement insofar as such matters are neither objectionable nor prohibited.

The new Agreement to also incorporate Organisational Change provisions.

#### Part C - items that can't be contained in an agreement

Any conditions in this claim, the specified Award variations that are to be incorporated, or the current Agreement that are prohibited by law from being contained in a union collective agreement are to be maintained (except where varied by this claim) and contained in a common law deed between the union and the employer.

#### Part D - New claims (next page)

## Part D - new claims

### 1. Recruitment and retention initiatives

- a) Minimum 18% increase to all wages and allowances over 3 years.
- b) Graduate nurses to enter at RPN 2 year 1 (RPN 2 year 2 for those who have completed a postgraduate certificate in psychiatric nursing and RPN 2 year 3 for those who have completed a graduate diploma in psychiatric nursing), with comparable increases in RPN 2 increments, Registered Psychiatric Clinical Nurse Specialist and Registered Psychiatric Nurse Grade 2 - Advanced.
- c) RPN 3 and above to have salaries increased to restore relativity with top RPN 2 rate as intended by professional rates decisions of the Industrial Relations Commission for nurses.
- d) A PSEN Grade 1 nurse entering the workforce who has:
  - a. completed the Certificate IV entitling them to endorsement to administer medication to enter at Year 2.
  - b. completed the Diploma to enter at Year 3.
  - c. completed an Advanced Diploma competency relevant to mental health or in a mental health related field to be eligible for the Senior Allowance.
- e) Psychiatric Nurse Practitioner and Nurse Practitioner candidates – development of classification standards, role definitions, rate of pay consistent with existing terms and conditions applying to Nurse Practitioners generally.
- f) In addition to the night duty allowance, an employee who commences night duty on a Sunday shall be paid the Sunday rate of pay for all hours worked on that shift, provided that if the Monday is a Public Holiday, all hours worked on the Monday are to be paid at weekend Public Holiday rates.
- g) Permanent night duty allowance to apply to all night duty shifts.
- h) Costs associated with police checks to be the employer's responsibility, with police checks remaining with the employee, and an agreed process reached.
- i) Enhanced overtime payments for casuals, weekends and public holidays.

- j) Superannuation – compulsory employer contribution to be increased to 10% of all salary, allowances, loading and penalties and payable to all nursing employees, regardless of age or income.
- k) Research RPNs to be paid not less than RPN 3 with career structure to be negotiated within 12 months.
- l) Employer to pay work-related car parking.

### 2. Work life balance

- a) All nurses to be eligible for not less than 14 weeks paid parental leave and 2 weeks paid paternity leave specifically including casual employees engaged on a systematic and regular basis.
- b) Nurses to be entitled to take long service leave pro rata on completion of 7 years service.
- c) Where a nurse transfers employment from one employer to another, the nurse's existing employer is to compensate the new employer for the LSL liability.
- d) The allowable period of absence between employers for LSL purposes to be increased to 12 weeks.
- e) Long service leave to be paid at either the employee's ordinary rate at the time of taking the leave, or where there has been full and part time service during the accrual period at the average rate during the accrual period, whichever is the greater.
- f) All nurses to have access to 6 weeks annual leave, where they work (including overtime) or are on call on weekends, whether full or part time.
- g) Senior Allowance to be payable during annual leave.
- h) Paid time for nurses performing volunteer duties for CFA, SES and similar organisations, and nurses not be required to re-attend for work, without loss of pay, for 10 hours after completion of volunteer duty.
- i) The employer to reimburse a nurse for child care expenses where a nurse (without 24 hours notice) is required to perform work at times other than or in addition to their rostered hours.

- j) On-call allowance to be increased to 5% and introduction of "stand-by" allowance to properly compensate for extended periods of on-call duty.
- k) The employer is to provide paid leave to any nurse where that nurse has been elected to the Victorian Branch Council of the ANF to enable the nurse to travel to and from and attend Branch Council meetings and where applicable meetings of the Branch Executive Committee.
- l) Paid leave to attend alcohol and drug and mental health rehabilitation programs.
- m) All staff to have access to the 8:8:10 roster.

### 3. Education

- a) An RPN who completes additional recognised tertiary education beyond the minimum necessary for registration to receive the Qualification Allowance - e.g. double degrees, 4 year degrees, honours degrees, Masters entry and similar arrangements.
- b) Study leave of 4 hours per week per semester for tertiary studies, with backfilling of absences.
- c) a Registered Nurse Division 1 who holds a doctorate shall be paid, in addition to their salary, 8.5% of the base rate.

### 4. Occupational Health and Safety

- a) Bring EBA into line with Victorian legislative changes in OHS and workers compensation.
- b) Strengthen nurses' rights to OHS and workers compensation which have been reduced under WorkChoices and other Federal legislation.
- c) Introduction of agreed principles and processes to prevent and manage OHS hazards affecting nurses including expansion of the VNBIPP, violence, bullying and stress.
- d) Improved Accident Make-up Pay from 39 weeks to 52 weeks and in the calculation include penalties and shift allowances.
- e) Implement the "Industry Occupational health and safety interim standards for preventing and managing occupational violence and aggression in Victorian Mental Health Services".

- f) Implement the recommendations arising from the Working Party specified in clause 13.2 of the current Agreement.

### 5. Staffing

- a) A ward/unit (both to be clearly defined) to comprise no more than 30 beds.
- b) Additional funding from DHS to ensure that there are more psychiatric consultation liaison nurses employed .
- c) The following RPN nurse to patient ratios to apply in all wards and units in all psychiatric services as indicated:

Adult Acute	
AM	1:4 + I/C
PM	1:4 + I/C
ND	1:6
High Dependency Unit	
AM	1:2 + I/C (stand alone unit only)
PM	1:2 + I/C (stand alone unit only)
ND	1:2
Secure extended care	
AM	1:4 + I/C
PM	1:4 + I/C
ND	1:8 + I/C
Mother baby units	
AM	1:3 + I/C
PM	1:3 + I/C
ND	1:3
Community Care Unit	
AM	1:5 + I/C
PM	1:5 + I/C
ND	1:10 (min 2 RPNs)
Psychogeriatric	
AM	1:4 + I/C
Home/Hostel	
PM	1:4 + I/C
ND	1:10 + I/C

Note: The ratios specified above represent 1 EFT of nurse per shift to the number of operative beds (1:4 means 1 RPN/PSEN for each 4 operative

beds). The nursing skill mix of RPNs and PSENs is to be determined according to patient client need. Where in charge (I/C) is specified this is in addition to the prescribed ratio. The ratio is a minimum staffing requirement that is to be increased dependent upon presenting clinical need. In calculating staffing numbers any fraction of a nurse EFT to be rounded up to the next whole EFT.

- d) For Occupational Health and Safety reasons a minimum of two staff are always to be rostered in any stand alone facility or unit.
- e) The existing staffing arrangements are to be maintained in all specialised services including but not limited to the following:  
  
Child and Adolescent Inpatient Units, Child and Adolescent Day Programs, Statewide Child Inpatient Units, Eating Disorder Units, Neuropsychiatry, Youth Health Inpatients, Brain Disorder Programs-Inpatient, Spectrum-Inpatient, Forensic-Inpatient.
- f) Any area that currently provides nursing staffing levels greater than those provided for in this claim shall maintain those nursing staffing levels.
- g) The application of Caseload Management Tools in the community, based on best practice currently in place.
- h) That one additional EFT for each 7 staff employed be provided to all community teams for the purposes of providing annual leave relief.
- i) Absences on long service leave or extended leave beyond one week are to be fully replaced.