

ANMF NEWSFLASH

Adult Community Mental Health Service Continuing Care Teams

Industrial Dispute Update


The Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF) has been advocating for our members of Adult Community Mental Health Service (ACMHS) Continuing Care Teams (CCTs) and across Mental Health Services, on matters associated with the Tasmanian Mental Health Reform Project (TMHRP), which began with our 2018 involvement in the Mental Health Integration Taskforce and then moved into drafting models of care and operational service models. Many meetings have been held between ANMF members and ANMF officials over the past five years, the following is a summary of our most recent dispute in the Tasmanian Industrial Commission (TIC).

- Section 29(1) lodged 17 May 2022. This is the third and final step of the grievance process and occurred because members were not satisfied with outcomes achieved through Steps 1 (raised December 2021) and 2 (raised March 2022) of the grievance process.
- The case was lodged under the *Nurses and Midwives (Tasmanian State Service) Award*, Part VIII, 1. Consultation and Change and 2. Workload Management.
- The rationale being that a workload grievance had already been raised and remained unresolved and members were concerned that their workload burden would be further increased with the proposed changes.
- Members endured a lengthy and stressful period across early 2022 where management would set a number of dates for roll out and then postpone each one due to recruitment difficulties.

- In our TIC application the ANMF raised a long list of concerns around the consultative process that had occurred, including; Skill mix; Career pathways; Support for new and junior clinicians; Statements of Duties (SoDs); Caseload allocation tool; CCT changes for Case Managers; Timeframes around consultation not factoring in our member's workload and providing a genuine opportunity to participate and be fully informed, and; An update required to Section 25A and 68 of the *Poisons Act 1971*, which currently precludes community teams from possessing and supplying medications after hours.
- Through the TIC 'report back' meetings, member meetings, and additional formal correspondence to management, we were able to draw out more specific issues around Work Health and Safety (WHS), including action on proposed controls; Excessive use of Agency Clinicians; Scope of Practice (SoP); a Safe Injecting Space; as well as S4D and S8 medication handling.

Outcomes Achieved through the Commission

1. Status quo has been maintained for seven months, with permission of MHS to recruit to their vacancies. This has meant that no other reform changes have been allowed to be rolled out since the date of our application to the TIC. Now more than seven months.
2. Consultation and the eventual endorsement of an edit to the Operational Service Model (OSM) which now includes a full-page entry on what a new or junior clinician can expect when they commence with ACMHS CCT.
3. Two WHS assessments have now been completed with the ANMF, management, WHS advisor and member involvement. One specifically in relation to home visits and one in relation to home visits after hours. A few proposed controls have been implemented and we now can look at any new evidence as to the reasons what other/all proposed controls should be implemented.
4. A new edited version of the proposed trial of extended hours has been consulted on and that now states if the CCT on duty is not available, the CCT hours for affected shifts cease at 2000hrs.
5. MHS have produced through consultation and feedback an 'Information for Enrolled Nurses (ENs) in relation to Scope of Practice and Medication Management'.

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6. In the past seven months the ANMF has attended three formal conference sessions at the TIC, each also attended by ANMF members and delegates, before President Barclay and one informal session, without the president in attendance. At the last report back on Thursday 8 December 2022, MHS were instructed to provide an up-to-date vacancy report. Members have questioned the accuracy of the vacancy report and the ANMF has responded by asking MHS for a more detailed summary, including a breakdown of the current establishment. This has been requested.
 7. Training in Incident Reporting has been committed to and the ANMF acknowledge those making the effort to submit incident reports, as this gives us the ability to show, without doubt, that there are patterns of incidents occurring. Since July, two clinicians alone have submitted over 13 incident reports.

While we haven't yet achieved all the outcomes set out in our application, no one at this point could dispute that going to the TIC has, without a doubt, produced outcomes.

What is left in this dispute?

1. Failure to recruit to full complement of Full Time Equivalent (FTE).
2. Failure to adhere to the Nursing and Midwifery Board of Australia (NMBA) Scope of Practice for EN around supervision requirements by a 'named and accessible' Registered Nurse (RN), as referenced by the *Nurses and Midwives (Tasmanian State Service) Agreement 2019*. This is particularly pertinent in a Multidisciplinary Setting, where the Clinical and Team Leaders may not be a RN.
3. Failure to deliver a caseload allocation tool or reasonably resolve concerns around not having an upper limit/cut off point, particularly while every team has been experiencing workforce shortages, on services for CTTs and the fact that this places an unreasonable workload burden on clinicians.
4. Failure to deliver on the National Safety and Quality Health Service (NSQHS) Gap Analysis which indicates policy documents would ensure clinicians are working within their SoP in the context of organisations needs and capability. To date the ANMF has only been provided with generic SoDs, in response to members questions in relation to clinical governance and skill mix.



5. Failure to acknowledge and appropriately act on issues raised in relation to medication handling and adhering to the Department of Health (DoH) Schedule 8 and Declared Schedule 4 Medicines Management Policy, particularly in relation to Destruction and Possession.

What's Next?

A member's meeting was held on Wednesday 14 December 2022 to discuss how members may wish to proceed from here. No decisions were made at this meeting, it was purely to begin to explore some of the options. The meeting was not particularly well attended and as such a further meeting will take place, *either* next week, before the Christmas closure period (which is from Christmas eve through to **Tuesday 3 January 2023**) or the first week of January 2023. Members will receive an SMS and Workplace Representatives will receive flyers to put up at the sites.

The ANMF Tasmanian Branch is 8000 plus members strong! Supporting nurses, midwives, and care workers as the only union in Tasmania employing nurses and care workers to represent members. This is why our Organisers and Member Support Team are uniquely positioned to understand your experiences, represent you in your workplace, and offer industrial advice that's relevant to you.

If you have any queries, please do not hesitate to contact our Member Support Team via email on membersupport@anmftas.org.au. Email is the preferred and fastest way of contacting the team. Alternatively, you can phone (03) 6223 6777.

Authorised by Emily Shepherd, ANMF Tasmanian Branch Secretary
16 December 2022