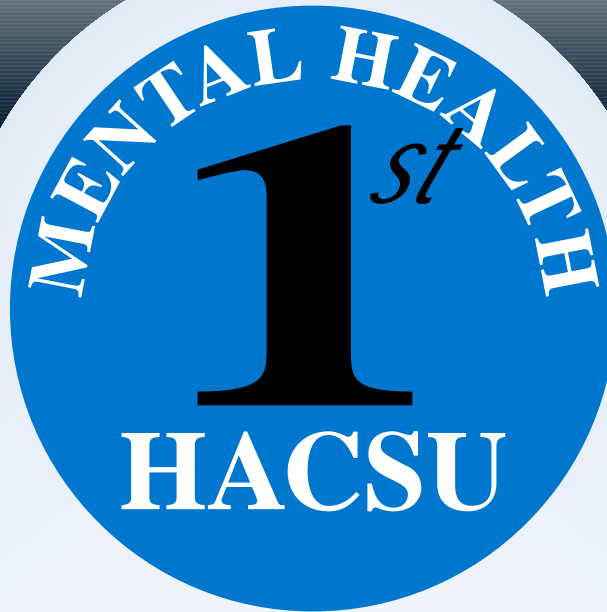


MENTAL HEALTH FIRST



Preamble

This claim recognises the enormous contribution to the Victorian Community by Mental Health workers. Mental Health is acknowledged by the World Health Organisation as the world's largest health issue. One in every five Australians will be affected by mental illness. Victoria's mental health workforce is responding to an average increase in demand of 8%, with a 14.6% increase in 2001/02.

The recruitment and retention crisis is deepening. The average age of a mental health clinician is now up to 45. There is a net loss of trained clinicians leaving the service to new graduates entering. We must respond to the challenges.

We need to recruit and support graduates with the skills and knowledge required of beginning level practitioners. Mental Health clinicians are burdened with excessive case loads and inadequate and unsafe staffing levels.

Safe staffing levels and rational case load management must be introduced to deal with the pressures and demands on employees. Acuity levels in inpatient units continue to climb. We need resources to support these services.

This claim was developed following extensive consultation with the mental health workforce, including detailed surveys, over 30 workplace forums, canvassing senior clinicians, specific workload and caseloads workshops. Because the claim reflects the opinions and ideas of the workforce, it focuses on what is fundamental in rebuilding the profession:

1. Education, Training and Skill

Based Career Paths;

2. Wages and Conditions;
3. Safe Staffing Levels, Workloads and Case Loads;
4. Workplace Participation and Employees Rights;

The Government can't implement it's "Five year New Directions for Mental Health" unless it addresses the workforce issues first. That process starts with training, making workplaces safer by addressing incidences of aggression, ensuring proper safe staffing levels and manageable caseloads, providing decent wage and conditions of employment and career structures commensurate with a specialist profession to make mental health attractive to young people when considering a career, and more over to retain employees.

The claim covers all mental health employees and is both far reaching and specific. Some claims might not be relevant to each employer and so won't be pursued in the negotiations. For example, the rural allowance would only be claimed against employers in rural areas. Similarly, there may be some matters that are specific to a particular employer and will be claimed against them only: these might not be mentioned in this document, but will be part of the negotiations.

It is a sensible claim. It provides a framework to continue rebuilding our specialist service, with a focus on meeting demand, but importantly providing a skilled and responsive mental health workforce for the Victorian community.

This claim acknowledges the unique and specialist nature of mental health services and the specialist contribution all clinicians make. The claim puts mental health first.

The priority to rebuild a skilled and responsive mental health workforce for the Victorian community.

1. Education and training

It is widely recognised that the current undergraduate nurse education program fails to adequately prepare beginning level clinicians in specialist Mental Health Services. Beginning level clinicians are commencing employment without being offered or provided adequate training and preparation in mental health. To compound this, research shows that without clinical exposure, placement and clinical support graduates are likely to leave the profession within a short period of time. With the current average age of the mental health work force at 45 urgent measures are needed now. In five years it will be too late. HACSU seeks:

1.1 Beginning level training reform

1.1.1 The employer to arrange for and provide each RPN without specialist undergraduate or post graduate psychiatric nurse training, post graduate psychiatric nurse training that leads to an agreed standard.

1.1.2 The employer arrange for and provide each PSEN without pre/in-service or post graduate mental health training, training to achieve agreed minimum nationally endorsed units of competency, skills and knowledge in mental health.

1.1.3 Each nurse will be paid full time study leave until this training is completed.

1.2 Graduate, entry level and support programs

1.2.1 A new classification of "Pre-Graduate Student" be agreed, categorised and paid as follows in relation to students employed by the employer:

- "Pre Division 2 Registration" and paid the rate of PSO 1
- "Post Division 2 Registration" and paid the rate of PSEN1.

The employer establish a "Student Induction and Employment Support Program" for Pre-Graduate Students enrolled in Bachelor of Nursing or Certificate IV Nursing courses and employed with the employer during semester breaks.

The scope of practice of Pre-Graduate Students shall be restricted by agreement with HACSU, and will not be counted for the purposes of the staffing allocation in Part C.

1.2.2 In addition to any training program required under 1.1.1, all newly employed graduate nurses shall be put through a minimum 12 month specialist mental health graduate nursing program. The content of the program shall be agreed with HACSU annually. Such graduate will not be counted for the purpose of calculating the staffing allocation in Part C until they have completed this program.

1.2.3 In each unit/ward/team where the employer employs entry level nursing positions, the employer will make available to each unit/ward/team for their exclusive use, a Preceptor or someone performing Preceptor duties or functions. The Preceptors will be employed at a minimum level of RPN3 or paid an equivalent allowance and will not carry a case load or patient allocation while undertaking Preceptor duties.

1.2.4 The definition of a Grade 1 Psychologist is to mean a

person registered by the Psychologists Registration Board as a Probationary Psychologist. Such a person must be directly supervised by a fully registered Psychologist at no less than grade 3 employed by the employer in the same location

1.2.5 The employer will make available at least one RPN 4 Clinical Educator for the exclusive use of each bed based unit/ward (including child and adolescent and aged).

1.3 Opportunities for existing workforce to increase skills

1.3.1 The employer provide paid leave to employees to gain qualifications in either Certificate IV (Nursing) or Bachelor of Nursing. Upon completion of such courses employees will be appointed to the minimum classifications and levels of PSEN 2 year 2 and RPN 2 year 2 respectively or to the next increment point which ever is the greater.

1.3.2 The employer provide two weeks paid Clinical Placement leave per year for employees while undertaking undergraduate training.

2. Professional development

The ongoing professional development of the Mental Health workforce is critical for the development and enhancement of skills. Professional Development initiatives deliver a skilled and responsive mental health work force. Professional development should be a responsibility of the employer as part of its obligation to the community. HACSU seeks:

2.1 Commitments from employer to professional development

2.1.1 The employer provide to all disciplines paid leave and backfill of at least four hours a month for employees to access internal or external clinical supervision.

2.1.2 Clinical supervision is to be voluntary and provided by a person of the clinician's choice.

2.1.2 The employer provide to "Support Staff" (domestic, administrative/clerical) basic accredited training on interaction and communication skills with people with mental illness.

2.1.3 The employer cover the study related costs incurred by an employee during post graduate/certificate/basic study undertaken while employed including, where payable, HECS.

2.2 Equitable Access to Professional Development

2.2.1 All employees be supported to develop an annual personal professional development program following which the employer will provide and fund the necessary training programs and/or study leave to fulfil the program.

2.2.2 Combined paid study/conference/professional development/seminar leave of 21 days per year, 5 of which to attend HACSU Professional Development Forums. 16 days to be cumulative.

2.2.3 In addition to any other study leave (including study leave referred to in 1.1 of this claim), examination leave, conference or seminar leave, employees will be provided with paid study leave to attend and fulfill the requirements of a post graduate course of study in psychiatry/mental health.

2.3 Incentive and recognition for undertaking additional education and training.

2.3.1 Employees with additional qualifications of which a

component is applicable to their practice shall be paid a qualification allowances, at the applicable rate, as follows:

2.3.1 (a) For Degree or Certificate (or equivalent) qualified:

Hospital/Post Graduate Certificate (or equivalent)	8%
Post Graduate Diploma/Degree (or equivalent, including conversion courses)	13%
Masters	15%
Doctorate	20%

2.3.1 (b) For PSEN's, PSO's and NDC employees:

Certificate/qualification for 6 month course	8%
Specific Post graduate Course in Mental Health	12%
Certificate/qualification for 12 month course	15%

2.3.1 (c) All employees

A module of any relevant accredited course	2.5%
A relevant accredited course of less than 6 months	4%
An accredited in-service course	4%

- 2.3.2 Qualifications allowances be paid during all periods of duty, for all purposes (including superannuation) and all periods of absence.

3. Career structures

The career structures for mental health do not reflect the responsibilities of employees within a contemporary and responsive mental health service. Entry points do not reflect the needs of the clinicians and higher levels are grossly under rewarded for their increased duties and responsibilities.

The structures act as a disincentive to recruit and, importantly, retain staff. Career and promotional prospects are seen as negligible. There is no incentive for skilled and experienced clinicians to practice in acute in-patient settings – the areas of highest acuity. HACSU seeks:

3.1 Minimum entry and classification levels and standards of practice

- 3.1.1 The employer will provide any RPN at level 3 and above who does not hold either specialist undergraduate psychiatric nursing qualifications or post-graduate qualifications in psychiatric nursing training to an agreed standard with paid leave for the employee to gain the qualifications.
- 3.1.2 Any position of Unit Manager be upgraded to RPN5.
- 3.1.3 Any position of Deputy Unit Manager be upgraded to RPN4.
- 3.1.4 Entry level Community Based clinicians be deemed to be "Independent Community Clinicians" after five years of practice and re-classified to RPN4/OT3/SW3/P3.
- 3.1.5 Grade 2 Psychologists and Health Professionals with five years experience shall be reclassified as grade 3.
- 3.1.6 The employer agree an advanced scope of practice and any educational requirements for PSEN's to be

classified to a new PSEN level 3 and paid at a new rate commensurate with PSO3 level.

- 3.1.7 PSOs who perform at least one of the typical duties of PSO 3 be classified and paid as such.
- 3.1.8 The minimum classification for PSENs and PSOs be level 2, except where agreed with HACSU.
- 3.1.9 The broad-banded Facility Services Officer (FSO) classification and structure be re-introduced. The minimum level of such employees to be FSO 2.

3.2 Standards of specialist roles

(a) Specialist Triage services

- 3.2.1 Triage has developed in an ad hoc way, without uniformity or understanding of service delivery requirements. Accordingly the employer agree on specialist classification standards, role definitions, specific training and professional development packages for Triage.
- 3.2.2 The minimum level for Triage Clinicians to be RPN 4/OT3/SW3/P3.

(b) Psychiatric Nurse Practitioner

- 3.2.3 The employer agree specialist classification standards, comprehensive role definitions and specific training and professional development packages for the Psychiatric Nurse Practitioner.
- 3.2.4 The minimum level of Psychiatric Nurse Practitioner be RPN6.

3.3 Revised, modern and relevant psychiatric nursing structure

- 3.3.1 The Psychiatric Nursing Structure be as follows:
 RPN 1 year 1 (graduate year)
 Year 2 (consolidating practice)
 RPN 2 year 1-10 (Residential/Bed Based Clinician)
 The rate of pay for RPN 1 year 2 and RPN 2 year 1 shall be the same.
 RPN 2 (PCNS and Advanced)
 RPN 3 year 1- 6 (Unit based clinician, Entry level community clinician, ECT clinician, Preceptor)
 RPN 4 year 1-6 (Deputy Unit Manager, Independent Community Clinician, Clinical Specialist, Triage)
 RPN 5 year 1-4 (Unit Nurse Manager, Community Team Leader, Clinical Consultant)
 RPN 6 year 1-2 (Assistant Director of Nursing, Program Manager, Senior Psychiatric Nurse, Nurse Educator, Psychiatric Nurse Practitioner)
 RPN 7 year 1-2 (Senior Psychiatric Nurse, Director of Nursing)

PART B

WAGES, CONDITIONS AND ENTITLEMENTS

4. Wages and conditions

Mental health is a specialist service. A career in mental health should be rewarding. Clinicians should be appropriately remunerated for the work that they perform as much as for recognition of the specialist nature of the profession. Clinicians and prospective clinicians will be influenced to pursue a career in mental health if the community perceives it as being valuable and if the employer rewards employees accordingly. HACSU seeks:

4.1 Increased reward and career incentive through improved wages

- 4.1.1 Entry level rates of pay be adjusted to match the entry level rates of pay of New South Wales Psychiatric/Mental Health Nurses.
- 4.1.2 Wages be increased by a further 8% per annum.
- 4.1.3 An additional increment for RPN1 (consolidation of practice).
- 4.1.4 An additional two increments for RPN2, RPN 3 and RPN 4 respectively.
- 4.1.5 An additional three increments for RPN5.
- 4.1.6 An additional increment for RPN6 (the first increment of RPN7 adjusted by this agreement).
- 4.1.7 RPN7 to have two increments, based on the current second and third increment points as adjusted by this agreement.
- 4.1.8 An additional two increments at Grades 2, 3 and 4 for Allied Health and Psychology employees.
- 4.1.9 The current pay point criteria applying to PSEN pay points 1-5 be abolished and replaced with automatic incremental progression.
- 4.1.10 An additional three increments for PSEN 1 and PSO 1 levels; plus
 - 4.1.10(a) the anomaly between PSEN/PSO 1 years 6 and 7 and PSEN/PSO 2 years 1 and 2 be addressed by abolishing the current level 2 year 1 and 2 rates, the current years 3 and 4 become years 1 and 2 respectively and new years 3 and 4 are created (provided that no further anomaly is created); plus
 - 4.1.10(b) an additional two increments for PSEN 2 and PSO 2 over and above the new year 3 and 4 increment points.
- 4.1.11 An additional two increments for PSO 3.
- 4.1.12 The relativities between wage rates of classification levels and increments be realigned to the relativities as at 28 September 2000.
- 4.1.13 Employees will translate point to point to the new increments based on years of service in their current position.
- 4.1.14 All non wage related allowances be adjusted by 8% per annum (except where any allowances are otherwise adjusted).
- 4.1.15 Compulsory superannuation payments be made on behalf of all employees and paid to the employee's nominated superannuation fund fortnightly.
- 4.1.16 Allowances that relate to the same subject matter (eg meal, change of shift/roster, uniform/laundry etc) but have different quantum depending on the respective classifications or disciplines be paid to all classifications and disciplines at the highest level.
- 4.1.17 Full and part time employees (including allied health and psychology), shall receive the following annual leave:
 - Monday-Friday – 6 weeks
 - Roster over 7 days - 7 weeks
- 4.1.18 17.5% annual leave loading be calculated on actual rate of pay.
- 4.1.19 Time in lieu to be taken at overtime rates for all employees.
- 4.1.20 Employees who make themselves available to translate a language shall be paid an annual allowance of \$450.00.

4.1.21 The employer not impose a fee to administer salary packaging greater than the cost to administer the arrangement.

4.1.22 Employees be entitled to paid Army Reserve Leave and Emergency Services Leave to perform actual duties as well as operational support duties.

4.2 Increased recognition and compensation for the unpredictable nature of mental health services

4.2.1 Employees who are either unable to take a scheduled meal break, or are required to return to duties during a meal break be paid double time until a full uninterrupted meal break is taken.

4.2.2 A Clinician who independently and substantially undertakes clinical consultancy and/or provides direct care clinical services in the community shall be regarded as a sole clinician and be classified as RPN 4/P/OT/SW3.

The requirement that at least two clinicians conduct initial assessments is unaffected by this claim.

4.2.3 The CATT on call allowance be increased to \$100.00 per on call period. Overtime on recall shall commence from when first disturbed, including all disturbances within the first hour.

4.2.4 The oncall rate for employees (including Unit Managers) required to be oncall (carrying pager, a mobile phone, or otherwise being contactable beyond their ordinary hours of duty), other than for CATT oncall, be set at 8% of the employee's substantive weekly rate of pay.

4.2.5 All recall (including CATT recall) be paid at double time with minimum payment of four hours for each recall.

4.2.6 Employees performing oncall on a public holiday or on a day or night that includes a part of a public holiday be paid a loading, equal to the public holiday penalty rate, additional to the oncall allowance and recall overtime.

4.2.7 Employees who perform oncall to receive an additional week of annual leave.

4.2.8 Accident make up pay be increased to 52 weeks at 100% of pre-injury average weekly earnings, including penalties/allowances and overtime.

4.2.9 The employer take out on behalf of each of employee a group insurance policy covering Journey Accident Insurance.

4.3 Increased compensation for disruptive shift work

4.3.1 Minimum shift length for part time and casual employees be 8 hours except where agreed with HACSU.

4.3.2 Sunday penalty rates be increased to 100%.

4.3.3 Penalty rates for public holidays be increased to 150%.

4.3.4 Employees be paid an annualised allowance of 18% of salary in lieu of weekend penalty rates as worked where they so elect.

4.3.5 Public holiday overtime rates be calculated as follows:

- Mon-Fri – triple time for first two hours, triple time and a half thereafter
- Sat-Sun – triple time for first two hours, quadruple time thereafter

4.3.6 Shift penalty rates (Saturday and Sunday and afternoon and night) be paid for all work done, including during overtime, within the period(s) the entitlement to be paid shift penalty rate arises.

- 4.3.7 Employees who commence night shift on a Friday, Saturday or Sunday night be paid Saturday and Sunday shift penalty rates respectively for the entire shifts; and if a public holiday on either day, the relevant public holiday penalty rates.
- 4.3.8 Night shift and permanent night penalty rates be increased to \$50.00 and \$60.00 respectively and subsequently increased in accordance with increases to wages.
- 4.3.9 Amend Jury Service provisions to include ordinary wages, plus all allowances (including higher duties) and shift penalty rates according to projected rosters and average overtime (or additional hours if part time).

4.4 **Enhanced career mobility opportunities**

- 4.4.1 The employer recognise and, on request, transfer all service entitlements, including all accrued untaken leave of absence of employees accrued with any relevant Victorian, Interstate, Commonwealth or Overseas employer.
- 4.4.2 The employer commute full pro rata long service leave accruals with access to long service leave after five years.
- 4.4.3 Employees when on Long Service Leave be paid the greater of either 17.5 loading or all shift and related penalty rates and allowances they would have received had they not been on LSL; plus average overtime (including additional hours for part time employees) earned over the 12 months preceding commencing LSL.
- 4.4.4 Sick leave verified by either a medical certificate or statutory declaration during any leave of absence to be re-credited to leave.

4.5 **Specific measures to encourage retention of experienced employees**

- 4.5.1 Breaks in service of up to 12 months to not effect accrued entitlements.
- 4.5.2 The employer provide additional superannuation benefits so that any employee who is a member of a defined superannuation benefit fund who converts to part-time employment within five years of their anticipated retirement receives the same superannuation benefits as if they had remained full time.

4.6 **Forensic care**

In addition to those relevant claims herein, the following additional specific claims are sought with respect to employees employed at Forensic care:

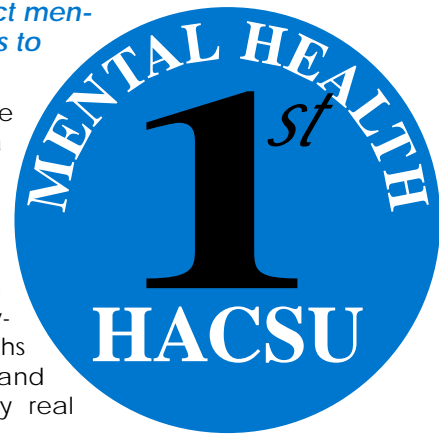
- 4.6.1 2.5% Security allowance.
- 4.6.2 Payment of the FSRDP allowance to be extended to all employees who have contact with patients/clients and participate in the professional development program.
- 4.6.3 Review the Special Allowance provisions to realign parity with other employees in Victorian Mental Health services.
- 4.6.4 The employer will make available at least one RPN5 Clinical Consultant for the exclusive use of each unit/ward.

5. Rural issues

Rural and regional based services have particular issues around safety, access to support and services, recruitment and retention, including career and promotional prospects. The intensity of the impacts in rural and regional settings is magnified due to isolation, distance, travelling and lack of incentive to relocate to remote areas. HACSU seeks:

5.1 **Incentives to attract mental health clinicians to rural services**

- 5.1.1 The employer provide and fund a Relocation Package for employees moving to regional and rural services. The package to include relocation and moving costs, 12 months rental assistance and targeted support by real estate agents.
- 5.1.2 The employer provide or sponsor accommodation or pay an allowance of \$2,500.00 per year, or part year for students and graduates on placement.
- 5.1.3 A \$6,000.00 allowance to each rural employee in recognition of the special needs of working in rural services.



6. Work and family provisions

Work and family responsibilities should be balanced to provide reasonable opportunities for employees to meet their respective obligations. Employees are entitled to have family and leisure commitments considered equally important as their work responsibilities. These rights are supported by the State Government and is a significant recruitment and retention initiative. HACSU seeks:

6.1 **Recognition of the responsibilities of employees as parents**

- 6.1.1 The employer establish subsidised child care facilities.
- 6.1.2 Paid parental (maternity, adoption and partner/paternity leave) be increased to 14 weeks with unpaid leave of up to 90 weeks (104 weeks leave in total) (including for casual employees), with flexible return to work options, including part time employment.
- 6.1.3 Partners to have contemporaneous parental leave without reducing their entitlements.
- 6.1.4 The employer to give proper consideration to an employee's request for flexibility around when and where work is performed.

6.2 **Increased flexibility to accommodate family and personal needs and commitments**

- 6.2.1 Flexible leave opportunities for parents during school holidays, including provision for unpaid leave.
- 6.2.2 Combined carers and compassionate leave of 16 days per year.
- 6.2.3 Sick leave without certificate be increased to five days per year and extended to acknowledge alternative forms of therapies and treatments such as acupuncture and homeopathy.
- 6.2.4 Employees to have access to emergency family leave.
- 6.2.5 Five days Ceremonial and Cultural Leave to permit observance of religious and other significant days/events of persons of various religious and cultural beliefs and backgrounds.
- 6.2.6 No employee is to be rostered to work more than four weekend days in a four week period, other than by agreement with HACSU.

7. Safe staffing levels, workloads and caseloads

Excessive caseloads and inadequate and unsafe staffing levels continue to frustrate clinicians. Clinicians continue to be buried under unreasonable and unrealistic workloads. HACSU seeks to regulate caseloads and provide safe staffing levels through a “safety net” mental health workload and safe staffing strategy. The strategy reflects the unique and dynamic nature of psychiatric services that distinguishes mental health as a specialist service and profession, unlike any other in the health sector:

7.1 Practicable and achievable caseloads

(a) community based services

The current management of caseloads is not working. A considered and practical response needs to be developed, by quantifying the clinician’s capacity to respond and case manage – given the complexities associated with case management. HACSU seeks:

7.1.1 No secondary caseload be allocated to a clinician with an existing caseload and the employer shall backfill all leave of absence of community clinicians.

7.1.2 The employer agree with HACSU and implement a caseload management strategy model. The model will systemically allocate community case loads (including for CATT crisis follow up) taking into account direct client/patient contacts, the organisational responsibilities of employees as well as their professional development, education and training. The model will factor in time spent on:

- Handover periods;
- Staff/team/clinical meetings;
- Documentation;
- Travelling;
- Community commitment such as Police liaison;
- Consultation Liaison;
- Organisational commitments;
- Attendance at clinics, e.g. Clozapine;
- Escorts;
- Professional supervision;
- Professional development activities.

The model will ensure clinicians are able to meet their case management responsibilities and organisational and professional development commitments within 38 hours per week for full time-clinicians (pro-rate for part-time clinicians).

7.1.3 The following maximum case loads per clinician are to be implemented where the above model is not agreed.

Program	Metro	Regional/Rural
CATT	As determined by clinical team	
CCT	15	10
MST	8	5
CAMHS	12	8
PGAT	15	10
Homeless	8 long term/6 short term	
Blended	10	8

(b) In-patient/bed based services

An outcome of the section 111AA Recommendations of the Commission (Print T1223) required “The parties to review and

negotiate by February 2001, safe and adequate staffing levels ...” The employer failed to do so. Disputes continue to arise over safe staffing levels and unreasonable workloads. The incidence of Workplace Aggression continues to be too high. As a consequence of the employer’s failure to implement the Commission’s Recommendations, HACSU seeks:

7.1.4 A Workload and Safe Staffing Strategy (hereinafter referred to as the “HACSU Workload and Safe Staffing Strategy” as follows:

- Unit Managers and Shift Leaders to not carry a patient/client caseload.
- The following minimum staffing allocation shall apply:

Service type	AM Nurses to beds	PM Nurses to beds	Night Nurses to beds
Inpatient/Residential			
Adult Acute Unit	1: 4	1:4	1:6
Psychogeriatric Assessment	1:4	1:4	1:6
Community Care Unit	1:4	1:4	1:8
Extended Care Unit	1:4	1:4	1:8
Psychogeriatric Residential	1:4	1:4	1:8
Statewide/Specialist			
Child/Adolescent	1:3	1:3	1:4
Mother/Baby	1:2	1:2	1:4
Eating Disorders	1:3	1:3	1:4
Spectrum	1:3	1:3	1:4
Brain Trauma	1:3	1:3	1:4
Spectrum Unit	1:4	1:4	1:4
Neuropsychiatry	1:4	1:4	1:6
Forensicare			
Acute	1:3	1:3	1:5
Sub Acute	1:4	1:4	1:6
Women’s Acute	1:3	1:2	1:5
Rehab	1:4	1:4	1:7
Rehab Transition	1:4	1:4	1:7
MAP - AAU	1:4	1:15	1:15
	days	evening	

(c) The positions and functions of Pre-Graduate Students, First Year Graduate Nurses, Unit Manager, Deputy Unit Manager/Shift Leader, ECT Nurse, Surgery Duties, Groups/Activities, Preceptor (while performing Preceptor duties), Clinical Educator, Clinical Consultant and Allied Health will not be counted for the purposes of the minimum staffing allocation.

For example, an acute adult unit has 24 beds; the allocation is 6 on days, and 4 on nights.

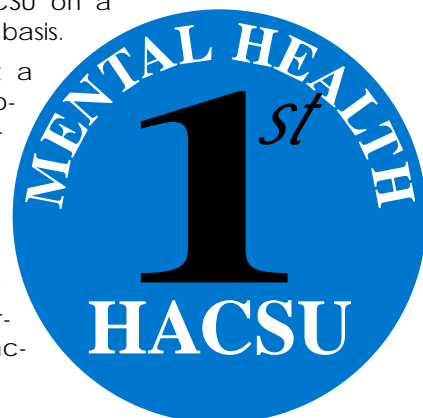
a psycho-geriatric residential unit has 30 beds the allocation is 8 on days, and 4 on nights.

a CCU has 20 beds the allocation is 5 on days and 3 on nights.

(d) Of the allocation, the employer will ensure that in acute/assessment units/wards at least 66% are RPNs, unless agreed otherwise with HACSU. In non acute units the staffing profiles are to be determined by agreement with HACSU on a program by program basis.

(e) Where during a shift a nurse is required to provide one to one support/specialing to a client/patient, that nurse will not be

- required to perform any other tasks while performing that function; nor



- be counted for the purposes of calculating the number of nurses available to supervise patients/clients in (b) above.
- (f) A nurse will not be required to supervise a patient/client within a High Dependency Area where there is not at least:
- 1 Nurse to 1 patient/client;
 - 2 Nurses to 2-3 patients/clients;
 - 3 Nurses to 4-5 patients/clients.
- (g) If (e) or (f), or any other reason results in any nurse during a shift supervising a number of patients/clients greater than the maximum prescribed in (b) above, then:
- the employer shall within 30 minutes make available sufficient additional nurses so that (b) above is being complied with; or
 - if the employer does not make available these additional nurses within 30 minutes, all employees on that shift shall receive a workload compensation allowance of 50% of their ordinary hourly rate for each hour of that shift.
- (h) The employer will agree with HACSU a bed reduction/non admission program in the event that (b), (e) or (f) are unable to be complied with. The program will not impose any increased work load or responsibility onto community clinicians.
- (i) Nurses shall have access to a nurse classified at minimum RPN6 who must have either specialist direct entry undergraduate psychiatric nurse training or post graduate psychiatric nurse training to an agreed standard to provide dedicated operational direction and specialist clinical support and advice.

The position may be filled by higher duties to the level of RPN5 between the hours of 5.00 pm and 9.00 am Monday to Friday and 5.00 pm and 9.00 am Friday to Monday, including public holidays.

A RPN6 or 7 Senior Psychiatric Nurse shall not be used for this function.

The role is not to be met through oncall and the nurse is not to be counted for the purposes of (b) or (e).

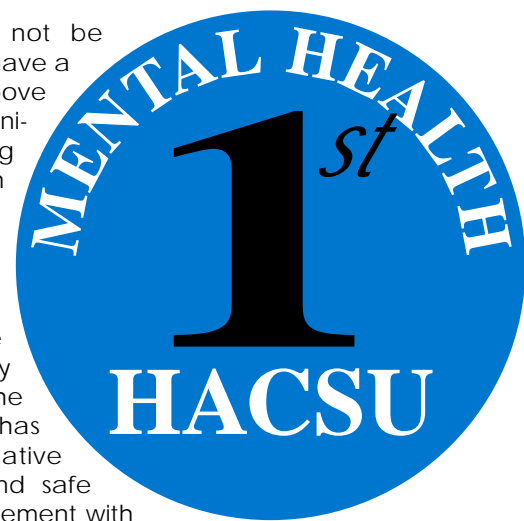
(c) All services

These provisions apply to all services and, as applicable, to all employees

- 7.1.5 Staffing levels be maintained at all times, and backfill provided when an employee is on any leave of absence.
- 7.1.6 Clinicians will not be required to perform non-clinical tasks. Non-clinical is defined as any activity, function or task that is not directly related to the clinical well being of the client/patient, such as (but not limited to) non-clinical or non confidential documentation, courier work, domestic (including bed making) and/or food services tasks.
- 7.1.7 The employer will make available a Ward/Unit Clerk/Team Assistant classified at minimum PSO2 for the exclusive use of each unit/ward and community team/service, whose role will include documentation and paperwork.
- 7.1.8 Based on the safety or well being of staff or increased workloads/case loads, the Shift/Team Leader may exercise their discretion, or respond to requests by clinicians for additional staffing above 7.1.4 (b) and (e).
- 7.1.9 Disputes over request for additional staffing are to be immediately referred to HACSU Delegates for resolution.
- 7.1.10 The above principles and strategy shall apply seven days a week each week of the year. This is to ensure that a clinician working on a weekend or public holi-

day would not be required to have a workload above that of a clinician working between Monday - Friday.

- 7.1.11 The allocation in 7.1.4 (b) above may vary where the employer has an alternative workload and safe staffing agreement with HACSU or the current allocation is greater than specified in 7.1.4 (b). However, all other aspects of the "HACSU Workload and Safe Staffing Strategy" remain enforced.



8. Workplace safety

8.1 Focus on management and prevention of Workplace Aggression

- 8.1.1 In each workplace of the employer, the employer shall establish a comprehensive pre-incident, critical incident and post incident package of initiatives that comply with the "HACSU Holistic Approach to the Prevention and Management of Workplace Aggression".
- 8.1.2 The employer and HACSU agree upon policies and procedures to implement the Mental Health Industry Standard of Practice for the Management of Occupational Violence and Aggression ("Standard of Practice"). The policies and procedures to include training, analysis of incident reporting and emergency response protocols and compliance monitoring.
- 8.1.3 The employer provide training in identifying, preventing and managing Workplace Aggression to all employees. The employer provide each employee with annual refresher training. The training programs will be conducted during normal hours of work.
- 8.1.4 Employees in each unit/ward/ team shall have access to a qualified aggression management trainer/coordinator who will implement the "Standard of Practice" and other agreed outcomes.
- 8.1.5 The employer develop and implement policies on preventing and managing workplace bullying and harassment. The policies must include access to a counsellor or other support person/professional; the provision of mediation and conciliation; and if necessary legal advice and representation. If requested these services should be independent of the employer and provided free of cost to the employees concerned.

8.2 Emphasis on occupational health and safety.

- 8.2.1 The employer ensure there is at least one electric hoist/lifting device per 10 beds (or part thereof) in each aged care bed-based service and at least one in all other bed based services.
- 8.2.2 The employer establish and convene a joint Mental Health employer and HACSU OH&S Committee.
- 8.2.3 Designated Work Groups (DWGs) will be agreed with HACSU who will conduct the elections for DWG representatives.

8.2.4 In addition to the functions under the Occupational Health and Safety Act 1986, the OH&S Committee will develop health and safety and rehabilitation systems and procedures that:

- consider staffing an OH&S issue;
- agree upon and implement return to work programs and policies that recognise the right to return under modified duties or part time where necessary, but as soon as practicable and preferably to the pre-injury position;
- ensures a focus on Workplace Aggression, including mandatory provisions for Workplace Aggression training;
- conducts fabric and building maintenance audits, with dedicated funding to address any deficits;
- identify, assess and control workplace hazards;
- reduce occupational injury and illness;
- identify management practices that impact on OH&S;
- provide a rehabilitation system;
- ensure the employer acts promptly to deal with OH&S problems;
- recognise employee's right to cease work where there is an immediate risk to health and safety.

8.2.5 The employer establish a data base to record workplace injuries, in particular those caused through Workplace Aggression, manual handling, lifting, stress, bullying, harassment, post incident trauma. The data and costs be made available to HACSU prior to each OH&S meeting. The information be used to identify sources of risk and measures to eliminate risk.

8.2.6 The employer provide free on-site car parking to each employee. The car park shall be secure, well lit and close to the employee's work area. If requested by an employee the employer shall provide an escort to and from the employee's car for employees who finish or commence duty after 8.00 pm or before 8.00 am.

8.2.7 The employer replace or pay the cost of replacing or repairing any personal items of employees such as clothing, jewellery, watches, motor vehicles etc damaged while performing duty.

Reference that includes (but not limited to):

- equal HACSU and management representation;
- defined powers, including reference to the AIRC to resolve disputes;
- the roles of Human Resources, VHIA, HACSU, the employer; and
- agreed scope of matters about the employment relationship that the Committee will deal with, including:
 - caseload management procedures;
 - staffing and skill mix guidelines;
 - high dependency and inpatient unit guidelines;
 - mental health classification guidelines;
 - occupational health and safety;
 - organisational change.

9.1.2 Consultative committee meetings, (including OH&S) be held during working hours. Where not possible, participants shall be paid for attending.

9.1.3 HACSU Delegates and OH&S Representatives be provided with necessary paid time to consult with and report to employees about employment matters.

9.1.4 HACSU nominated Delegates be entitled to 25 days paid industrial relations training leave each year, of which 15 days may be utilised to undertake seconded employment with HACSU.

10. Other conditions

10.1 All fortnightly and aggregate accrued leave entitlements be recorded on employee's payslips.

10.2 Increases to wages and allowances, arising out of this agreement be effective from 1 April 2004.

10.3 This agreement shall not reduce any condition or benefit of employment provided by the Psychiatric Services 2000-2004 MECA, including the Professional Development package appended to that agreement. Where this agreement provides a higher condition or benefit than the MECA this agreement shall apply.

10.4 This agreement shall have a term of two and half years from 1 April 2004 to 1 October 2006.

PART D

WORKPLACE PARTICIPATION AND RIGHTS

9. Workplace participation and employee rights

Unions provide the democratic organisation for employees to have a say in their workplace. HACSU Delegates hold a vital position representing the interests of employees. They are critical to a balanced and fair relationship between the employee and employer. Management decision making also benefits from proper consultation. Consultation allows an organisation to draw on the knowledge and expertise of employees to improve performance and outcomes for patients/clients. HACSU seeks:

9.1 A structured and cooperative approach to dispute resolution

9.1.1 A disputes resolution procedure that includes establishing a Mental Health Consultative Committee to address industrial issues, with a clear Terms of

