

John Wakefield

From: Nicole Li <[REDACTED]@org.au>
Sent: Monday, 11 November 2019 11:33 AM
To: John Wakefield
Cc: BMaier; Sandra Eales; Denise Breadsell; Leanne Jiggins; Sarah Beaman
Subject: Letter to Dr John Wakefield re: Delay in EB10 Midwifery General Level Statement (GLS) Project Commencement
Attachments: 20191111 Letter to Dr John Wakefield re Delay EB10 Midwifery General Level Statement (GLS) Project Commencement.pdf

Attachment 1 of 1: 20191111 Letter to Dr John Wakefield re Delay EB10 Midwifery General Level Statement (GLS) Project Commencement.pdf

*Attention: Dr John Wakefield
 Director-General
 Queensland Health*

Dear Dr Wakefield

Please find attached **Letter regarding Delay in EB10 Midwifery General Level Statement (GLS) Project Commencement**.

QNMU seeks an urgent meeting with you to discuss these matters.

If you have any queries or would like further information regarding this letter, please do not hesitate to contact **Belinda Maier, QNMU Strategic Midwifery Research and Policy Officer** via email at [REDACTED]@org.au or telephone [REDACTED]

Warmest Regards,

 **Nicole Li**
 Secretary, Director Organising and Professional Services
 106 Victoria Street, West End QLD 4101
 07 [REDACTED] (direct)
 07 3840 1444 (reception)
www.qnmU.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.



ABN 84 122 912 617

In association with the Australian Nursing and Midwifery Federation QNMU Branch

www.qnmU.org.auAll correspondence must be sent to secretary@qnmU.org.au

11 November 2019

Dr John Wakefield
 Director-General
 Queensland Health

Sent via Email: John.Wakefield@health.qld.gov.au

Dear Dr Wakefield

Re: Delay in the EB10 Midwifery General Level Statement (GLS) Project commencement

The Queensland Nurses and Midwives' Union (QNMU) seeks your urgent response regarding the latest delay in the Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB10) 2018 Midwifery Generic Level Statement (GLS) project. This delay and other ongoing issues pose a significant risk to achieving the agreed purpose and pathways for this project.

The key QNMU issues are:

- there have been unnecessary delays and barriers to progressing the project coupled with poor communication by Queensland Health (QH) to QNMU as partners in this EB arrangement;
- clarification is sought from the Director General regarding any instructions provided to QH in negotiating the requirements for the contract of this specific research i.e. Intellectual Property (IP) issues;
- that progressing the EB10 Midwifery GLS project has been subject to ongoing misdirection, delays and obstruction by QH Employee Relations (ER) Unit,
- the change in terminology now being used to refer to the project; that it is not 'formal' research, or it is a consultancy - the Nursing and Midwifery Implementation Group (NaMIG) minutes reflect this has never been the case;
- QH has allowed recent research to be published and acknowledged by the researchers and as such it would be an unusual departure from standard contractual arrangement to deny a University any rights to publish; and
- Dr Jocelyn Toohill (Midwifery Director, Office of the Chief Nursing and Midwifery Officer (OCNMO) and Dr Belinda Maier (Strategic Midwifery Research and Policy Officer, QNMU) are the Midwifery professional leads and Midwifery academic experts (agreed by NaMIG) for this project both hold concerns for the integrity and timeliness of the project.

QH have delayed the project commencement initially scheduled to begin in July 2019 first to September 2019 and then finally to October 2019. This start has now been missed. This delay was due to process blocks within QH to finalise the project plan and a lack of collegiality in timely discussion of concerns with QNMU.

There has now been well over six months of delays and QNMU has been kept out of the communication loop and decision making processes in regards to developing a project description, request for quote, which Universities the Request For Quote (RFQ) went out to, what dates were to

be decided on and what was expected of the applicants (despite Dr Jocelyn Toohill and Dr Belinda Maier providing professional advice as the project leads).

Decisions that the project leads and Oversight committee have been ignored or over ridden i.e. the careful process for determining three Universities to send the RFQ out to was delayed while the QH Employment Relations Unit randomly chose three more, putting the integrity of the decision making processes at risk and potentially putting QH at risk of criticism regarding fair and transparent processes.

Delays and extensions were determined against the two Leads advice extending the timeframes and further resulting in risk to the integrity of the project.

QNMU and QH went through the new QH probity training process that did result in a tight and fair process of assessment of the RFQ and Griffith University was a clear winner surpassing the other two university in terms of quality and resources. We have flagged to QH repeatedly the risk of limiting the time the University has to undertake this very important work as it is due to be completed by October 2020.

The QNMU are now informed by Jess Gardner QH ER manager that there are contractual issues.

The QNMU met with, Jess Gardner, Rachel Borger, Lindsey Hutchinson and Dr Jocelyn Toohill on the 5 November 2019 to clarify what was happening.

Sch. 3(7)

Without consulting QNMU, QH ER have sent a letter to the second University, who had a poor standard application, checking if they would enter into a contract with QH with the limits on IP and publishing.

The recommendations from the research and the implications therein for the GLS would be recommendations not a determined outcome. The ongoing work regarding the career and classification structure is to be informed by the research not determined by the research. This is EB10 work and therefore not a private process which may be hidden from public scrutiny. It is an unusual circumstance to deny any sort of publication and QH has done many research projects so is aware of IP issues. This particular issue should have been flagged long ago in our processes of procurement. We have never termed it a consultancy throughout that whole process. This is a significant change which is disappointing given the length of time it is all taking.

The QNMU have never stated, believed or even argued an intention for the tenderer to have sole or exclusive rights to the data and research. The QNMU argument is that they should have some rights to publish components of the research which is standard University practice.

Throughout all the discussions and documentation, the terms research, methodology, Delphi study, validation, focus groups etc. have been used, all very much sit squarely in research frameworks. No university would agree to do a project that is research without some sort of shared IP and publication arrangement. Each University that submitted an RFQ included publishing expectations.

The quality, validity and rigour of the intended GLS research is at risk due to ongoing delays and QH ER making unilateral decisions that do not keep within the intent and agreements over the last year and even prior through the Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016 project issues. Doing the profession harm is a huge risk if this research is not done properly – midwifery research for midwives by expert, responsive, contemporary and reputable midwives.

QNMU and QH have had many discussions regarding the project and these delays and the changes to the direction of the project is unacceptable.

The QNMU seeks an urgent meeting with you to discuss these matters,

Should you wish to discuss this matter further, please contact QNMU Strategic Midwifery Research and Policy Officer Belinda Maier via email [REDACTED] [org.au](#) or telephone [REDACTED]

Regards,


Sandra Eales
Acting Secretary

RTI RELEASE

John Wakefield

From: Vonnie Semple <[REDACTED]@org.au>
Sent: Thursday, 5 December 2019 9:07 AM
To: Katrina McGill; Alex Scott; sharron.caddie [REDACTED]@org.au; Beth Mohle; secretary@awu.org.au
Cc: Fiona Scalon; Lee Sallaway; James Douglas; Jack Harding; Theresa Hodges; John Wakefield; Peter Thirkettle
Subject: RE: final offer to settle HPDO 3

Dear Katrina,

The QNMU will be in a position to respond to this revised offer in the next couple of days.

Thanks and regards,
 Vonnie

 **Vonnie Semple**
 Industrial Officer
 106 Victoria Street, West End QLD 4101
 07 [REDACTED] (direct)
 07 3840 1444 (reception)
www.qnmu.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Katrina McGill <Katrina.McGill@health.qld.gov.au>
Sent: Wednesday, 4 December 2019 5:21 PM
To: Alex Scott <Alex.Scott@together.org.au>; sharron [REDACTED]@org.au; Beth Mohle <[REDACTED]@org.au>; secretary@awu.org.au
Cc: Fiona Scalon <[REDACTED]@org.au>; Lee Sallaway <[REDACTED]@org.au>; James Douglas <[REDACTED]@org.au>; Jack Harding <[REDACTED]@org.au>; Theresa Hodges <Theresa.Hodges2@health.qld.gov.au>; John Wakefield <John.Wakefield@health.qld.gov.au>; Peter Thirkettle <Peter.Thirkettle@health.qld.gov.au>; Vonnie Semple <[REDACTED]@org.au>
Subject: final offer to settle HPDO 3

Good Afternoon,

Queensland Health made an offer to health unions on the 13 November 2019, to settle the proposed Health Practitioner and Dental Officer Certified Agreement (HPDO3).

Since that time the parties have undertaken further productive negotiations that have resulted in amendments to the original offer.

For the purposes of clarity and in an effort to reach in principle agreement the additional items outlined in this email are, in addition to or an amendment to, the matters offered in the letter of the 13 November 2019.

The additional items or amendments are as follows:

1. **Clinical Assistants Progression - Proposed position**
 - a. An ongoing progression scheme to become effective from 17/10/2020 to CA3 Advanced (CA3-A).

- b. CA3-A band contains two pay points equivalent in salary to CA4-1 and CA4-2. These paypoints are exclusive of the proposed VETIA payments.
- c. Initial advancement is based on 4 years at CA3-4 and possession of a Cert IV (or higher) relevant to their role as at 17/10/2020 to progress to CA3-A1.
- d. After 12 months at CA3-A1 staff will progress to CA3-A2 as at 17/10/2021.
- e. This progression scheme will continue for the life of the agreement for all staff who meet the following criteria:
 - i. Staff are at CA3-4 for 4 years, and
 - ii. Possess at Cert IV (or higher) relevant to their role
 - iii. The date for progression will be 17 October each year.

2. Backpay for Clinical Assistants

- a. Agreement to pay Clinical Assistants from 1.9.2019 (under the EB10 Operational rates) until 16/10/2019. Clinical Assistant rates come into effect on 17/10/2019

3. Clinical Assistants - Definition

Clinical assistants are employees who

- a. Are in roles listed under SX.2)
 - i. Contribute to provision of healthcare across the continuum of care by assisting with clinical and non-clinical tasks in accordance with current legislation and practice guidelines, to provide integrated health services in one of more of the following program areas
 1. Acute Care;
 2. Aged care facilities
 3. Ambulatory and community care;
 4. Extended care;
 5. Integrated mental health;
 6. Rehabilitation;
 7. Pathology and Mortuary services
 8. Oral health services
 9. Primary care;
 10. Protection and prevention; and
 - ii. Within the training, qualifications and competence of the clinical assistant, undertake delegated clinical tasks related to the direct examination and/or treatment of patients including where relevant the preparation and examination of blood, tissue and other specimens taken from a patient and/or health protection and promotion to the community that are within the professional scope of practice of a Health Practitioner or Dental Officer irrespective of line management arrangements of the clinical assistant and
 - iii. includes clinical assistants with supervisory or management duties"
 - iv. The following operational stream roles will be included in the clinical assistant stream:
 - Allied health assistant/aide, allied health assistant – specified allied health discipline (e.g. allied health assistant - music therapy; allied health assistant – podiatry)
 - Anaesthetic assistants/technicians
 - Audiology assistant/aide
 - Central specimen reception coordinator/manager
 - Clinical measurement scientists and technician assistant/aide
 - Dental assistant (all classifications and however titled)
 - Laboratory assistant
 - Leisure therapist assistant
 - Medical imaging assistant, medical imaging services assistant and dark room attendants
 - Menu monitor, dietary aide, nutrition assistant
 - Mobility aide officer
 - Mortuary attendant/assistant
 - Music therapy assistant/aide

- Nutrition assistant, dietetic assistant, dietitian assistant
- Occupational therapy assistant/aide
- Pathology assistant
- Pharmacy assistant
- Pharmacy assistant - central pharmacy
- Pharmacy assistant - patient care
- Phlebotomist
- Physiotherapy assistant/aide
- Plaster technician (includes operational services officer- plaster technician)
- Podiatry assistant/aide
- Prosthetic/orthotic technician assistant
- Rehabilitation assistant/aide, rehabilitation therapy assistant/aide
- Social work assistant/aide
- Speech pathology assistant/aide
- Therapy assistant/aide
- Vector control officers
- Recreational officers and diversional therapists

4. Grandparenting of the Prescribed Attraction and Retention payments

- a. Prescribed attraction and retention payments will be made to all eligible employees (under circular 44/08) as at the date of certification.
- b. Circular 44/08 to be rescinded and new employees will not be eligible to receive prescribed payments under this Circular.
- c. New employee may receive approved attraction and retention payments via the Discretionary payment provision of HPDO3.
- d. Specific clauses and a schedule will be drafted for HPDO3 that provides for attraction and retention payments for:
 - i. Prescribed payments
 1. Radiographers
 2. Medical Imaging Technologists
 3. Breast Imaging Radiographer (including Breast Screen Queensland)
 4. Radio Chemists and
 5. Pharmacists.
 - ii. Sonographers
 - iii. Nuclear Medicine Technologists
 - iv. Radiation Oncology Medical Physicists (ROMPS)
 - v. Health & Medical Physicists (HP4 – HP7)

5. Replacement of the existing operational stream targeted training allowance (TTA) with the enhanced Vocational Education and Training Incentive Allowance (VETIA).

- a. The incentive applies as follows:
 - Level 1: employees at levels CA2 and CA3 with relevant AQF Certificate III level qualifications
 - Level 2: employees at CA2 to CA5 with relevant AQF Certificate IV (and above) level qualifications.
- b. Employees who hold a qualification relevant to their role and classification level, but are not yet at the top paypoint, will be entitled to immediate advancement of one increment (maintaining the employee's increment date).
- c. Employees at the top paypoint for 12 months or more, including those currently receiving the targeted training allowance, will instead receive the enhanced allowance:

	Level 1	Level 2
Eligible classification levels	CA2 and CA3	CA2 to CA5
Eligible relevant qualifications	AQF Certificate III	AQF Certificate IV (and above)

Payment rate	2.5% of CA3.4	4% of CA3.4
--------------	---------------	-------------

- d. As a transitional arrangement to support implementation of VETIA, employees who at the date of certification of the agreement hold a relevant qualification, but who have not yet served 12 months at the top paypoint, will become eligible for payment of the relevant VETIA allowance at this date.
- e. A set of principles identifying which qualifications and equivalent credentials are relevant for the purposes of VETIA, including examples, will be developed in a new HR policy by the HPDOCG.
- f. Further relevant qualifications and equivalent credentials may be approved during the life of the Agreement by the HPDOCG.

6. Health Practitioner Job Evaluation

- a. The Health Practitioner job evaluation process to be re-centralised to the Department of Health for positions HP6 and above, with the discretionary capacity for Hospital and Health Services/Divisions to refer positions below HP5 level if so desired. HP evaluations will continue to be conducted in accordance with the Queensland Health HR Policy B68 Job Evaluation – Health Practitioner Positions, which will require amendments to reflect this change.

7. Social Workers and Psychologists workspaces

- a. Social workers and Psychologists will be provided with sufficient and appropriate workspaces where there is a need to conduct private conversations with patients, families and others within the hospital environment, in a supportive, discreet and safe manner. Such spaces will be considered in the planning of new facilities or redevelopment of existing facilities.

8. Health practitioners' workspaces

- a. Health practitioners will be provided with sufficient and appropriate workspaces.
- b. Queensland Health acknowledges that patients are to be assessed and treated in spaces that are appropriate to the treatment of the patient. Such clinical spaces will be appropriate to the work conducted, including access to appropriate equipment.
- c. Where required there will be genuine collaboration to ensure appropriate workspaces are provided.

9. Student Clinical Education Allowance

- a. As previously agreed by the HPDOCG the following disciplines to be included in the list of discipline covered by the student clinical education allowance.
 - i. Exercise Physiologists
 - ii. Leisure therapists
 - iii. Welfare officers
 - iv. Orthoptists
 - v. Music therapists
 - vi. Genetic counsellors.

It should be noted that this offer is without prejudice and subject to Cabinet Budget Review Committee's final approval.

Should you require any further information please do not hesitate to contact me.

Kind regards

Katrina McGill
Senior Director, Employment Relations
Queensland Health
33 Charlotte Street
Brisbane Q 4000

From: BMohle
To: [Nick Steele](#); [Kate Veach](#)
Cc: [Sandra Eales](#); [Merren Dickins](#); [Leanne Jiggins](#); [DDGHPSP](#); [Shelley Nowlan](#)
Subject: RE: Meeting
Date: Monday, 16 December 2019 8:21:02 AM
Attachments: [image001.png](#)

Thanks very much Nick. [REDACTED]

Just FYI, we discussed the issue of sustainability at NaMIG last week and there was agreement from management reps and union reps in having direct involvement of NaMIG in this process. As discussed at our meeting, NaMIG is the peak body in QH for nursing and midwifery issues and has a long and strong track record in collaborative problem solving. We have an existing structure that is fit for purpose so we should use that, a point we made at our meeting with the Health Minister and DG last week as well. I advised John I would send him a letter formalising advising of this but just haven't got to that yet – a job for this week.

This is very important work and NaMIG is so well positioned to work through the issues collaboratively.

If I don't see you in the next week, have a safe and relaxing festive season Nick.

Warmest Regards,

Beth



Beth Mohle
 Union Secretary
 106 Victoria Street, West End QLD 4101
 07 3840 1444 (reception)
www.qnmu.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Nick Steele <Nick.Steele@health.qld.gov.au>
Sent: Monday, 16 December 2019 8:11 AM
To: Kate Veach [REDACTED].org.au>
Cc: Beth Mohle [REDACTED].org.au>; Sandra Eales [REDACTED].org.au>; Merren Dickins [REDACTED].org.au>; Leanne Jiggins [REDACTED].org.au>; DDGHPSP <DDGHPSP@health.qld.gov.au>; Shelley Nowlan <Shelley.Nowlan@health.qld.gov.au>
Subject: RE: Meeting

Hi Kate

Sounds good.

I'll ask Sue in my office to arrange the meetings each quarter and may start towards end of Jan so we can have a more detailed conversation on demand management opportunities and workforce and service alignment.

I think looking to set up a time limited working group to look at this work in more detail with representatives from the QNMU, nursing leadership in the department of health, HHS nursing representation would be a good first step so will try and come back to you with a suggested approach early in January. As part of this work I would be keen to see how we could bring in the issue you raised re nursing authority for budgets, decision making etc and ensure we take an open and collaborative approach.

Best wishes.

Nick.

From: Kate Veach [REDACTED].org.au>
Sent: Friday, 6 December 2019 10:52 AM

To: Nick Steele <Nick.Steele@health.qld.gov.au>
Cc: Beth Mohle [redacted].org.au>; Sandra Eales [redacted].org.au>; Merren Dickins [redacted].org.au>; Leanne Jiggins [redacted].org.au>
Subject: Meeting

Hello Nick

It was great to meet with you today to talk about the sustainability of healthcare.

As mentioned, we are keen to accept your offer of regular meetings between to get these discussions going.

Merren Dickins, copied into this email is the best contact to help arrange meetings with us.

We were thinking quarterly meetings may be beneficial if that suits you.

Kind regards

Kate



Kate Veach
Director - Organising & Professional Services
106 Victoria Street, West End QLD 4101
07 [redacted] (direct)
07 3840 1444 (reception)
www.qnmu.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you receive it and you are not the intended recipient(s), or if it is transmitted/received in error.

Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters.

If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia +61 1800 198 175 or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited.

Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently

suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

RTI RELEASES

From: Kate Angell
To: [Barbara Phillips](#)
Cc: [Tracey Smith](#)
Subject: SENT TO HR - Queensland Nurses and Midwives' Union member, [REDACTED]
Date: Monday, 16 December 2019 10:04:06 AM
Attachments: [image001.png](#)
[20191216 \[REDACTED\] - Correspondence to Deputy Director-General.pdf](#)

Dear Ms Phillips

Please find the attached correspondence in relation to our member, [REDACTED].

Should you wish to discuss this matter, please contact Tracey Smith, Servicing Industrial Officer on 07 [REDACTED] or at [REDACTED] [.org.au](#).

Kind regards

On behalf of Tracey Smith

 **Leonie Baldwin**
Secretary - Member Servicing
106 Victoria Street, West End QLD 4101
07 3840 1444 (reception)
www.qnm.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.



ABN 84 382 908 952

In association with the Australian Nursing and Midwifery Federation QNMU Branch

www.qnmU.org.auAll correspondence must be sent to secretary@qnmU.org.au

OUR REF: [REDACTED]

16 December 2019

PRIVATE AND CONFIDENTIAL

Barbara Phillips
Deputy Director-General
Queensland Health

Sent via email: Barbara.Phillips@health.qld.gov.au

Dear Ms Phillips

Re: Queensland Nurses and Midwives' Union of Employees ("QNMU") member, [REDACTED]

The QNMU congratulates Queensland Health on the most recent reforms announced to improve conditions for staff and patients. In those reforms it is noted Queensland Health will take steps to ensure all employees, other than executive health service employees, are Queensland Health employees.

The QNMU note the aim of this reform is to facilitate more consistent employment and human resource arrangements across the Hospital and Health Services (HHS) and make it easier for staff to move between HHSs, providing better career development opportunities.

Most recently, over the course of around 18 months, the QNMU had serious concerns in relation to the way a HHS instigated and managed matters relating to [REDACTED]

Whilst our member's matter has been recently resolved, the QNMU remains of the view that unless consistent employment and human resource arrangements across the HHSs are taken seriously and do occur, our members will continue to be denied procedural fairness and natural justice.

While we are not requiring any action to be taken, we thought our member's experience would be of interest to you in understanding the QNMU's position.

Background

RTI RELEASE

RTI RELEASE

As indicated above, the QNMU does not require action to be taken; however, remains of the view that unless consistent employment and human resource arrangements do occur across the HHSs, our members and the broader staff of Queensland Health will continue to be subjected to less than model employment standards.

Should you wish to discuss this matter further, please contact Tracey Smith, Servicing Industrial Officer on [REDACTED] or at tsmith@qnmq.org.au.

Yours sincerely



BETH MOHLE
Secretary

From: Beth Mohle
To: [Madeleine Henry](#); [Barbara Phillips](#); [DDGCEO](#); [CSDDDG](#); [Robyn Henderson](#); [WM-ED-Nursing&Midwifery](#); [Jo Whitehead](#); [Kate Veach](#); [Sandra Eales](#); [Shelley Nowlan](#); [Deborah Miller](#); [Keith McNeil](#)
Subject: RE: Papers for January NM GEC IAG
Date: Friday, 20 December 2019 7:54:27 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)

Thanks very much Madeline – you are very well prepared going into the Christmas break.

In case you haven't yet seen it, I will share our festive season message sent to members – please see below.

It has been great working with you all this year to advance the government election commitments for nursing and midwifery.

Wishing everyone a safe and relaxing festive season and all the best for 2020. This year was a big one and no doubt next year the pace will intensify.

Warmest Regards,

Beth



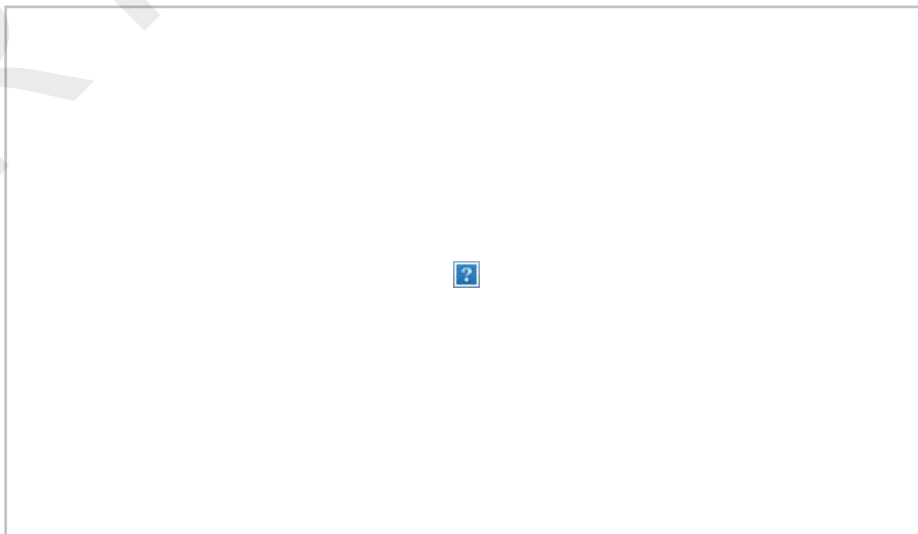
Season's greetings from the QNMU

This year, something historic happened.

We finally got the evidence that proves ratios are saving lives and money in Queensland.

Which is why this festive season Queensland's nurses and midwives have launched a major TV and digital ad campaign to spread the word far and wide... because everybody needs to know that we need ratios everywhere, whether it's our public and private hospitals or aged care facilities.

Check out the ad by clicking the below image.



You can also watch the ad on YouTube [here](#).

The evidence is irrefutable.

Since 2016 when the state government legislated minimum nurse-to-patient ratios in prescribed public hospitals, there have been:

- **145** deaths avoided
- **255** readmissions avoided
- **29,200** hospital days avoided
- Up to **\$81 million** saved

And that's just the headline figures.

[Click here](#) to find out more about our world-first evaluation of ratios.

And looking to the year ahead...

2020 will be a big year for nurses and midwives, not least of all because the world will be celebrating our professions through the WHO's International Year of the Nurse and Midwife!

We've got so many exciting events and activities planned to mark this important year. In the meantime, from everyone at the Queensland Nurses and Midwives' Union, we wish you all a safe and happy holiday season.

Warmest regards,

Beth Mohle
QNMU Secretary

QNMU Christmas closure

The QNMU offices in Brisbane, Toowoomba, Bundaberg, Rockhampton, Townsville, Cairns, Sunshine Coast and Gold Coast will close from 3.30pm on Tuesday 24 December 2019 and will reopen at the regular starting time of 8.30am on Thursday 2 January 2020.

During this time members who require emergency advice or assistance should ring the Brisbane office on (07) 3840 1444 or 1800 177 273 (toll free outside Brisbane) and leave a message.

Officials will be on call to deal with emergencies such as dismissals, and they will contact you.



Queensland Nurses and Midwives' Union
GPO Box 1289, Brisbane Q 4001 | 106 Victoria St, West End Q 4101
Phone: 07 3840 1444 | Toll Free: 1800 177 273 | Fax: 07 3844 9387
[visit our website](#) | [contact us](#)
[Update your mailing preferences](#) | [Unsubscribe from all mailings](#)

Authorised by B. Mohle, Secretary, QNMU, 106 Victoria St West End 4101.



The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Madeleine Henry <Madeleine.Henry@health.qld.gov.au>

Sent: Tuesday, 17 December 2019 3:55 PM

To: Barbara Phillips <Barbara.Phillips@health.qld.gov.au>; DDGCEQ <DDGCEQ@health.qld.gov.au>; CSDDDG

<CSDDDG@health.qld.gov.au>; Robyn Henderson <Robyn.Henderson@health.qld.gov.au>; WM-ED-Nursing&Midwifery <WM-ED-NursingMidwifery@health.qld.gov.au>; Jo Whitehead <Jo.Whitehead@health.qld.gov.au>; Beth Mohle [REDACTED].org.au>; Kate Veach [REDACTED].org.au>; Sandra Eales [REDACTED].org.au>; Shelley Nowlan <Shelley.Nowlan@health.qld.gov.au>; Deborah Miller <deborah.miller@health.qld.gov.au>; Keith McNeil <Keith.McNeil@health.qld.gov.au>

Subject: RE: Papers for January NM GEC IAG

Good afternoon everyone,

Please find attached the draft minutes from the last NM GEC IAG held on 27 November 2019, as well as a draft agenda for the next meeting scheduled 29 January 2020. I have also attached the amendment October NM GEC IAG Minutes and the amended GEC630 100 Midwives update paper from the November meeting for your reference.

January update papers

Please note I will be on leave until 20 January 2020 and will circulate update papers on my return as a first priority when I return so as to have the most recent data.

Out-of-session papers

Regarding the mental health and aged care ratios documents, meetings a scheduled for working groups in the coming week. If there are items for approval ahead of the January meeting I will work with each working group to circulate these for out-of-session review ahead of the Christmas break.

As always, please don't hesitate to contact me if you have any feedback or changes, and of course – Merry Christmas and a Happy New Year for the weeks to come!

Kind regards,
Madeleine

Madeleine Henry

Nursing and Midwifery Government Election Commitment Project Officer, NM GEC Implementation Advisory Group Secretariat

Phone: 07 [REDACTED]

Mobile: [REDACTED]

Address: 15 Butterfield street, Herston, QLD 4006

Email: OCNMO_GEC@health.qld.gov.au

Clinical Excellence Queensland

Workforce Sustainability, Office of the Chief Nursing and Midwifery Officer



www.clinicalexcellence.qld.gov.au



Queensland
Government



Clinical Excellence Queensland | Queensland Health

We acknowledge the Traditional Owners of the land, and pay respect to Elders past, present and future.

-----Original Appointment-----

From: Madeleine Henry

Sent: Friday, 28 June 2019 2:10 PM

To: Madeleine Henry; Barbara Phillips; DDGCEQ; CSDDDG; Robyn Henderson; WM-ED-Nursing&Midwifery; Jo Whitehead; [redacted].org.au; Kate Veach; Sandra Eales; Shelley Nowlan; Deborah Miller; Keith McNeil

Subject: January NM GEC IAG

When: Wednesday, 29 January 2020 3:00 PM-4:00 PM (UTC+10:00) Brisbane.

Where: 33CS-L12-14P-R12.03

Please accept this invitation for the monthly Nursing and Midwifery Government Election Commitment Implementation Advisory Group (NM GEC IAG) meeting. Papers will be sent closer to the date.

Please note the **change of location**, as the previous go-to room is being changed into an office.

Phone in: [redacted]
Participant code: [redacted]
Moderator: [redacted]

Kind regards,
Madeleine

Madeleine Henry

Nursing and Midwifery Government Election Commitment Project Officer, NM GEC Implementation Advisory Group Secretariat

Phone: 07 [redacted]
Mobile: [redacted]
Address: 15 Butterfield street, Herston, QLD 4006
Email: OCNMO_GEC@health.qld.gov.au

Clinical Excellence Queensland

Workforce Sustainability, Office of the Chief Nursing and Midwifery Officer



www.clinicalexcellence.qld.gov.au



Clinical Excellence Queensland | Queensland Health

We acknowledge the Traditional Owners of the land, and pay respect to Elders past, present and future.

This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you receive it and you are not the intended recipient(s), or if it is transmitted/received in error.

Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters.

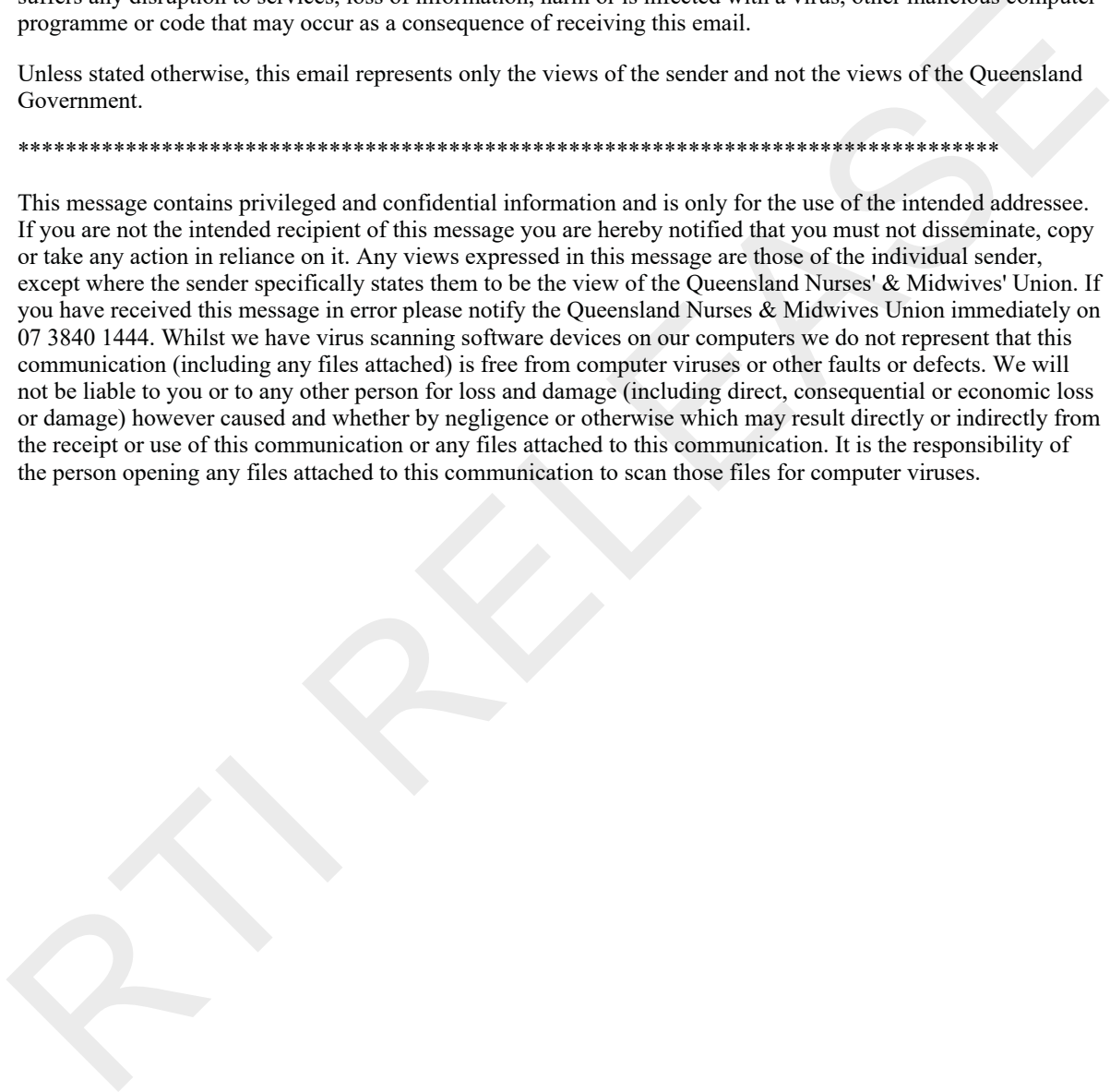
If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia +61 1800 198 175 or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited.

Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.



John Wakefield

From: Beth Mohle <[REDACTED]@org.au>
Sent: Tuesday, 24 December 2019 3:10 PM
To: John Wakefield
Subject: FW: Concerns at RBWH [REDACTED] Department
Attachments: 241219 - Dr R Stable - Concerns at RBWH [REDACTED].pdf; briefing note for MN board chair dec 19 FINAL.docx

Hi John,

Here is the letter and briefing note to Rob Stable as discussed.

I am on call over Christmas and New so please call me if required.

Cheers,

Beth

 **Beth Mohle**
 Union Secretary
 106 Victoria Street, West End QLD 4101
 07 3840 1444 (reception)
www.qnmu.org.au
 Queensland Nurses &
 Midwives' Union

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Secretary <secretary@qnmu.org.au>
Sent: Tuesday, 24 December 2019 3:07 PM
To: 'Robert.Stable@health.qld.gov.au' <Robert.Stable@health.qld.gov.au>;
 'Metro_North_Board@health.qld.gov.au' <Metro_North_Board@health.qld.gov.au>
Cc: 'health@ministerial.qld.gov.au' <health@ministerial.qld.gov.au>
Subject: Concerns at RBWH [REDACTED] Department

Dear Dr Stable,

Please find attached correspondence and briefing note from the Qld Nurses and Midwives' Union regarding concerns at RBWH [REDACTED] Department.

The attached briefing note has been sent to you in word format as it contains a number of embedded documents, please let me know if you have any issue accessing these documents.

Please do not hesitate to contact me directly should you wish to discuss this important matter further.

Regards,
 Beth Mohle
 Secretary

**Beth Mohle**

Union Secretary

106 Victoria Street, West End QLD 4101

07 3840 1444 (reception)

www.qnm.u.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

RTI RELEASE



ABN 84 261 908 065

In association with the Australian Nursing and Midwifery Federation QNMU Branch

www.qnm.org.au

All correspondence must be sent to secretary@qnm.org.au

24 December 2019

Dr Robert Stable AM
Board Chair
Metro North Hospital and Health Board
Level 14, Block 7
Royal Brisbane and Women's Hospital
Herston QLD 4029

By Email: Robert.Stable@health.qld.gov.au
Metro North Board@health.qld.gov.au

Dear Dr Stable,

Re: Concerns at RBWH [REDACTED] Department

For some months now Queensland Nurses and Midwives' Union (QNMU) members employed at the Royal Brisbane and Women's Hospital (RBWH) [REDACTED] have held serious concerns about their workloads and the impact increasing demand for services is having on patient and nurse safety. Our concerns have been escalated via the established industrial mechanisms and we are currently at Stage 4 of the workload grievance process.

The situation at the [REDACTED] is further complicated by cultural issues within the unit that are making resolution of our workload grievance more difficult given QNMU members are reluctant to raise concerns about safety for fear of retribution. We welcome the determination by the Acting Chief Executive Officer to undertake a culture review of the unit, but remain extremely concerned to ensure sufficient focus remains on addressing workload and other concerns arising from increasing demand for services.

This increasing demand is affecting so many [REDACTED] Departments across the state, but is more pronounced in South East Queensland. We are aware that addressing the underlying causes are complex and will require a multi-faceted approach.

The Minister for Health Hon Steven Miles has now met with our members in the [REDACTED] twice in the last few months to hear first-hand their concerns and frustrations, which have included:

1. Chronic understaffing and the impact on patient and staff safety.
2. A lack of functional and safe equipment in the [REDACTED].
3. Lack of transparency and leadership as well as inconsistency of communication from senior management in relation to both the grievance process and the culture review. On numerous occasions during the grievance process management have made commitments to staff which have not been met. This includes not meeting several deadlines for achieving tasks, providing Business Planning Framework (BPF) documents and not completing recruitment. There has also been no formal communication outlining timeframes.

4. [REDACTED] other QNMU members are now advising the QNMU they no longer feel safe to progress patient and staff safety issues for fear of retribution by RBWH management. QNMU members state they feel professionally unsafe and insecure in their employment.

Please note that separate correspondence will be sent today to the Acting Chief Executive Officer in relation to point four above.

Given the HHS has responsibility for addressing such local concerns, we thought it appropriate and timely to provide the Metro North Hospital and Health Service (MNHHS) Board with a briefing on this important matter. We have been working with local management to identify solutions, but progress to date has been slow and not to the satisfaction of members that have raised their concerns with the QNMU.

Please find attached a short briefing note that outlines the major issues of concern to our members at present. We would be happy to provide further information or clarification on any matters should this be required.

The QNMU places on record its eagerness to be involved in working collaboratively to address the root causes of the current serious concerns in RBWH [REDACTED] and finding solutions to keep both patients and staff safe.

Please do not hesitate to contact me directly should you wish to discuss this important matter further.

Yours sincerely,





Beth Mohle
Secretary


cc: Hon Steven Miles MP
Minister for Health and Minister for Ambulance Services
Email: health@ministerial.qld.gov.au

Royal Brisbane and Women's Hospital

Workload Grievance

Date	Issue	Action
1/10/19	Significant increase in workload reporting commenced	Watching brief. Raised at Nursing and Midwifery Consultative Forum (NaMCF)
21/10/19	Meeting with members to discuss workload issues	Decision to escalate to NaMCF
24/10/19	Workload grievance process commenced.	NaMCF notified of proposed escalation to stage workload grievance 3
28/10/19	Official escalation of stage 3 workload grievance  Letter to [REDACTED] [REDACTED] re_ Notificatic	Stage 3 workload grievance notification citing the following issues: <ul style="list-style-type: none"> • Unsafe staffing levels • Multiple patients in corridors • Insufficient equipment in clinical areas e.g. patient observation equipment • Inability to access meal breaks and rest pauses • Excessive overtime • Management of interhospital transfers through [REDACTED] • Inappropriate management of patients with a mental health illness
29/10/19	QNMU members report senior nurses (Clinical Nurse Consultants) are discouraging workload reporting	QNMU runs twice daily workload inservices for 1 week outlining the importance and professional responsibilities of workload reporting
8/11/19	QNMU and Acting Nursing Director meet to discuss the culture and workload issues. Decide to hold a joint forum to show a united front to staff that we are all working together to achieve a safe working environment	QNMU officials and Acting Nursing Director meet with members in a joint forum to discuss workload issues

Date	Issue	Action
11/11/19	Health Minister meets with members	Health Minister commits to returning in 1 month to discuss progress
14/11/19	Stage 3 workload grievance meeting. Executive Director of Nursing and Midwifery Services stated there was no money and the organisation would be unable to provide any extra staff.	Members vote to escalate grievance to a stage 4
15/11/19	QNMU escalate to stage 4  LETTER to [REDACTED] [REDACTED] re Notificator	Letter sent notifying of escalation to stage 4 workload grievance
25/11/19	Member expressing distress at management's response in relation to the stage 3 workload grievance	QNMU officials visit with cake to thank members for standing up for patient safety
28/11/19	Stage 4 workload grievance meeting	Stage 4 panel committee recommendations included: 1) A commitment to meet with the business partners to seek urgent approval for the following: a. 27.2 FTE for immediate relief in the interim whilst the BPF service profile is reviewed; and b. That the temporary [REDACTED] nurse positions be made permanent, and shift length for the second [REDACTED] nurse rostered on the late shift be extended until 2300hrs. 2) A half day workshop for the BPF service profile to be conducted with the opportunity for all front line staff who wish to participate, QNMU Representatives and a QNMU Professional Officer to be held and a finalised BPF service profile to be sent to the Stage 4 Specialist Panel committee members by close of business, 13 December 2019. A written response outlining the outcome of the above requests was due 6 December 2019.

Date	Issue	Action
4/12/19	Half day workshop - BPF service profile review	First half of the workshop went well but the second half deteriorated and member representatives for [REDACTED] felt their professional judgement was being overridden by [REDACTED] senior nurses. QNMU wrote to Director of Nursing (DON) to officially complain about the process.
6/12/19	Two anonymous complaint letters received	EDNMS raised letters with QNMU
6/12/19	QNMU escalated member concerns regarding workplace culture to the EDNMS	Meeting with EDNMS scheduled for 10 December
6/12/19	Response to stage 4 workload grievance meeting received from EDNMS	 20191206 Letter to QNMU Stage 4 Grie
10/12/19	QNMU officials meet with EDNMS and DON about culture issues	Agreement to the following: <ol style="list-style-type: none"> 1. Engage an external investigator for the RBWH [REDACTED] and for that to be done as soon as possible, proposed early New Year timeframe. 2. MNHHS to consider the proposed investigator put forward by the QNMU. 3. Agreement for QNMU to be consulted in the development of the Terms of Reference (TOR) for the investigation. 4. That the commitment to do a culture investigation will be communicated to all staff within the [REDACTED] as soon as possible by MNHHS.
11/12/19	QNMU meets with members to discuss response to stage 4 workload grievance.	Members request further clarification from EDNMS with regards to the response provided – meeting with EDNMS scheduled for 16/12/19
11/12/19	QNMU officials met with MNHHS representatives to discuss increase in Health and Safety Representatives (HSRs)	Outcomes agreed to increase HSRs from 1 to 4 (additional 3)

Date	Issue	Action
16/12/19	Members and QNMU officials met with EDNMS and DON to gain clarification on points from Stage 4 workload grievance response and also to raise issues regarding not receiving the 19/20 BPF service profile as agreed between the parties	Post this discussion the QNMU made it clear that we were not at a point of resolving the grievance and agreed to meet again in mid-January 2020 to discuss/clarify the MNHHS response to the stage 4 workload grievance
20/11/19	Key member activists in the stage 4 workload grievance placed on leave with pay from [REDACTED]/19 to [REDACTED] 2020 - plans for secondment to other units post return to work	QNMU seeking clarification on why these activists were placed on leave, as they did not seek this assistance or leave from management. Members also concerned at being seconded into areas they are not familiar with without consultation and/or agreement.
23/11/19	Health Minister meets with members	<p>Four significant areas of concerns raised by members to the Health Minister:</p> <ol style="list-style-type: none"> 1. Chronic understaffing and the negative impact this is having on patient and staff safety. 2. A lack of functional and safe equipment in the [REDACTED] 3. Lack of transparency and leadership as well as inconsistency of communication from management in relation to both the workload grievance process and the culture review. 4. Following the removal of key member activist from the [REDACTED] members advised the Minister they no longer feel safe to progress patient and staff safety issues for fear of retribution by RBWH management. QNMU members state they feel professionally unsafe and insecure in their employment. <p><i>It must be noted that since October 2019 there has been over 280 workload concern forms submitted by [REDACTED] nursing staff.</i></p> <p>The Health Minister has committed to writing to the MNHHS Board and returning to meet with members in 1 month – the Minister also noted that he had not yet received an action plan from MNHHS that he had requested from his first visit.</p>

John Wakefield

From: Beth Mohle <[REDACTED]@org.au>
Sent: Tuesday, 24 December 2019 3:43 PM
To: John Wakefield
Subject: FW: Ltr to Jackie Hanson - Removal of Nurses from [REDACTED]
Attachments: 00206BB95F6A191224131215.pdf

Hi John,

Here is the letter to Jackie as discussed.

Warmest Regards,

Beth

 **Beth Mohle**
 Union Secretary
 106 Victoria Street, West End QLD 4101
 07 3840 1444 (reception)
www.qnmu.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Merren Dickins <[REDACTED]@org.au>
Sent: Tuesday, 24 December 2019 2:04 PM
To: Beth Mohle <[REDACTED]@org.au>; Kate Veach <[REDACTED]@org.au>
Subject: Ltr to Jackie Hanson - Removal of Nurses from [REDACTED]

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.



ABN 84 382 908 052

In association with the Australian Nursing and Midwifery
Federation QNMU Branchwww.qnm.org.auAll correspondence must be sent to secretary@qnm.org.au

DS:AS

24 December 2019

Ms Jackie Hansen
Acting Health Service Chief Executive
Metro North Hospital and Health Service
Level 14, Block 7
Royal Brisbane and Women's Hospital
HERSTON QLD 4029

By email: MD16-MetroNorthHHS@health.qld.gov.au

Dear Ms Hansen

Re: Removal of Nurses from [REDACTED]

The QNMU writes on behalf of our members in the Royal Brisbane and Women's Hospital (RBWH) [REDACTED] to share the grave concerns expressed by our members in relation to the recent actions taken by RBWH management. Specifically, [REDACTED] nursing staff have reported feeling [REDACTED] following the sudden removal of [REDACTED] nurses from the unit.

The QNMU has been informed that on [REDACTED] staff members were directed to attend an urgent meeting without notice nor the ability to arrange a support person. During these meetings they were advised [REDACTED] that the staff would be removed from [REDACTED]

Many nursing staff have interpreted the sudden removal of [REDACTED] experienced nurses from a unit already experiencing significant staffing deficits as direct retribution by management against these members for raising workload concerns and advocating for additional staffing in [REDACTED]. Since the removal of these members, [REDACTED] staff have reported no longer feeling safe in raising workload or patient safety issues, for fear of similarly being removed from the unit. The QNMU also notes that since the removal of these staff, the number workload reporting forms received from [REDACTED] have dropped from an average of ten per day to almost zero, despite advising us verbally that the serious workload issues remain.

Nurses have also reported feeling confused by the conflicting reasons offered by management as to why the [REDACTED] staff have been removed. [REDACTED] Staff on the floor have been given numerous explanations by management, including [REDACTED]

[REDACTED] Nurses have advised us that these repeatedly differing justifications have caused nursing staff to lose faith in management and strengthen the belief amongst [REDACTED] nurses that the staff were removed for voicing workload concerns.

The QNMU shares the concerns of our [REDACTED] members regarding the way in which this matter has been both handled and communicated to staff. We strongly object to the removal of these staff without any clear justification, particularly from a unit already experiencing staffing deficits and during the busiest period of the year.

The QNMU requests that the [REDACTED] staff members you have suspended have this suspension lifted and be returned to their substantive positions in the [REDACTED] effective immediately.

Please contact Daniel Seage, Industrial Officer on [REDACTED] or by email at [REDACTED]@qnmU.org.au to discuss this matter.

Yours sincerely



Beth Mohle
Secretary

Cc by email:

Alanna Geary – Executive Director, Nursing and Midwifery (MNHHS)
Alanna.Geary@health.qld.gov.au

Kerri McLeod – Director of Nursing (RBWH)
Kerri.McLeod@health.qld.gov.au

Jessica Toleman - Acting Executive Director, Critical Care and Clinical Support Services (RBWH)
Jessica.Toleman@health.qld.gov.au

John Wakefield

From: Beth Mohle <[REDACTED]@org.au>
Sent: Wednesday, 1 January 2020 12:59 PM
To: John Wakefield
Cc: Shelley Nowlan
Subject: RE: Link to info

Yes John, I think it is worthwhile to look at a pilot programme somewhere, especially linked into aged care need. It has been demonstrated to work in Holland, but as we know the sceptics here will require an Australian testing, so we will need to underpin it with a formal evaluation.

Happy New Year to you both.

Cheers,

Beth

 **Beth Mohle**
 Union Secretary
 106 Victoria Street, West End QLD 4101
 07 3840 1444 (reception)
www.qnmu.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: John Wakefield <John.Wakefield@health.qld.gov.au>
Sent: Sunday, 29 December 2019 1:22 PM
To: Beth Mohle <[REDACTED]@org.au>
Cc: Shelley Nowlan <Shelley.Nowlan@health.qld.gov.au>
Subject: Re: Link to info

Hi Beth. Looks interesting. Is it worth considering as a proof of concept proposal, especially if we have a dozen or so in allocated NNS? Looks very interesting as a concept and perhaps would be a good model to explore with either an aged or disability cohort. Not sure how we could tap into the Feds also, maybe they are willing to co sponsor. I note there is an Australian presence now so would be worth finding out where this is.

Regards

John

Dr John Wakefield PSM
 Director-General
 Queensland Health

Phone: +61 (0) [REDACTED]
 Address: [1 William Street, Brisbane 4000](#)
 Email: john.wakefield@health.qld.gov.au

Queensland Health
 Office of the Director-General



www.health.qld.gov.au



Queensland's Health Vision: By 2026 Queenslanders will be among the healthiest people in the world.

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

On 20 Dec 2019, at 11:27 am, Beth Mohle <[REDACTED]@org.au> wrote:

Hi John,

Here is a link to that Dutch nursing led community health service I was talking about Buurtzorg: <https://www.buurtzorg.com/> It is impressive in terms of results (patient outcomes, satisfaction (patients and nurses) and savings.

Wishing you and your family a safe and relaxing festive season and all the best for 2020. I am on call over the Christmas New Year break, so if you need to speak to me do not hesitate to contact me.

Cheers,

Beth

<image001.png>

Beth Mohle

Union Secretary

106 Victoria Street, West End QLD 4101

07 3840 1444 (reception)

www.qnmu.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or

Your ref: C-ECTF-19/12271

15 January 2020

Dr John Wakefield
Director-General
Queensland Health
GPO Box 48
Brisbane Qld 4001

Via email: DG_Correspondence@health.qld.gov.au

Dear Dr Wakefield,

The Queensland Nurses and Midwives' Union (QNMU) refers to the correspondence of 1 November 2019, from Acting Director-General Ms Barbara Phillips, regarding Prison Mental Health and Specialised Services (PMHS). Her response to matters raised is appreciated, though the QNMU and its members feel that the action proposed is inadequate as it does not address the immediate resourcing shortfall and will not mitigate the imminent and considerable clinical, organisational and professional risks that are present. To help achieve a shared appreciation of these concerns, a brief service snapshot has been appended for your consideration (Attachment 1).

In response to the points raised within the correspondence, there have been two significant pieces of work in recent times that are relevant to this issue:

Firstly, the state-wide review of Offender Health Services (Primary Health Services) which led to a significant injection of funding for the delivery of health within Queensland's correctional centres. Despite the fact that West Moreton (WM)-PMHS is a key stakeholder, no consultation occurred with this or any other prison mental health service in the state throughout the review (please note 'Program Coordinator, Prison Mental Health Service' is not an employee of any of Queensland's actual Prison Mental Health Services, instead fulfilling a role within the Queensland Forensic Mental Health Service).

Given the importance you have noted in complementing service models, this review could have afforded a key opportunity to locate improvement in this area, though that opportunity was not realised. Further, within this review it is stated that Prison Mental Health Services use a staff to patient ratio based upon a model developed within the United Kingdom, despite concerns that the ratio is not consistently achieved (pg. 68). The model referred to here, is the 'Sainsbury Model.' If this model were to be genuinely applied within WM-PMHS as reported, the service would require an additional 91 staff.

Despite the existing literature that supports this model, it has never been utilised in Queensland's Prison Mental Health Services. It is also important to note that since the injection of funding was received by the Primary Health Service, the rates of referrals to the specialist service have not decreased.

Month of June 2019 – 467 new referrals received

Month of October 2019 – 480 new referrals received

Secondly, the Queensland Parole System Review published in November 2016 flagged a 'major deficit in the staffing of PMHS,' and contained a proposed funding model provided by Queensland Health. If the Queensland Health funding model was utilised it would see an additional 48 staff within WM-PMHS. The funding that was provided to WM-PMHS however, equated to 6 additional clinical staff with the view to conducting a further evaluation of PMHS resources. The 'stopgap' funding was received in 2017 and no further support has been received by the service.

It is also worth noting that the proportion of funding provided to WM-PMHS at the time was inequitable. Prisons serviced by WM-PMHS comprise 65% of the state's prison population and the service has 75% of the states open service episodes (as at 29/07/19,) however, WM-PMHS received only 40% of the funding allocated to the state's prison mental health services, following Queensland Prison Service Review.

The WM-PMHS does not operate a nursing led model and there has been no suggestion of that. The service utilises generic positions (can be filled by nursing or allied health) and operates a multi-disciplinary team approach. The Business Planning Framework (BPF) acknowledged these positions as generic and clearly outlined the number of generic positions required.

Regarding the two models discussed above, the WM-PMHS have clearly utilised the industrially mandated tool in a conservative fashion to reach the minimum number of additional staff needed to safely provide treatment and care to this vulnerable population.

The funding model that has been applied to this service for many years has led to chronic under resourcing and an escalating level of risk to WM-PMHS as a health service provider, as defined by the Health Ombudsman Act 2013 (Qld), that must be addressed immediately.

Vulnerable and/or high-risk individuals being referred to the state's specialist prison mental health service but being released into the community without any assessment or provision of care carries a severe degree of risk for both clients and the broader community. Please refer to attached Appendix for more detail.

An adequate response to the issues raised must include:

1. Provision of an immediate stopgap bolus of funding to alleviate some of the pressure faced by WM-PMHS in the delivery of specialist mental health services. The BPF has provided precise instruction in this area and careful consideration should be given to its immediate resourcing.
2. Develop/implement a funding model for Queensland's PMHS that is informed by the Sainsbury and Queensland Health proposed funding models and future proofs prison mental health services against continued prison population growth.
3. Support the WM-PMHS in the implementation of the recommendations outlined within their recent local service review, so that opportunities for efficiency and quality of service improvements can be realised.
4. Facilitate/support an interface between Queensland's Offender Health Service (Primary Health Services) and Prison Mental Health Services (specialist mental health service), with the view to implementing a 'Stepped Care' approach to mental health service delivery.

As staff continue to report unsafe nursing workload management concerns the QNMU restate our support for West Moreton Hospital and Health Service's request for additional recurring funding to safely staff the service according to the Business Planning Framework.

The QNMU respectfully request an urgent review of this matter. We look forward to receiving your reply.

Please contact Grant Burton, QNMU – Regional Team Leader South, by emailing [\[redacted\]@qnmu.org.au](#)

Yours sincerely,



Beth Mohle
Secretary

cc: Mr Nick Steele
Deputy Director-General
Healthcare Purchasing and System Performance
Queensland Health
By email: Nick.Steele@health.qld.gov.au

RTI RELEASE

Attachment 1**Brief Service Profile as at 06/11/19**

WM-PMHS contains 33 generic clinical positions (excluding medical staff).

There are currently 905 patients receiving assessment, treatment and care by the WM-PMHS.

124 patients have been referred and determined to require assessment, whom have yet to be seen.

The current wait list (124 patients) contains patients who have been waiting in excess of 100 days.

Diagnosis – 28% were identified as having a primary psychotic disorder;

- 10% were identified as having a primary neurotic, stress related and somatoform disorder;
- 14% had a primary diagnosis of adult personality disorder; and
- 12% were identified as having a primary mood disorder.

(Queensland Prison Mental Health Services, Clinical Service Open Client Audit, 2015).

28.75% of open patients are of Aboriginal and/or Torres Strait Islander Origin (CIMHA audit, 06/11/19).

59% of open patients have been convicted of a violent offence (Queensland Prison Mental Health Services, Clinical Service Open Client Audit, 2015).

Patients released without being seen – while this data is difficult to clearly locate an example was gathered from one of the seven centres serviced by WM-PMHS, which indicates between 4-5 individuals per week are being released into the community without the provision of assessment, treatment or care.

From: Beth Mohle
To: [Barbara Phillips](#)
Subject: Automatic reply: Article
Date: Wednesday, 29 January 2020 4:56:55 PM

Hello,

The volume of emails being received in my personal email inbox is significant, so there is likely to be delays in responding.

If you are sending formal correspondence to me as QNMU Secretary, can this please be sent to the email established for this purpose (secretary@qnmu.org.au) as this will ensure it is promptly logged and assigned and will not get affected by any delays in clearing my personal email inbox.

If your matter requires urgent attention, please contact my PA Merren Dickins via email at [REDACTED].org.au or by phoning 07 [REDACTED] and Merren will bring it to my attention.

Thank you.

Warmest Regards,

Beth Mohle
Secretary Queensland Nurses and Midwives' Union

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

From: BMohle
To: [Nick Steele](#)
Cc: [Kate Veach](#); [Sandra Eales](#)
Subject: BPF review report
Date: Thursday, 30 January 2020 6:04:26 PM
Attachments: [image001.png](#)
[BPF review 2019.pptx](#)

Hi Nick,

Please find attached a ppt from the roundtable held late last year with the findings of the latest review of the BPF.

I look forward to the discussion at the next NaMIG meeting.

Regards,

Beth



Beth Mohle
Union Secretary
106 Victoria Street, West End QLD 4101
07 3840 1444 (reception)
www.qnmu.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

2019 Statewide BPF Generic Review Roundtable

9 December 2019



Queensland
Government

Overview of the 2019 BPF Generic Review

Tarryn Seumanu & Leanne Jiggins



Opening Statements

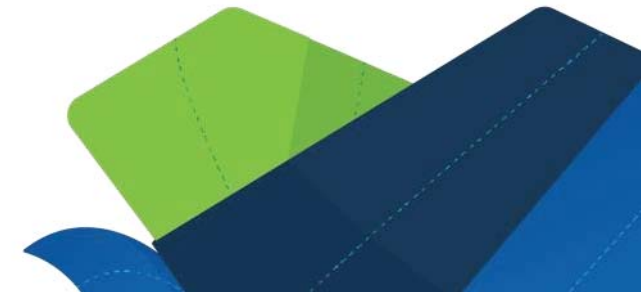
Shelley Nowlan & Beth Mohle



HHS Recommendations

Cairns and Hinterland HHS

1. Future editions of the BPF and addenda incorporate the idiosyncrasies of 'specialised' services such as and including community, correctional, PHC, CSD.
2. Develop a grass roots education program to increase awareness, applicability and compliance.
3. System support tools and process to inform performance evaluation, data management and analysis including comparisons and benchmarking.



Central Queensland HHS

1. Agreed Multipliers applied through consultation and consistency across all services, with a review process-tabled and discussed at BPF committee meetings -associated KPI reduction in leave balances(excess)
2. BPF process aligned to the HHS Budget Build Guidelines with signoff /agreement from all stakeholders with Executive endorsement.
3. Agreed Time frames applied to BPF process and agreement, prior to budget build



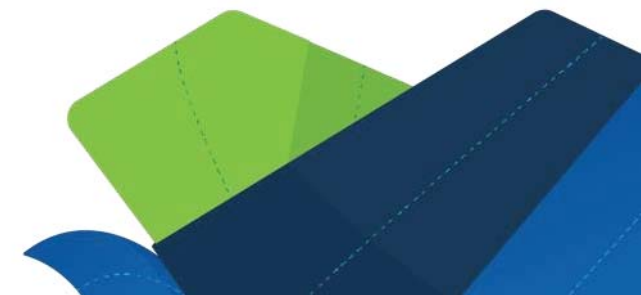
Central West HHS

1. Through the service profile evaluation, it was evident that the HHS is responsive to the demands and needs for staffing to maintain safe nursing for staff, consumers and the organisation. It was noted that two areas need further exploration to permanently ensure additional resource. Barcaldine and Tambo were identified.
2. It was recommended that new starters receive service profiles via HR prior to commencing.
3. It was recommended that low priority action lists need to be contextualised for the Primary Health Care Team, Primary Health Centres and General practices.



Children's Health Queensland HHS

1. Develop a CHQ BPF Standardised approach for staff consultation, publishing and sharing documents including service profiles, low priority list and notional ratios.
2. For specialist nurse groups (CNC/NP/NN) how do we consistently identify and measure trigger factors to quantify FTE and skill mix required for evolving service.
3. Community service- a few issues to explore here including;
 - a) Connectivity - mobile solutions for a mobile workforce.
 - b) Explore different models to cover emergent leave.
 - c) Workforce planning for the future.



Darling Downs HHS

1. Review of BPF Resource Manual to reduce duplication of information within the internal environmental analysis in the document (including timeframes)
2. Incorporate within the BPF resource manual an agreed negotiation process - framework (flow chart embedding interest based problem solving principles). Corresponding evidence documentation to occur within the service profile document.
3. Review of BPF multipliers to assure contemporary values are utilised to meet legislative requirements including mandatory training (explore an all in multiplier similar to caseload calculations) agreed and evidenced statewide to inform a 2020 technical paper.

Gold Coast HHS

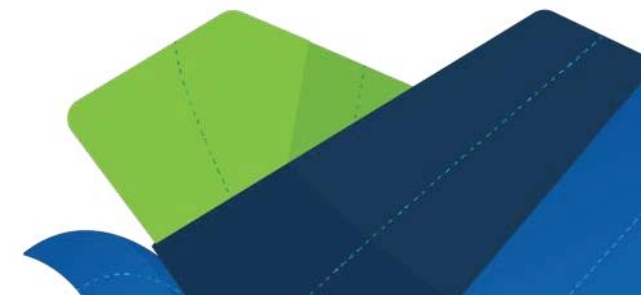
1. Review of the Service Profile template; -
 - for the template to include sub titles under the heading of 'environmental analysis' called internal environmental factors and external environmental factors' as per the BPF 5th Edition page 15-24
 - for the Service Profile to identify in direct Nursing / Midwifery activities within the document (page 30)
 - for the Service Profile document to include page numbers
2. Review the HHS requirements for mandatory training (what is core / what is unit specific / what is the frequency of these requirements)
3. Each area of the HHS is to create / review the Low Priority Activity List as per the BPF 5th Edition p25 and appendix 2. This list is to be displayed / available for staff to view in each area. Each area of the HHS is to display their legislated and notional ratios on the blue BPF posters

Mackay HHS

1. Review BPF Service profile Summary Negotiation and Formal Agreement- 2 tables needed- One with BPF multipliers and one that shows the budget build/approved. Clarity around the columns and definitions, explanation of the column headers e.g. requested, approved, budget FTE; % total approved. Template for evidence of use of multipliers in the calculations to clearly indicate productive, non productive and the % calculations and multipliers. Reassess QH budget cycle with BPF cycle as the two cycles are not aligned.
2. Recommend more specific calculations and Service Profile template for community services. Review Community Addendum and suitability to support. Addendum to cover multidisciplinary health teams that covers Nurses and HPs
3. Review the area of documenting Indirect hours- Rostered time for indirect hours and the details of what makes up indirect hours/duties often not explained or evidenced. table template for this could prove useful. Revise Days required for mandatory training as they vary over the various specialty areas eg Emergency, Theatre, Maternity, Mental Health, ICU

Metro North HHS

1. Opportunity to explore a minimum staffing for education support to develop capacity and capability in roles such as Nurse/Midwifery Educators and Clinical Nurse/Midwifery Clinical Facilitator support.
2. Opportunity to explore support roles that will allow line managers to focus on clinical and professional duties.
3. Opportunity to broaden and apply minimum staffing standard across other clinical areas with capacity to apply clinical judgement as per BPF.



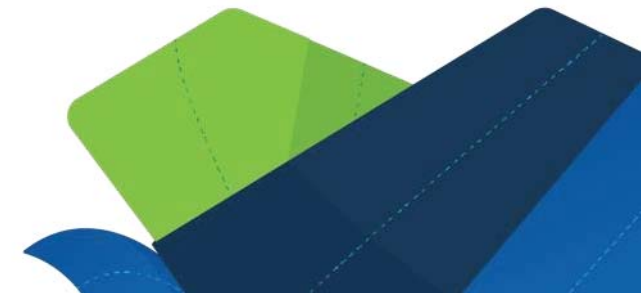
Metro South HHS

1. To review the timeframe currently suggested for Service Profile completion to move to a schedule of timeframes that more closely aligns with HHS internal processes and fiscal budgetary cycles.
2. Develop an electronic Service Profile Data Summary form that directly links to a budget planning tool or template for the key staffing, rostering and associated data sets.
3. To utilise the service profile as a living document that is regularly reviewed as a continuous business improvement and quality process and forms part of operational governance frameworks measuring performance and tracking progress.



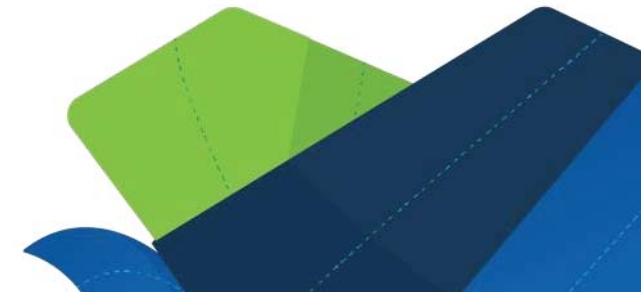
North West HHS

1. Education around staff engagement of BPF application and compliance
2. Education around TOR and purpose/mission statement of NaMCF. How staff can be engaged.
3. Relevant questions for specialised services. Service specific questions.



South West HHS

1. There is a common theme across profiles; there is a perceived lack of understanding of the legislation requirements within the HHS regards to building a budget to incorporate: safety & wellbeing, BPF, EB10 and nursing fatigue. This limits consultation with all parties.
2. Increase education and training available to all nursing and midwifery staff with the use of appropriate resources.
3. We need to agree on one set of data collection tools/data sets to assist BPF builds across all HHS's. This will ensure consistency and benchmarking across the state.



Sunshine Coast HHS

1. Education:

- BPF Steer Co to review BPF Training based on levels offered to Nursing Director, NG7, ANUM, CN and Nurses. Insert reference in the relevant Requisite Education Framework.
- Collaborate with Business Manager/ Finance to improve BPF training
- Create a supplementary training guide for the budget spreadsheet and include reference to BPF terminology and explain how multipliers from the BPF are applied in the spreadsheet

2. Service Profile:

- Review and update the Service Profile template.
- A standardised approach to resources used to complete the data set. Consider reference to scorecards.
- Clearly identify safety and quality measures required and indirect activities.

3. BPF Governance:

- Align current BPF Steering Committee to comply with requirements outlined in EB10.
- Ensure all related Steering Committee documentation, including guidelines and terms of reference are circulated to NG7s and NMCF.
- NMCF to endorse BPF Steering Committee terms of reference and guidelines.
- Develop a BPF summary document to table at NMCF. Highlighting changes applied from previous year in both service delivery and resourcing.



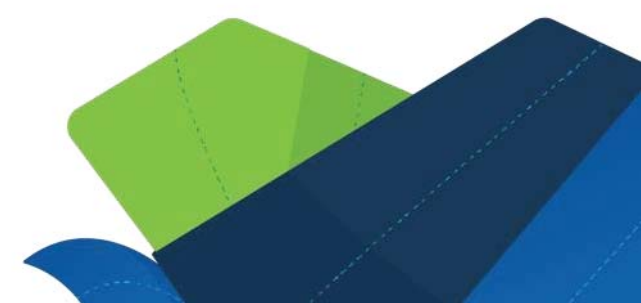
Torres & Cape HHS

1. Finance to use legislated multipliers not own internal figures and include all multipliers in the FTE configuration
2. 6th edition of Business Planning Framework needs to incorporate formulas rural/remote PHCC/program settings and a agreed time/methodology to capture an OOS that can be applied to the settings
3. Increased education/understanding for nurses/midwives, health workers and respective line managers; and cascading up to Executive and Board



Townsville HHS

1. No recommendations at this time. The HHS will review once the BPF 6th Edition and Statewide Service Profile and Education has been endorsed by NaMIG as part of the EB10 commitments.
2. N/A
3. N/A



West Moreton HHS

1. Service Profile:

- the development and agreement of realistic timeframes for BPF process across the State and update the BPF 5th Edition to reflect the same

2. Resource Allocation

- that the multipliers applied articulate the backfill required for positions on leave
- review the mandatory training multipliers to include the articulation of digital health requirements
- that the roster construct include both productive and non-productive FTE requirements

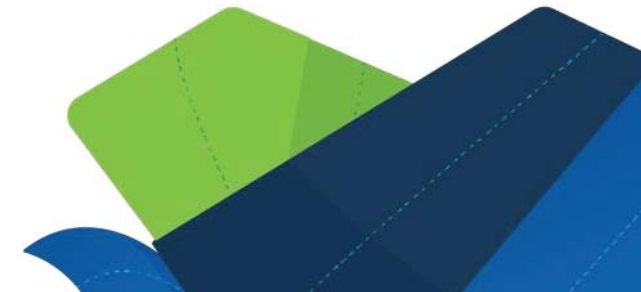
3. Evaluation

- that the BPF service profile includes a section that provides a summary/outline of the consultation (including evidence) that has occurred
- Safety & Quality Measures – the setting of a consistent framework for demonstrating safety and quality to be included in all BPF service profiles



Wide Bay HHS

1. Review local flowchart and align dates with 5th edition page 6.
2. Develop local procedure for service profile completing that includes the escalation processes.
3. Education - annual training for service profile and BPF development continues to be provided by BPF nurses. Consider requisite training for NUMs/MUM's and CN's and reporting as a KPI. This to be filtered down to all nurses and attendance at education encouraged.



Themes of HHS Recommendations

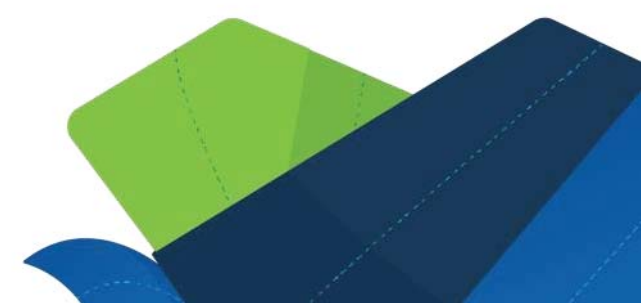
Tarryn Seumanu & Leanne Jiggins



Themes

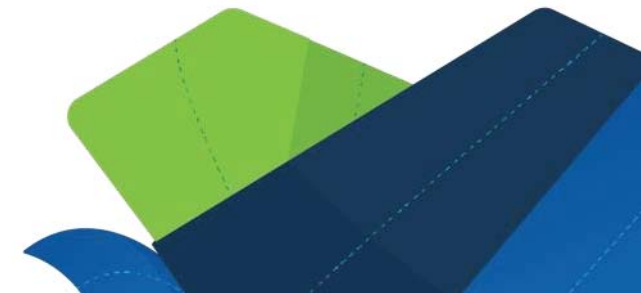
- Review BPF 5th edition
- BPF education
- Systems
- Local process improvements

RTI RELEASE



Themes – Review BPF 5th edition

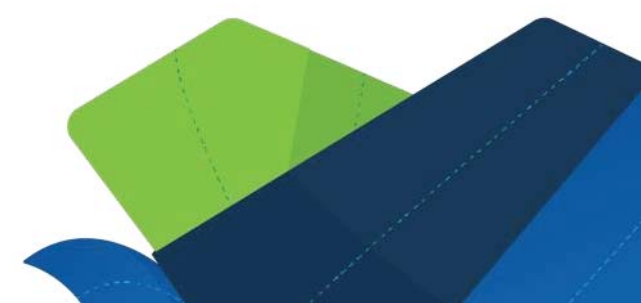
- Finance/budget cycle timeframes
- Broadening the examples to include non-acute contexts
- Further clarification of definitions in the document
- Link to BPF Addenda



Themes – BPF education

- Education for nurses and midwives including NG7's and above
- Education for non-nursing and midwifery staff

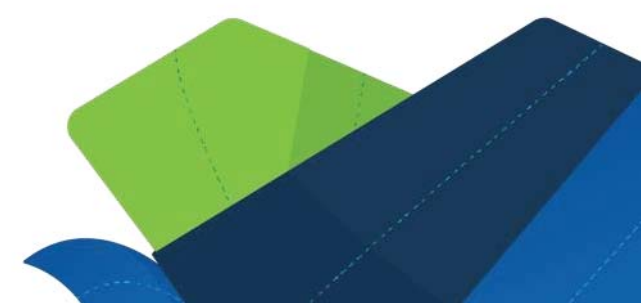
RTI RELEASE



Theme - Systems

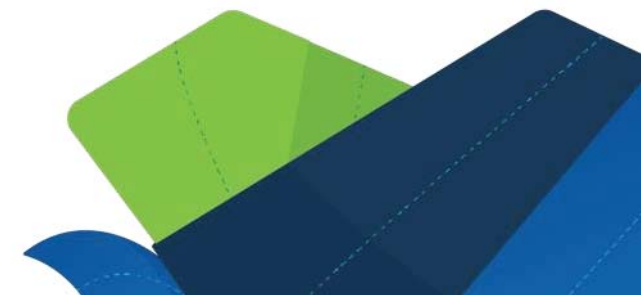
- Local data collection systems/tools and locally agreed data sets to inform BPF build
- eBPF service profile development

RTI RELEASE



Theme – Local process improvements

- Consultation
 - Low-priority activity list development
 - Mandatory training and agreed multipliers
 - BPF Steering committees
- Service profile template development
 - Localised for specialities (such as community and primary health settings)



Next Steps

Rachel Borger & Kylie Badke



Summary & Close

Shelley Nowlan & Beth Mohle



From: Beth Mohle
To: [Shelley Nowlan](#); [Kate Veach](#); [Robyn Henderson](#); [Deborah Miller](#); [Jo Whitehead](#); [Sandra Eales](#)
Cc: [Keith McNeil](#); [Barbara Phillips](#); [Madeleine Henry](#)
Subject: RE: Nav recall update
Date: Sunday, 2 February 2020 2:06:41 PM
Attachments: [image001.png](#)

Thanks very much Shelley for your work on this. We are keen to continue discussions re how we ensure optimisation of the recalled funding so that we support the ongoing sustainability of the Nurse Navigator programme.

Regards,

Beth

 **Beth Mohle**
 Union Secretary
 106 Victoria Street, West End QLD 4101
 07 3840 1444 (reception)
www.qnmu.org.au
 Queensland Nurses & Midwives' Union

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Shelley Nowlan <Shelley.Nowlan@health.qld.gov.au>
Sent: Saturday, 1 February 2020 7:48 AM
To: Beth Mohle <[REDACTED]@health.qld.gov.au>; Kate Veach <[REDACTED]@health.qld.gov.au>; Robyn Henderson <Robyn.Henderson@health.qld.gov.au>; Deborah Miller <deborah.miller@health.qld.gov.au>; Jo Whitehead <Jo.Whitehead@health.qld.gov.au>
Cc: Keith McNeil <Keith.McNeil@health.qld.gov.au>; Barbara Phillips <Barbara.Phillips@health.qld.gov.au>; Madeleine Henry <Madeleine.Henry@health.qld.gov.au>
Subject: Nav recall update

Morning all

I would have liked to provide this update where we landed with Nav surplus to you yesterday afternoon. My attentions went to concentrating on the approvals and allocation of the 5 Navs to the HHS through this funding window which is now in train. Memos sent to CEs and await rerun signatures to accept the offers. Then we had a few urgent matters to address with coronavirus. So my apologies getting this to you today.

Thanks for your input Robyn, Kate, Beth and Jo over the last day or so. Noting Alanna was on a leave day yesterday I have yet to discuss with the options put forward with her. Also please note I have not consulted with the EDNMs on these options due to time constraints and also these options are yet to be approved by DG. We will need to consider how this occurs through the working group if the brief is successful.

Options have also been considered and adapted so that they have the best chance to be actioned by June 2020 and how the Department could achieve funding allocations out in this funding window or Div to Div transfers.

in summary:

AW3: allocations need to be done by 2 Feb 2020

Action 1 – N Navigator allocations

OCNMO progressed allocation 5 FTE Navs

NWHHS x 1 FTE NO7

TCHHS x 1 FTE NO7 plus embed the 1 FTE NO7 Rheumatic Heart Disease

WBHHS x 2 FTE NO7

MHHS x 1 FTE NO7

Note: HHS verbally notified. AW3 Memorandums to HHS sent and awaiting CE acceptance.

Action 2 - AW2 Recall: \$2.56M

Finance advice:

Navigation Funds are tied and changing from use of funds for other than Nurse Nav positions is considered "Repurposing" of treasury funds.

Require DG approval of proposal to "Repurpose" In alignment with Treasury business rules.

Funding window is AW3 and Div to Div process will be required.

Note: AW3 allocation required DDG approval asap to achieve 2 Feb 2020 window for Department to HHS

Brief will included:

1. NN Capability development and succession planning:

Propose to provide funding to Torres and Cape who are already funded to provide a governance and coordination hub for all SwIM program. Have in principle agreement from TCHHS to utilise current infrastructure and processes to provide timely support to this initiative.

Under the initiative, Nurse Navigators State-wide will be able to undertake SwIM immersions relevant to their navigation patient cohorts to build capacity in generic skills to support care planning and treatment plan adjustments.

HHSs will be provided an incentive to release Nurse Navigators by the provisions of:

Salary costs for NN while on immersion

Salary costs for back fill of the NNav that will be aligned to 'Succession Planning' opportunities through undertaking the role and or shadowing NNavS.

Estimated uptake:

Aged care – 10 placements

Community – 20 placements

Mental Health – 20 placements

Paediatrics – 10 placements

Rural – 10 placements

Contingency based on demand – 10 placements

Placements have been estimated at NG7 for 4 week period

Proposed to also provide additional coordination support for governance hub – currently NG10, AO6, 2 x AO3 funded by OCNMO. Propose to fund an additional 0.5 AO6 for six months to coordinate the above With EDMMs of HHSs and Build on current infrastructure in place to assist achieving the initiative in the short timeframe

Estimated total cost:

\$2,002,477

2. NN Showcase: training and development, networking and compass IT training

Contingency funding for March showcase – up to \$50,000 based on potential demand

Proposed funding for June showcase - \$100,000

Total: \$150,000 (OCNMO to deliver).

3. Buurtzorg model: discovery phase to Analyse current navigation models, identify application, transition of current models to Buurtzorg

Potential to oversee closing the gap model ??

NG10 for 3 months.

\$43,577 (potential either OCNMO or HHS based project officer led to deliver)

4. IT digital support for Navigation through COMPASS project:

Community Directory - \$100,000

App and other contingencies – Estimate - \$200,000

TOTAL across all initiatives

\$2,496,054

Verbal consultation and in-principle agreement with NNav Working group – Robyn and Kate Jo and Beth most

appreciated. Thank you.

All above concepts have formalised into a brief for DG approval. Keith will table with DG for Approval for OCNMO to action.

If approved, next step is for Deb and I then to finalise discussion briefing the approved components with Finance to ensure the Nm GEC IAG meet the treasury requirements and we can get funds out in time.

Happy Saturday all. Further updates Monday.
Thanks again. Cheers Shelley

Get [Outlook for iOS](#)

This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you receive it and you are not the intended recipient(s), or if it is transmitted/received in error.

Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters.

If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia +61 1800 198 175 or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited.

Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

From: Kate Veach
To: [Shelley Nowlan](#); [Beth Mohle](#); [Robyn Henderson](#); [Deborah Miller](#); [Jo Whitehead](#)
Cc: [Keith McNeil](#); [Barbara Phillips](#); [Madeleine Henry](#); [Leanne Jiggins](#); [Sandra Fales](#)
Subject: RE: Nav recall update
Date: Monday, 3 February 2020 3:20:24 PM
Attachments: [image001.png](#)

Hello Shelley

Many thanks for sending through this summary – it certainly has been a very busy time.


As discussed, the QNMU is supportive of the options in regards to the redistribution of the 5 FTE and the use of recalled funding to support current nurse/midwife navigation services.

Our only point for noting relates to the allocation of recalled funds to support AO FTE (0.5 FTE for 6 months) – as with other Government Election Commitments and innovation initiatives (e.g. EB10) the QNMU's position is for funding to be used to support nursing and/or midwifery positions only, that is, funding required for admin positions is sourced from within HHSs or the DoH.

Happy to discuss at any time.

Kind regards

Kate

 **Kate Veach**
 Director - Organising & Professional Services
 106 Victoria Street, West End QLD 4101
 07 [REDACTED] (direct)
 07 3840 1444 (reception)
www.qnmu.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Shelley Nowlan <Shelley.Nowlan@health.qld.gov.au>
Sent: Saturday, 1 February 2020 7:48 AM
To: Beth Mohle [REDACTED].org.au>; Kate Veach [REDACTED].org.au>; Robyn Henderson <Robyn.Henderson@health.qld.gov.au>; Deborah Miller <deborah.miller@health.qld.gov.au>; Jo Whitehead <Jo.Whitehead@health.qld.gov.au>
Cc: Keith McNeil <Keith.McNeil@health.qld.gov.au>; Barbara Phillips <Barbara.Phillips@health.qld.gov.au>; Madeleine Henry <Madeleine.Henry@health.qld.gov.au>
Subject: Nav recall update

Morning all

I would have liked to provide this update where we landed with Nav surplus to you yesterday afternoon. My attentions went to concentrating on the approvals and allocation of the 5 Navs to the HHS through this funding window which is now in train. Memos sent to CEs and await rerun signatures to accept the offers. Then we had a few urgent matters to address with coronavirus. So my apologies getting this to you today.

Thanks for your input Robyn, Kate, Beth and Jo over the last day or so. Noting Alanna was on a leave day yesterday I have yet to discuss with the options put forward with her. Also please note I have not consulted with the EDNMs on these options due to time constraints and also these options are yet to be approved by DG. We will need to consider how this occurs through the working group if the brief is successful.

Options have also been considered and adapted so that they have the best chance to be actioned by June 2020 and how the Department could achieve funding allocations out in this funding window or Div to Div transfers.

in summary:

AW3: allocations need to be done by 2 Feb 2020

Action 1 – N Navigator allocations

OCNMO progressed allocation 5 FTE Navs

NWHHS x 1 FTE NO7

TCHHS x 1 FTE NO7 plus embed the 1 FTE NO7 Rheumatic Heart Disease

WBHHS x 2 FTE NO7

MHHS x 1 FTE NO7

Note: HHS verbally notified. AW3 Memorandums to HHS sent and awaiting CE acceptance.

Action 2 - AW2 Recall: \$2.56M

Finance advice:

Navigation Funds are tied and changing from use of funds for other than Nurse Nav positions is considered 'Repurposing' of treasury funds.

Require DG approval of proposal to 'Repurpose' In alignment with Treasury business rules.

Funding window is AW3 and Div to Div process will be required.

Note: AW3 allocation required DDG approval asap to achieve 2 Feb 2020 window for Department to HHS

Brief will included:

1. NN Capability development and succession planning:

Propose to provide funding to Torres and Cape who are already funded to provide a governance and coordination hub for all SwIM program. Have in principle agreement from TCHHS to utilise current infrastructure and processes to provide timely support to this initiative.

Under the initiative, Nurse Navigators State-wide will be able to undertake SwIM immersions relevant to their navigation patient cohorts to build capacity in generic skills to support care planning and treatment plan adjustments.

HHSs will be provided an incentive to release Nurse Navigators by the provisions of:

Salary costs for NN while on immersion

Salary costs for back fill of the NNav that will be aligned to 'Succession Planning' opportunities through undertaking the role and or shadowing NNavS.

Estimated uptake:

Aged care – 10 placements

Community – 20 placements

Mental Health – 20 placements

Paediatrics – 10 placements

Rural – 10 placements

Contingency based on demand – 10 placements

Placements have been estimated at NG7 for 4 week period

Proposed to also provide additional coordination support for governance hub – currently NG10, AO6, 2 x AO3 funded by OCNMO. Propose to fund an additional 0.5 AO6 for six months to coordinate the above With EDMMs of HHSs and Build on current infrastructure in place to assist achieving the initiative in the short timeframe

Estimated total cost:

\$2,002,477

2. NN Showcase: training and development, networking and compass IT training

Contingency funding for March showcase – up to \$50,000 based on potential demand

Proposed funding for June showcase - \$100,000

Total: \$150,000 (OCNMO to deliver).

3. Buurtzorg model: discovery phase to Analyse current navigation models, identify application, transition of current

models to Buurtzorg
Potential to oversee closing the gap model ??
NG10 for 3 months.
\$43,577 (potential either OCNMO or HHS based project officer led to deliver)

4. IT digital support for Navigation through COMPASS project:
Community Directory - \$100,000
App and other contingencies – Estimate - \$200,000

TOTAL across all initiatives
\$2,496,054

Verbal consultation and in-principle agreement with NNav Working group – Robyn and Kate Jo and Beth most appreciated. Thank you.

All above concepts have formalised into a brief for DG approval. Keith will table with DG for Approval for OCNMO to action.

If approved, next step is for Deb and I then to finalise discussion briefing the approved components with Finance to ensure the Nm GEC IAG meet the treasury requirements and we can get funds out in time.

Happy Saturday all. Further updates Monday.
Thanks again. Cheers Shelley

Get [Outlook for iOS](#)

This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you receive it and you are not the intended recipient(s), or if it is transmitted/received in error.

Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters.

If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia +61 1800 198 175 or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited.

Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this

communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

RTI RELEASE

John Wakefield

From: Beth Mohle <[REDACTED]@qnm.org.au>
Sent: Monday, 3 February 2020 7:58 AM
To: John Wakefield
Subject: QNMU budget submission
Attachments: QNMU's State Budget Submission 2020_.pdf

Hi John,

In case our meeting doesn't go ahead this arvo, I have attached the QNMU State Budget submission that I was going to provide to you at the meeting. (As I caught up with Shelley, Barb and Nick last week I provided them with hard copies.)

Good luck with the Coronavirus work – we are there to assist in any way we can.

Regards,

Beth

 **Beth Mohle**
Union Secretary
106 Victoria Street, West End QLD 4101
07 3840 1444 (reception)
www.qnm.org.au
Queensland Nurses &
Midwives' Union

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.



Submission to the Queensland Government for the 2020 State Budget

January 2020

-  106 Victoria St, West End Q 4101
-  GPO Box 1289, Brisbane Q 4001
-  (07) 3840 1444
-  (07) 3844 9387
-  qnmu@qnmu.org.au
-  www.qnmu.org.au

Table of Contents

QNMU 2020 State Budget Recommendations - Summary.....	3
Introduction	6
About the QNMU	7
Context.....	8
Priority policy areas of focus for QNMU	11
Recommended Health Portfolio specific budget initiatives	13
1. Ratios	14
2. Innovative models of nursing and midwifery	15
3. Workforce planning.....	18
4. Climate change and health, including disaster recovery	19
5. Increasing demand pressures in health	21
6. Safety.....	22
7. Accountability and consistency.....	23
General budget priorities outside of Health portfolio.....	25
1. Disaster response	25
2. Growing good permanent jobs	25
3. Review of public sector bargaining	26
4. Gender pay equity issues	27
5. Building a culture of safety in our workplaces and communities.....	28
References	30

QNMU 2020 State Budget Recommendations - Summary

The QNMU recommends that in the 2020 Queensland Budget:

- The government telegraph's its intent to shift towards framing the next budget (2021/22) as a "Wellbeing Budget" based on the approach taken for the 2019 New Zealand Budget.
- Support implementation of minimum legislated ratios in acute mental health services and state government aged care facilities.
- Support growth of innovative nursing and midwifery models that will enhance the ongoing sustainability and safety of our public health system.
- Conduct an evaluated trial of the Buurtzorg model of community nursing in Queensland.
- Fund a large-scale implementation study of a partnership continuity of midwifery care approach to reduce pre-term birth rates in Aboriginal and Torres Strait Islander communities.
- Address nursing and midwifery workforce shortages through the development of a comprehensive workforce plan for Queensland, with a particular emphasis on the provision of scholarships and other support mechanism.
- Review the status of the recommendations of the 2018 Human Health and Wellbeing Climate Adaptation Plan (H-CAP) report and allocate funding to advance priority recommendations to mitigate the health implications of climate change.
- Create ongoing capability within the Premier's Department to coordinate a whole of government response to building community well-being and resilience in response to increasing natural disasters.
- Extend the national response to natural disasters beyond the existing emergency first responder networks to include the ability to mobilise health resources (including nursing and midwifery resources) in the short, medium and long term.
- Support a shift to "value-based health care" in Queensland Health (QH).
- Promote the adoption of an interest-based problem solving (IBPS) collaborative approach across disciplines in QH, including funding for training in the IBPS methodology.
- Creation of funding to establish Innovation and Sustainability Funds linked to enterprise bargaining processes to support evidence-based policy making and underpin responsiveness to community needs and sustainability.
- Demonstrate an ongoing commitment to evidence-based health policy making and educating the community on "low value" health interventions.
- Provide immediate funding for a research project or taskforce review to identify the intersecting structural issues and interjurisdictional responsibilities (e.g. NDIS clients offloaded to acute services) which may be contributing to the increased violence and aggression in acute service settings.

- Establish innovation fund run jointly through Work Health and Safety and Queensland Health Occupational Violence Strategy Unit (QHOVSU) to support best practice design to prevent aggression and violence in health services.
- Fund necessary capital works to adjust the physical environment when design risks or models of care issues are identified.
- Provide additional training and support for staff, with a particular emphasis on training for Health and Safety Representatives (HSR).
- Increase the number of HSRs in QH and provide additional support to them (such as the creation and maintenance of a Virtual Network and information clearing house for HSRs).
- Fund the extension of the successful Ambassador Programme trials within QH so it can be rolled out in more settings where appropriate.
- Fund research into new models of care required to decrease the incidents of occupational violence, including research into how to best address inconsistency of approach within teams when the duty to provide care competes with the duty to provide a safe working environment for staff.
- Fund a specific high-level round table focusing on developing strategies to decrease the incidence and impact of occupational violence on the nursing and midwifery workforce.
- Develop targeted education and development materials to upskill public sector human resources (HR) and industrial relations (IR) practitioners, with particular priority afforded to upskilling across QH.
- Establish a requirement by Treasury for QH to incorporate compliance with the Business Planning Framework (BPF) in Service Level Agreements with Hospital and Health Services (HHS) to ensure budget builds properly incorporate nursing and midwifery staffing requirements as determined by the BPF.
- Develop a whole of government response to climate change, with a particular emphasis on the impact that transitioning to a lower carbon future will have on jobs and by developing a robust “just transition” strategy for those industries and workers most affected.
- Determine the additional number of professional fire fighters required (and the equipment and other resources (such as mental health support) required to support them) to respond to future bushfire emergencies and also making clear the relationship between professional and volunteer firefighters.
- Increase the volunteer leave entitlement for public sector workers to match the recently increased provisions afforded to Commonwealth public sector workers
- Make the creation of good secure jobs across Queensland a centerpiece for the budget.
- Highlight the role government plays as a “model employer” by continuing to focus on optimising permanent employment in the public sector.

- Utilise government procurement opportunities to support the growth of good secure jobs in Queensland.
- Review the current public sector bargaining framework, including in relation to gender pay equity issues.
- Explore the potential adoption of a Service Delivery Partnership Plan approach to public sector bargaining.
- Allocate funding to establish Innovation and Sustainability Funds linked to enterprise bargaining processes to support evidence-based policy making and underpin responsiveness to community needs and sustainability.
- Take into account gender pay equity considerations when framing the budget.

RTI RELEASE

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the government for the opportunity to provide a submission outlining key issues for consideration in advance of the 2020 Queensland Budget. This submission outlines some broader contextual matters we believe are important to highlight in the framing of this important budget as well as some specific major areas of budget priority from QNMU's perspective.

Our submission starts with the context from which we have approached the budget followed by:

- QNMU's priority policy areas:
 1. The health funding model is not fit for purpose.
 2. Health governance arrangements.
 3. Workplace culture.
- Recommended Health Portfolio specific budget initiatives:
 1. Ratios.
 2. Innovative models of nursing and midwifery.
 3. Workforce planning.
 4. Climate change and health, including disaster recovery.
 5. Increasing demand pressures in health.
 6. Safety.
 7. Accountability and consistency.
- General budget priorities outside of the Health Portfolio
 1. Disaster response.
 2. Growing good permanent jobs.
 3. Review of public sector bargaining.
 4. Gender pay equity issues.
 5. Building a culture of safety in our workplaces and communities.

Although this submission is brief, we can provide further information on any aspect should this be required.

About the QNMU

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing workforce including registered nurses (RN), midwives (RM), nurse practitioners (NP), enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 61,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU.

This year, 2020 will be dedicated to celebrating the International year of the Nurse and Midwife, in celebration of the 200th year anniversary of the birth of the founder of contemporary nursing, Florence Nightingale. The World Health Organisation (WHO) nominated Nurses and Midwives for their invaluable contribution to health care and to highlight the need for a strengthened Nursing and Midwifery workforce to achieve sustainable development goals (SDG) and universal health coverage. The QNMU is proud to embrace this opportunity to invest in the Nursing and Midwifery professions, particularly the investment into minimum safe staffing ratios and skill mix across all health sectors.

Context

At a time of considerable community distress, concern and fear due to the recent unprecedented bushfire disasters it is important to pause and reflect on the framing of the 2020 Queensland budget. At times like these our community reflects on the things that really matter and the role that government plays in keeping our community safe, cohesive and fair. There are many lessons to be learned from the recent natural disasters about the need for collective and individual action as well as the cost of inaction.

It is not only the recent natural disasters that have contributed to current levels of community fear and uncertainty. The previously uncharted economic territory following the Global Financial Crisis (GFC) and the broader societal impacts arising from the GFC must also be actively considered when framing this budget. Wealth and income inequality, record low wages growth, world leading levels of household indebtedness, the explosion of insecure forms of work are but a few significant hallmarks of recent times. All have contributed to greater pressure on government in terms of the need to provide economic stimulus as well as responding to the increased demand for government services arising from the economic uncertainty being suffered by so many. Economic dislocation has broader societal impacts. As is well known, we live in a society, not an economy.

The recent horrific bushfire disasters are the most recent examples of natural disasters arising from climate change. Queensland is only too aware of this given the number of natural disasters we have coped with in recent years. It is not a title we want, the natural disaster state, but we have experienced more natural disasters than most states in the last decade or so. The real economic uncertainty and resultant societal dislocation experienced since the GFC has been compounded by these natural disasters.

Therefore, the level of community fear, anger and despair and therefore political volatility should come as no surprise. There is a need for urgent reframing and getting back to core values and interests, what really matters to Queenslanders.

We need to move beyond fear, anger and division to build a more hopeful future. What is required is active listening, reflection, consideration of diverse views and then synthesis so that shared interests are identified and advanced. Using the best available evidence to inform our decision making and future planning is also critical. The Queensland 2020 Budget provides an important opportunity to provide leadership and hope.

The 2019 New Zealand (NZ) Wellbeing Budget provides a template for the re-setting of the Queensland Budget. This budget marked a significant departure in framing and approach to prioritizing budget expenditure in NZ, an approach that has resonated well with the NZ

community and has provided a model for collaboration between government departments to be responsive to community priorities.

The structural elements of this new approach will be central to its success as the structure and process help to address community cynicism about politics and the responsiveness of government. The structural changes to budget processes included funding prioritization being tied to collaboration between agencies to address identified community priorities and a commitment to evaluation of initiatives and transparency around this. The NZ Treasury established a Living Standards Framework containing over 60 indicators that were used to develop the budget. Evidence was used as an anchor for budget development and prioritization.

Importantly, the process used helps focus the thinking around the budget back firmly to the purpose of government. To paraphrase the NZ Treasurer Hon Grant Roberson, governments are in power to make a difference to the well-being of their people, and financial prosperity alone is not a sufficient measure of wellbeing. There is a need to link the measures of success to shared values and what makes life worthwhile. It puts community wellbeing explicitly at the heart of what government does. "New Zealanders want us to measure our success in line with their values – the importance of fairness, the protection of the environment, the strength of our communities. That is what this Wellbeing Budget sets out to do" (Treasury New Zealand, 2019, p.3).

The QNMU strongly recommends the Queensland government adopts a similar approach to that adopted by the NZ government last year by placing community wellbeing explicitly at the heart of the 2020 budget.

We appreciate developing a budget from the wellbeing frame used in NZ would be a significant departure from usual budget development and Treasury processes. In particular, it would require a commitment to developing a broad living standard framework similar to that developed in NZ that includes a wide range of diverse indicators that measure wellbeing and success. This places a commitment to making evidence-based decision making and transparency, including public reporting of progress, the underpinning elements of the budget.

The Queensland government has already demonstrated a commitment to transparency and public reporting as well as evidence-based policy making in some portfolio areas. For example, in the health portfolio we have seen significant enhancements to accountability, transparency and public reporting through the passing of the *Health Transparency Bill 2019*. The commitment to evidence-based policy making and evaluation in this portfolio has also been demonstrated in the "gold standard" evaluation of the implementation of legislated minimum nurse to patient staffing ratios in Queensland Health (QH) medical and surgical units

in 2016 and the commitment to undertake a similar independent evaluation of the implementation ratios in state government aged care facilities. In this portfolio, as would be the case in other portfolios, evidence already exists that could be included in a whole of government wellbeing or living standards framework.

The 2019 NZ Wellbeing Budget identified six areas of focus:

1. Taking mental health seriously,
2. Improving child wellbeing,
3. Supporting Maori and Pacifica aspirations,
4. Building a productive nation,
5. Transforming the economy, and
6. Investing in New Zealand.

Although it is appreciated that further work and consultation is required to identify potential areas of focus for a future Queensland Wellbeing Budget, the QNMU would recommend consideration be given to the following areas:

- Building safe and connected communities,
- Supporting our most vulnerable,
- Creating good secure jobs,
- Providing high quality responsive services,
- Growing an innovative and productive economy,
- Sustaining our environment for the future, and
- Delivering accountable and evidence driven government.

Recommendation

The QNMU recommends that in the 2020 Queensland Budget:

- The government telegraph's its intent to shift towards framing the next budget (2021/22) as a "Wellbeing Budget" based on the approach taken for the 2019 New Zealand Budget. Specific funding is allocated to support this shift including enabling consultation with key stakeholders on this concept and developing a comprehensive wellbeing and living standards framework to support evidence driven policy decision making, prioritisation and reporting.

Priority policy areas of focus for QNMU

Before providing some recommendations regarding budget priority areas, the QNMU would like to briefly highlight three significant and interconnected policy concerns in the health portfolio that we believe require particular urgent attention if we are to better promote sustainability, innovation, responsiveness and safety in the health system.

It is acknowledged some action has been taken recently to address one of our major areas of concern, inconsistent and unclear governance arrangements. For example, the endorsement by Cabinet of the recommendations made by Jim McGowan, Dr Pradeep Philip and Professor Anne Tiernan in their Advice on Queensland Health's governance framework is a significant advancement. The QNMU welcomes this and the legislative changes that were made in late 2019 to support some of the recommendations of this report. However, this represents just the starting point and ongoing focus and resourcing is required if our concerns are to be adequately addressed. (An area requiring special attention is the building of HR/IR skills and capacity not only in QH but across the public sector – see specific recommendation below regarding this.)

Three areas of particular concern that the QNMU believe are driving poor outcomes are summarized as follows:

1. The health **funding model is not fit for purpose** – it focuses on activity and not value and privileges medically driven activity over innovative strategies that aim to better coordinate care to keep people well. Demand for services is increasing and current arrangements are not sustainable.
2. Current health **governance** arrangements do not adequately support accountability and consistency of approach. Significant further work required to decrease variability across the system.
3. **Culture** needs to be improved in health to support power sharing, joint problem-solving and building mutual respect and commitment to challenge.

These three areas of concern are inter-related, complex and longstanding. If they are not adequately addressed, the implications for our members are significant. The result will be unsafe workloads, lack of control over the practice environment, an inability of nurses and midwives to work to their "full scope of practice", lack of valuing of the contribution of our members and the perpetuation of insecure jobs and unsafe workplaces. These matters go to the heart of what makes up a good job for a nurse and a midwife and we remain firmly focused on growing good jobs for our members.

Given this, the current three over-arching campaign priorities for the QNMU are:

1. Ensuring safe workloads through the extension of minimum nurse/midwife to patient ratios **and support for a positive practice environment;**

2. **Growing secure permanent jobs;**
3. Creating **safe workplaces** that are free from violence, and are physically, psychologically and culturally safe.

RTI RELEASE

Recommended Health Portfolio specific budget initiatives

Firstly, we would like to acknowledge and thank the Palaszczuk government for the significant investment into growing the nursing and midwifery workforce in Queensland since 2015. This has included commitments to create additional jobs including:

- Those associated with the implementation of ratios.
- 4,000 new graduate positions over four years.
- 3,000 additional nurses and midwives over four years?
- 400 Nurse Navigators
- 100 additional midwives.

There are a number of issues in the health portfolio the QNMU believes require specific attention in the 2020 budget. Many of the issues highlighted below are central to supporting the future sustainability of our health system. It is particularly important to go back to the key drivers of the current unsustainability as well as the barriers that prevent new and innovative responses that that will underpin sustainability. We must go back to the root causes of problems if we are to craft long-term solutions rather than craft temporary solutions that treat symptoms alone.

Short-termism is a particularly pernicious problem as is the way in which we currently measure success in health. We need to go back to first principles and ask some fundamental questions. What are the causes of the increasing demand on our health system? Are we measuring the right things, the things that matter to our community? How can we ensure evidence driven decision making becomes the norm in health care? What changes are required to our current funding model to enable us to better address this demand? What are the barriers to adopting new and innovative approaches that promote sustainability and better patient outcomes? What structures are required to promote open debate about the challenges confronting our health system? Is the current portfolio structure for health fit for purpose? How do we better get a focus on wellness (rather than the treatment of disease) and appropriately quarantine funding for this?

With the health portfolio now accounting for just under one third of Queensland government budget expenditure, it is understandable that Treasury officials are concerned about the sustainability of the current demand trajectory. Treasuries around the world are grappling with the same problem. New thinking and disruption are required, because if we simply keep doing what we are doing now, what we will get is more of the same.

We also suggest the health portfolio budget have flexible and nimble budgetary adjustment windows. This will allow for innovation and better health outcomes through dynamic

efficiency. If our public healthcare system is to continue to respond to the demands placed on it by Queenslanders, flexible budget adjustment periods must be implemented.

The following pages contain high level summaries of some potential key disruptive strategies that the QNMU believes require particular focus in the 2020 Queensland budget. Most, if not all of the following initiatives are fundamental contributors to reframing of the state budget around community wellbeing.

1. Ratios

The Palaszczuk government can be rightly proud that in 2016 Queensland became the fourth jurisdiction in the world to legislate to establish minimum nurse to patient ratios in QH's prescribed medical and surgical wards. This "care guarantee" resulted in fundamental decreases in variability across the 27 prescribed medical and surgical wards in QH. A significant element of this ambitious reform agenda was to incorporate an independent evaluation of the implementation of ratios and this was conducted by world renowned experts from the University of Pennsylvania (UPenn) and local QUT researchers.

The evaluation demonstrates unequivocally there are significant clinical improvements, patient and nurse satisfaction benefits and economic benefits that arise from ratios implementation.

It found that ratios implementation resulted in:

- 145 deaths avoided,
- 255 readmissions worth between \$1.2 and \$2.4 million avoided,
- 29,222 hospital days and associated costs of between \$54 to \$81 million avoided
- Even after accounting for patient demographics, health condition and severity of illness; hospital size and location; and other changes over time, a reduction of one patient per nurse was associated with:
 - 9% lower odds of dying in the hospital,
 - 7% lower odds of readmission within 7-days,
 - 3% reduction in length of stay,
 - 7% reduction in nurse burnout (McHugh, 2019).

These findings are consistent with studies from over 30 other studies around the world conducted by the UPenn team on the relationship between nurse staffing and patient outcomes.

Prior to the 2017 election the Palaszczuk government committed to extending minimum legislated ratios to acute mental health units in QH (where a trial of ratios in two settings took place from 2016) and in state government aged care facilities and implementation of these

commitments is now underway. An independent evaluation of ratios roll out in state government aged care facilities has been incorporated as part of the implementation process.

It is imperative that adequate funding is allocated in the 2020 Queensland budget to support this extension of ratios implementation. This is important not only from a patient/resident safety (as it will result in a decrease in unwarranted variability in patient outcomes), cost saving and staff satisfaction perspective. It is imperative that this is also viewed from the perspective of the creation of good, permanent jobs across the state. Ratios have been a success story for Queensland in so many ways and must be celebrated and extended.

Recommendation

The QNMU recommends that specific funding is allocated in the 2020 Queensland Budget to:

- Support implementation of minimum legislated ratios in acute mental health services and state government aged care facilities.

The QNMU is finalizing its phase three claims documents for our ongoing campaign for ratios and this will be considered at our February 2020 Council meeting. This document will form the basis of our campaigning in the lead up to the 2020 Queensland election and beyond. It should be noted that strategies to support a positive practice environment (addressing the aforementioned cultural problems in QH) will be an integral component of the next phase of our campaign.

It should be noted that maternity services have long been identified as having unresolved unsafe workloads for midwives particularly in postnatal inpatient units where babies are not counted, resulting in inadequate care for women and their families. A recent survey of Queensland midwives identified that 73% of midwife respondents said they were unable to provide adequate care because of understaffing and only 4% felt they were always able to provide quality care (QNMU, 2019).

2. Innovative models of nursing and midwifery

Queensland should be rightly proud of its hard-won advances in new innovative nursing models that enhance system sustainability. The state punches well above its weight in terms of advanced practice nurses and midwives, employing around 27% of Australia's nurse practitioners, as well as 70% of the nurses who hold a Scheduled Medicines endorsement (totalling 47% of Australia's nurses holding endorsements) and 45% of Australia's midwives holding Scheduled Medicines endorsement (Nursing and Midwifery Board of Australia, 2019). (However, our recent QNMU survey of midwives identified that almost half of midwives with endorsement we unable to utilise it in their employed role highlighting structural barriers exist which prevent midwives working to full scope.)

There are other examples of nursing and midwifery innovation that are helping to reframe our health system such as the 400 Nurse Navigators working in Queensland. Nurse Navigators coordinate care for people with chronic and complex health conditions to keep them well and out of hospital. Preliminary reports of the role's benefits are extremely encouraging. For example, the first twelve months of the programme in the Torres and Cape Hospital and Health Service resulted in a 61% decrease in visits to Emergency Departments (ED), a 77% decrease in unplanned re-admissions to ED, a 58% decrease in hospital bed days per month and a 61% decrease in total hospital bed days. In two months alone in 2018, \$86,000 was saved in patients' travel costs.

We continue to battle some Hospital and Health Services (HHS) around ongoing funding for these invaluable positions. The predominance of Activity Based Funding arrangements also privileges medical-based activity at the expense of such innovations.

Similarly, innovative community-based continuity of midwifery models is demonstrating significant improvements in terms of outcomes for women and babies as well as economic sustainability. An example of this is the Logan Community Maternity and Child Health programme. Significant opportunities also exist to roll out safe and sustainable continuity of midwifery models with the implementation of the recommendations of the 2019 Rural Maternity Taskforce.

The springboard for ongoing sustainability that innovative nursing and midwifery models provides is not fully appreciated. What remains critical is to reframe thinking so that such health expenditure can be viewed as an investment that's vital to productivity growth and community wellbeing rather than purely an expense on a balance sheet.

We can build on these nursing and midwifery models in the 2020 Queensland budget by allocating specific funding for the creation of new innovative roles, be these Nurse Practitioners, Nurse Navigators or other advance practice nursing roles as well as growing the number of continuity of midwifery models and eligible midwives. It is especially important that such models support continuity across the continuum of care, so particular attention must be played to growing community based models.

One such model the QNMU believes is worthwhile trialling in Queensland is the Netherlands based pioneering community nursing Buurtzorg model. This model started with one team in 2006 and has now grown to 850 teams. This disruptive model has resulted in significant savings and productivity enhancements as well as great improvements in client and nurse satisfaction (Buurtzorg, n.d.).

There are some fundamental differences between the Dutch and Australian health systems and in the Netherlands the Buurtzorg model is a private sector one. However, there is no

reason why the model cannot be adapted and trialled in Queensland from a public sector perspective. Indeed, timing may be right to recommend a trial of this nature now given the pending finalisation negotiations of the federal/state health care funding agreement. The federal and state governments may be prepared to jointly fund such a trial and then evaluate the model to measure whether it enhances continuity of care and patient outcomes across care settings. Such a community-based trial would build upon the initial success of Queensland's Nurse Navigator programme (Torres and Cape Hospital and Health Service, 2019).

It is also imperative that we continue to remain focused on closing the totally unacceptable gap in life expectancy for our First Nation people. The QNMU welcomes the appointment last year of Ms Haylene Grogan as QH's first Aboriginal and Torres Strait Islander Health Officer and Deputy DG. Closing this gap will no doubt require further investment in workforce, and we place on record our willingness to collaborate in whatever way we can to ensure nurses and midwives continue to contribute their part to achieving this important priority of government.

One exciting opportunity to enhance outcomes for our first nations people is in relation to cutting pre-term births. A ground-breaking recent study "Birthing in our Community" conducted in Brisbane via a collaboration between two Aboriginal Community Controlled Health Services and a tertiary maternity hospital cut pre-term births by half (Kildea et al., 2019). The findings of this small-scale continuity of care partnership approach with a Midwifery Group Practice can now easily be scaled up. The QNMU recommends that the Queensland government fund a large-scale implementation study to extend the benefits of this approach

It must also be noted that there are currently some barriers to nurses and midwives working to their full scope of practice that prevents the full implementation of innovative models. These barriers are well known and could be easily addressed if there was the will to do so. Such changes do not have budgetary implications but are the source of longstanding frustration for our members.

Recommendations

The QNMU recommends that specific funding is allocated in the 2020 Queensland Budget to:

- Support growth of innovative nursing and midwifery models that will enhance the ongoing sustainability and safety of our public health system.
- Conduct an evaluated trial of the Buurtzorg model of community nursing in Queensland.
- Fund a large-scale implementation study of a partnership continuity of midwifery care approach to reduce pre-term birth rates in Aboriginal and Torres Strait Islander communities.

Further to this, it is recommended QH undertake a desktop review in collaboration with the QNMU to promptly identify and address the existing barriers to nurses and midwives working to their full scope of practice.

3. Workforce planning

Particular attention is required to ensure nursing and midwifery workforce planning adequately addresses future community demand for services. Analysis undertaken in 2019 by QH's Workforce Strategy Branch highlights that some particularly pronounced workforce challenges exist in nursing and midwifery. For midwifery, the challenges are acute for some regional areas and there are some skill mix challenges given loss of experienced midwives from the system and the growth in numbers of early career midwives. For nursing, some extremely worrying shortages are projected in the next few years, especially arising from the retirement of highly specialized and experienced "Baby Boomer" nurses (Queensland Health, 2019). Large specialties at particular risk in the next few years include mental health and aged care, with medium sized specialties predicted to experience significant losses including community and practice nurses. "Micro" specialties predicted to be hot spots include alcohol and drug, health promotion and child and family nursing.

The anticipated shortage of mental health nurses is of particular concern given the existing demand for mental health services combined with the predicted increased demand for mental health services arising from the recovery process following recent unprecedented natural disasters. It is the view of the QNMU that particular urgent interventions are required to increase the number of mental health nurses. An important mechanism to address this concern is the offering of targeted scholarships by the Queensland government to address the anticipated increased demand for these specialized services.

Similar concerns also exist in the area of aged care. The disgrace that is the shortage of nursing in aged care in Australia is largely the responsibility of the federal government given their primary responsibility for funding this sector. However, the Queensland government has a role to play in growing the skilled workforce required in aged care through the vocational education and training space.

With the growing demand for nurses, the QNMU believes there are no valid reasons why nursing and midwifery graduates are not employed permanently. Queensland has an ageing population which will place increasing pressure on the healthcare system, combined with increasing retirements because of the ageing of the nursing and midwifery workforce. We believe our new graduate nurses and midwives are a precious resource and an investment for the future that will achieve a healthier Australian community.

Recommendation

The QNMU recommends that specific funding is allocated in the 2020 Queensland Budget to:

- Address nursing and midwifery workforce shortages through the development of a comprehensive workforce plan for Queensland, with a particular emphasis on the provision of scholarships and other support mechanism. Particular urgent attention is required to increase the number of nurses entering the specialties of mental health and aged care as well as strategies to enable nurses and midwives to continue contributing to “close the gap” in life expectancy for First Nation people.

4. Climate change and health, including disaster recovery

The recent unprecedented bushfire emergency across Australia has put into sharp relief the health implications of climate change. As a member of the Climate and Health Alliance (CAHA), the QNMU has long held concerns that inadequate attention is being paid to addressing the causes of climate change. The cost of such inaction is massive. The health implications alone are significant and require urgent attention. You need look no further than deteriorating air quality and the mental health fallout from the recent bushfires to see two clear climate change related health imperatives.

The 2020 Queensland budget must include as a centerpiece a comprehensive whole of government response to climate change. This must include a plan for “just transition” for carbon intensive industries in Queensland.

From a health sector perspective, some important work has already been undertaken and in 2018 with the Human Health and Wellbeing Climate Adaptation Plan (H-CAP) was released. It is timely to now reconsider this report and the progress made to date in implementing its recommendations. A plan must be developed that focuses on short, medium- and long-term strategies to address the health implications of climate change. We must prepare ourselves that it is highly likely that increasing natural disasters will become the “new normal” for the foreseeable future.

Nursing is well placed to contribute to the response from a community well-being and resilience perspective. Areas of particular concern that nursing can contribute their expertise are addressing mental health and respiratory implications of recent bushfires. The QNMU believes that leadership and coordination is required in order to build ongoing resilience. As such, we believe there is merit in creating a new whole of government focus on community wellbeing under the auspices of the Premier. A small unit focused on building resilience and well-being in the context of increasing natural disasters is warranted. Some invaluable insights have already been achieved from our experience with recent disasters, including the 2011 floods response. It is apparent to the QNMU that a dedicated and ongoing disaster response from the perspective of growing resilience and wellbeing is required. The mental health implications for those personally affected by disasters, including first responders, is also required. The QNMU is particularly concerned about the impact of repeated natural disasters

on first responders and we believe much more effort must be invested into addressing the mental health implications including post-traumatic stress disorder (PTSD).

We also believe there needs to be a focus on building a framework from a health perspective to better plan and coordinate our future response to health emergencies including natural disasters. This requires both a focus on the immediate response required as well as long-term strategies. A national coordinated response to disasters already exists from a first responders' perspective (e.g. sharing of firefighting resources and expertise). The QNMU believes establishing a similar formal network and policy framework involving health workers, especially mental health resources to support recovery, would be most beneficial. From a nursing perspective, the Australian network of Chief Nurses could be used to facilitate the development of such a response. We believe many of our members would be keen to volunteer to assist, but a robust policy framework must be established to support this, and this requires planning and resourcing.

Lastly, the Queensland government has a vital leadership role to play in facilitating and coordinating the efforts of individuals and communities to be better prepared for the impact of climate change, including future emergency responses. As the most recent disasters have demonstrated, so many volunteers have worked tirelessly to protect and rebuild their communities. Government does not have to act alone – there is so much that is contributed by individuals and people acting collectively that can be harnessed and facilitated by government. Further consultation should occur with the community on the most effective mechanisms to enable effective community-based action.

Recommendations

The QNMU recommends that specific funding is allocated in the 2020 Queensland Budget to:

- Review the status of the recommendations of the 2018 Human Health and Wellbeing Climate Adaptation Plan (H-CAP) report and allocate funding to advance priority recommendations to mitigate the health implications of climate change.
- Create ongoing capability within the Premier's Department to coordinate a whole of government response to building community well-being and resilience in response to increasing natural disasters.
- Extend the national response to natural disasters beyond the existing emergency first responder networks to include the ability to mobilise health resources (including nursing and midwifery resources) in the short, medium and long term.
- Establish processes to facilitate efforts by individuals and communities to respond in their communities to climate change and be better prepared for future emergencies.

5. Increasing demand pressures in health

As highlighted above, our current funding model for health is no longer fit for purpose and is struggling to cope with the growing demand for health services. There is an urgent need to reframe our thinking to one that focuses on value and sustainability rather than activity undertaken. A holistic approach is required, and we strongly believe the challenge requires the adoption of an interest-based problem solving approach. The shift required to “value-based health care” is widely recognised. This need for a fundamental shift in approach is a national priority as every state and territory in Australia is experiencing similar demand pressures and are only too aware that the current federal/state funding framework is in need of urgent review and enhancement. This should be a priority of the Council of Australian Government (CoAG).

There are many examples of potential areas of reform and some examples of innovative nursing and midwifery models have already been canvassed in this submission. But there currently is not the ability to draw these approaches together in a holistic manner. Structures already exist to support some discrete areas of innovation and reform. For example, the existing industrial relations framework for nursing and midwifery in QH already adopts an interest-based problem-solving approach to the negotiations and implementation of agreements. This has been in place for around 15 years and has provided an excellent platform to support innovative and responsive strategies. However similar robust processes do not exist beyond nursing and midwifery to advance this work across disciplines. There is a need to create these spaces for multi-disciplinary problem solving. Highly paid consultancy firms are not required to do this work – the solutions exist within the health workforce; we simply need to actively create the spaces to strategise collectively to solve the problems. This change is significant and will require a resourcing commitment to support the necessary cultural change.

Innovation funding is also required to support evidence-based policy development and implementation. The QNMU recommends the establishment of ongoing innovation and sustainability funds linked to enterprise bargaining processes. A significant element of the nurses and midwives EB 10 was the establishment of a \$10 million innovation fund, but this was funded from the funding envelope within the EB, so in effect the QH’s nurses and midwives “invested” the funds required to showcase the value of innovative models of nursing and midwifery. It is our strong view that such innovation funding should be separately funded from Treasury as an indication of the government’s commitment to responsive service delivery and sustainability through supporting innovation. Further to this, in our view it should be mandatory for every significant policy reform in health to be subject to robust external evaluation and public reporting of the findings. This is essential to support evidence-based policy making and a shift away from “low-value” interventions. Community education is also required to facilitate a shift away from treatment options that offer little or no value.

Recommendations

The QNMU recommends that specific funding is allocated in the 2020 Queensland Budget to:

- Support a shift to “value-based health care” in QH.
- Promote the adoption of an interest-based problem solving (IBPS) collaborative approach across disciplines in QH, including funding for training in the IBPS methodology.
- Creation of funding to establish Innovation and Sustainability Funds linked to enterprise bargaining processes to support evidence-based policy making and underpin responsiveness to community needs and sustainability.
- Demonstrate an ongoing commitment to evidence-based health policy making and educating the community on “low value” health interventions.

6. Safety

The physical, psychological and cultural safety of nurses and midwives at work is always a top priority for the QNMU. Executive Directors of Nursing and Midwifery also report to us that they share our significant concern about the level of occupational violence and are also keen to prioritise this issue for particular attention.

Despite significant efforts in recent years following the specific review and establishment of the Occupational Violence Strategy Unit (OVSU) in QH, this unacceptable level of occupational violence experienced by our members continues to be of significant concern. This unit has undertaken important work and trialled some initiatives that have proved to be very worthwhile. However, due to the devolved governance structure in QH there has been inconsistent attention to and prioritisation of strategies to address occupational violence across the 16 Hospital and Health Services. This variability in approach is of particular concern to QNMU and we are surprised there has not been a greater appreciation of the need to prioritise addressing occupational violence given Queensland’s Industrial Manslaughter legislation regime.

The reasons for increasing occupational violence in health are many and complex and as such it is a “wicked problem”. As the underlying reasons for the violence vary, so too must the responses vary accordingly. (Some perpetrators are affected by drug and alcohol, some are suffering from dementia or other conditions such as acquired brain injury or other degenerative neurological conditions, others may be in a psychotic state and some are simply exhibiting unacceptable anti-social behaviours.) There is not a “one size fits all” solution at hand, as has been so clearly identified through the collaborative work undertaken by OVSU in recent years. Ongoing funding is required to support those strategies that have proved to be effective in particular circumstances. Given around two thirds of the reported victim of occupational violence in QH are nurses and midwives, particular attention must be paid to developing specific responses to decrease the incidents of violence for this cohort.

The QNMU also advocates for culturally safe and respectful workplaces not only for nurses and midwives to work in but for the people who come into contact with the healthcare system. Cultural safety requires embedding in the workplace through education, accreditation and ongoing training and must be considered whenever safety is discussed.

Recommendations

The QNMU recommends that specific funding is allocated in the 2020 Queensland Budget to:

- Provide immediate for a research project or taskforce review to identify the intersecting structural issues and interjurisdictional responsibilities (e.g. NDIS clients offloaded to acute services) which may be contributing to the increased violence and aggression in acute service settings. This should inform the Queensland government's submission to the Federal government review of NDIS.
- Establish innovation fund run jointly through WHS and QHOVSU to support best practice design to prevent aggression and violence in health services. This fund should support built environment as well as model of care design as well as systems redesign (e.g. interdepartmental information sharing).
- Fund necessary capital works to adjust the physical environment when design risks or models of care issues are identified. (E.G. Adjusting the environment in sub-acute care settings to ensure both other patients/residents and staff are safe if another patient/resident is exhibiting violent behaviour.)
- Provide additional training and support for staff, with a particular emphasis on training for Health and Safety Representatives (HSR).
- Increase the number of HSRs in QH and provide additional support to them (such as the creation and maintenance of a Virtual Network and information clearing house for HSRs).
- Fund the extension of the successful Ambassador Programme trials within QH so it can be rolled out in more settings where appropriate.
- Fund research into new models of care required to decrease the incidents of occupational violence, including research into how to best address inconsistency of approach within teams when the duty to provide care competes with the duty to provide a safe working environment for staff.
- Fund a specific high-level round table focusing on developing strategies to decrease the incidence and impact of occupational violence on the nursing and midwifery workforce.

7. Accountability and consistency

As highlighted above, the QNMU is extremely concerned about the variability that exists across QH as a result of the devolved governance arrangements that exist. Although we wholeheartedly support the ability of Hospital and Health Services to be responsive to the

needs of their particular communities, this needs to be done in the context of ensuring transparency and consistency of approach with respect to the implementation of government policy priorities and ensuring compliance with legislative and industrial requirements. This issue was well canvassed in the advice provided to the Health Minister last year by the advice team led by Jim McGowan and the recommendations from this review have been accepted and are in the process of being implemented (McGowan, Philip & Tiernan, 2019).

A number of very important issues requiring priority attention were highlighted by this advice to the Health Minister. One relates to the significant variability of HR and IR advice and expertise that exists across HHSs in QH. The QNMU believes the inconsistent level of HR/IR expertise is not confined to QH – it is an issue across the public sector that requires attention. The lack of an adequate focus on industrial relations within existing tertiary courses in Queensland has contributed to this problem we believe. (There is a lack of adequate focus on industrial relations in Queensland university courses at present with the frame being a HR one.) There is an urgent need to build capacity through the commissioning of targeted training and education to upskill existing public sector HR/IR practitioners in industrial relations.

Another priority issue for the QNMU is the need for a review of the current contracts between the Department of Health (DoH) and HHSs to ensure compliance with specific critical industrially mandated requirements. There is a general requirement for HHSs to comply with all relevant legislation in the existing Service Level Agreements (SLA), but the SLAs fail to sufficiently elevate some issues. For example, although there has been a very longstanding industrial requirement for QH to appropriately manage the workloads of nurses and midwives through the proper application of an agreed tool called the Business Planning Framework (BPF), we continue to have to fight at the local level for its appropriate application. Similarly, although the application of minimum nurse to patient ratios is legislated in prescribed units across QH, compliance with ratios is not specifically called out in SLAs. This matter is relevant to consider in a state budget context because tools such as the BPF are foundational planning tools that match demand for services with supply of nursing and midwifery resources, and yet Treasury does not formally require QH to consistently use this tool for the budget work up.

Recommendations

The QNMU recommends that specific funding is allocated in the 2020 Queensland Budget to:

- Develop targeted education and development materials to upskill public sector HR and IR practitioners, with particular priority afforded to upskilling across QH.
- Establish a requirement by Treasury for QH to incorporate compliance with the Business Planning Framework (BPF) in Service Level Agreements with Hospital and Health Services to ensure budget builds properly incorporate nursing and midwifery staffing requirements as determined by the BPF.

General budget priorities outside of the Health Portfolio

The QNMU would also like to highlight at a high level some priority issues requiring attention that fall outside of the Health portfolio.

1. Disaster response

As highlighted above, there is an obvious need for this budget to respond particularly to the increasing incidents of natural disasters. Some health and wellbeing related elements of a potential government response have already been highlighted above. However, the QNMU would also like to highlight a number of other issues that will require attention in this budget.

Recommendations

The QNMU recommends that the 2020 Queensland Budget pay particular attention to:

- Develop a whole of government response to climate change, with a particular emphasis on the impact that transitioning to a lower carbon future will have on jobs and by developing a robust “just transition” strategy for those industries and workers most affected.
- Determine the additional number of professional fire fighters required (and the equipment and other resources (such as mental health support) required to support them) to respond to future bushfire emergencies and also making clear the relationship between professional and volunteer firefighters.
- Increase the volunteer leave entitlement for public sector workers to match the recently increased provisions afforded to Commonwealth public sector workers.

2. Growing good permanent jobs

One of the most important elements of personal well-being and a sense of self-worth is for people to be employed in secure and meaningful work. As such, it is obvious that promoting good secure jobs for Queenslanders and ensuring jobs growth occurs across the state will be a focus of this budget. The QNMU wholeheartedly supports this. As highlighted above, given necessity to urgently respond to the impact of climate change, the need for a “just transition” for those workers impacted by the shift to a more sustainable economy must be adequately supported. The affected workers and their unions must be involved in the development of any such plan and effective communication will be an essential component of successful transition.

The Queensland government must be a model employer and lead by example in creating good secure jobs. There needs to be particular attention paid to decreasing the number of public sector workers employed in temporary, casual and contract work. It is our experience that great variability exists across QH with regards to giving effect to the current government policy to promote the growth of secure employment. QH has a much higher proportion of

employees engaged in non-permanent employment arrangements compared to the rest of the public sector. Some HHSs are paying attention to this problem and have made great efforts to enhance permanent employment of staff, whereas others have given the issue scant attention until recent times. The Health Minister has made his expectations known to HHS Chairs and CEs in 2019 and it is hoped that this will result in a renewed focus on the promotion of permanent employment within QH. QNMU is monitoring the situation closely,

There is also the potential to grow jobs outside of health to support the operation of the health portfolio through government procurement processes. For example, a major contract for the manufacturing and supply of uniforms for nurses and midwives is due to go out to tender soon. It would be possible for the government to demonstrate a commitment to growing good local jobs in the textile clothing and footwear industry through the awarding of government uniform contracts to suitable local providers. Proper consideration must be given by government to the manner in which their procurement processes can be used strategically to create good local jobs and strengthen local communities, especially in regional areas. There may be additional costs associated with this because overseas providers are often more competitive from a price perspective (and far too often demonstrate poor outcomes from a corporate social responsibility perspective), but these are the choices that government can actively make and communicate the reasons for this to the Queensland community.

Recommendations

The QNMU also recommends that the 2020 Queensland Budget pay particular attention to:

- Making the creation of good secure jobs across Queensland a centerpiece for the budget.
- Highlight the role government plays as a “model employer” by continuing to focus on optimising permanent employment in the public sector.
- Utilise government procurement opportunities to support the growth of good secure jobs in Queensland.

3. Review of public sector bargaining

For some time now the QNMU has been calling for a review of the public sector bargaining framework in Queensland. The public sector wages policy framework does not promote genuine bargaining, nor does it actively and uniformly promote excellence and responsiveness in service delivery across the public sector. We have focused on both excellence and responsiveness in the negotiation and implementation of the EB agreement covering nurses and midwives in QH though the adoption of an interest-based problem-solving approach (IBPS) and we believe there is great merit in considering the expansion of this approach to other areas of the public sector. In our view, the review of bargaining also needs to include a specific focus on gender pay equity.

The longstanding cap on wages outcomes for public sector workers that has imposed by governments across the country is contributing to Australia's sluggish wages growth and, as the Reserve Bank of Australia and others have been warning for some time, is threatening our economic growth.

The public sector wages bill is of course of central importance to the Queensland budget, and as such both the quantum of public sector wage increases, and the approach taken to bargaining are very relevant consideration. The QNMU believes that a review of the government's approach to public sector bargaining and the policy framework underpinning bargaining are long overdue. The Victorian government has adopted a Service Delivery Partnership Plan approach and has entered into agreements with the various public sector unions to enhance service delivery and responsiveness to community needs. The QNMU is keen to explore such an approach in Queensland and there is some urgency in relation to this given we are due to commence bargaining again in October 2020. It is also our view that independent evaluation of changes to service delivery arrangements must form a cornerstone of such an approach and also recommend, as stated above, that all public sector EBs should incorporate dedicated funding for an Innovation and Sustainability Fund.

Recommendations

The QNMU recommends that the 2020 Queensland Budget pay particular attention to:

- Review the current public sector bargaining framework, including in relation to gender pay equity issues (see below).
- Explore the potential adoption of a Service Delivery Partnership Plan approach to public sector bargaining.
- Allocate funding to establish Innovation and Sustainability Funds linked to enterprise bargaining processes to support evidence-based policy making and underpin responsiveness to community needs and sustainability.

4. Gender pay equity issues

It is acknowledged that some great advances have been made in Queensland in 2019 in the gender pay equity space. This has included the introduction of annual progression for part time workers, the establishment of primary caregiver leave and the planned creation of a Special Commissioner for Equity and Diversity within the Public Service Commission (PSC). These are important and very welcome advancements.

There are a number of other gender pay equity issues that need consideration from a whole of government perspective. The QNMU is concerned to ensure there is greater transparency across public sector bargaining outcomes to ensure there are no unintended consequences from a gender pay equity perspective. To ensure equity of outcomes are achieved across the public sector, the QNMU believes there needs to be a transparent process that analyses and

reports the total cost of a bargained package (not merely focusing of the annual per centage pay increase) and the per capita outcome achieved for each employee covered by each agreement. The QNMU also recommends that a gender pay equity lens is applied from the outset of negotiations rather than only undertaking an assessment at the end of negotiations (as is currently the case in advance of certification of an agreement). By the time certification is reached it is too late to apply a proper gender pay equity assessment and remedy if required. It is necessary to frame the negotiations in terms of gender pay equity and set objectives at the outset and then assess progress during the course of negotiations.

There are also a number of other whole of public sector policy matters where we are keen to ensure that direct or indirect gender-based discrimination is not occurring. There are two specific matters we are currently progressing; one is in relation to the intersection between annual leave and public holidays and the second relates to the definition of Ordinary Time Earnings used for Superannuation Guarantee calculation purposes. Both of these issues require further close consideration by government to ensure there is no unintended gender-based discrimination. The QNMU will continue to pursue these issues but wish to briefly highlight their importance to the QNMU and its members given likely future budget implications.

Recommendations

The QNMU recommends that the 2020 Queensland Budget pay particular attention to:

- Gender pay equity considerations when framing the budget, in particular:
 - Adopt a new approach to gender pay equity considerations in public sector bargaining processes including establishing a transparent per capita outcome analysis of each bargaining process and framing every bargaining process from a gender pay equity perspective from the outset.
 - Consider the gender pay implications of other whole of public sector policy issues including the approach to annual leave and public holidays across the public sector and the definition of Ordinary Time Earnings used for the calculation of the Superannuation Guarantee for public sector workers.

5. Building a culture of safety in our workplaces and communities

As highlighted above, the current unacceptably high level of occupational violence perpetrated against our members in health and aged care is the source of considerable concern to the QNMU. Despite considerable resources put into addressing this issue, we do not appear to be winning the battle to decrease the level of violence perpetrated. The increase in reportage of violent activity is in part a function of increased reporting. The QNMU welcomes this increased reporting as for far too long the violence has been normalised as just being “part of the job” of a nurse or a midwife. Violence should never be seen as being part

of any job – every worker deserves to return safely home to their loved ones at the end of their working day.

Some recommendations that are specific to the health sector have been made earlier in this submission. The QNMU however believes there is a wider societal piece of this puzzle that government has a leadership to play – the challenge of building respectful relationships and managing to disagree well. Lack of respect and abuse of power are at the core of so many problems, including the violence that is perpetrated in our homes and workplaces. Too often bullying and unethical behaviour is modelled by world leaders to the point that it is normalised and perpetuated, especially in the safe anonymity of online forums.

Unfortunately, it appears that the focus is too often on what divides us rather than what unites us as a society and on winning at any cost. Too often we seem unwilling or unable to identify common interests, instead falling into entrenched ways of thinking and failing to actively listen to and consider the points of view of others.

One major positive outworking of the recent disasters is that extreme adversity has bought us together and made us focus on the things that really matter. This presents us with an opportunity to build the conversation within our community about broader wellbeing and collective priorities. Fear and anger are understandable emotions in these uncertain and distressing times. These emotions are at risk of being exploited by populist politicians, contributing further to declining faith in the political class and process.

This brings us back to the opportunity presented by current unprecedented circumstances to signal a change in approach and the framing of the Queensland Budget from a community wellbeing frame sends a powerful message of leadership and hope. We conclude our submission by repeating the recommendation that this approach is signalled in the 2020 Queensland budget, with further work to be undertaken prior to the 2021 Queensland budget to build the framework necessary to demonstrate to the community that the wellbeing of Queenslanders is at the heart of the work of government.

Thank you very much for considering the submission of the QNMU in your deliberations as part of the 2020 Queensland Budget preparations. Please do not hesitate to the QNMU should you require any additional information or clarification on any elements of this submission.

References

- Buurtzorg. (n.d). *Buurtzorg - About us*. Retrieved from <https://www.buurtzorg.com/>
- Kildea, S., Gao, Y., Hickey, S., Kruske, S., Nelson, C., Blackman, R., Tracy, S., Hurst, C., Williamson, D. & Roe, Y. (2019). *EClinical Medicine*, 12, 43-51.
- McGowan, J., Philip, P. & Tiernan, A. (2019). *Advice on Queensland Health's governance framework*.
- McHugh, M. (2019). *Outcomes of Queensland's nurse-to-patient ratios policy: Evidence in the Year of the Nurse*. Presentation at QUT, 11 December 2019.
- Nursing and Midwifery Board of Australia. (2019). *Nursing and Midwifery Board Annual Report 2018/2019*. Retrieved from <https://www.nursingmidwiferyboard.gov.au/News/Annual-report.aspx>
- Queensland Health. (2019). *Nursing and Midwifery Workforce Projections from Workforce Strategy Branch, Strategy Policy and Planning Division, Queensland Health*. Presentation to QNMExC on 16 July 2019.
- Queensland Nurses and Midwives' Union. (2019). QNMU midwifery check-in survey.
- Torres and Cape Hospital and Health Service. (2019). *Nurse Navigator HSCE Workshop*. Workshop presentation in Brisbane, 3 May 2019.
- Treasury New Zealand. (2019). *The Wellbeing Budget 2019, 30 May 2019*. Retrieved from <https://treasury.govt.nz/sites/default/files/2019-05/b19-wellbeing-budget.pdf>

From: BMohle
To: [Nick Steele](#)
Subject: RE: One burning question.....
Date: Wednesday, 12 February 2020 5:51:58 PM
Attachments: [image001.png](#)

Thanks very much for providing this clarification. Also, thank you for the great session yesterday with you and Luke – it was much appreciated and NaMIG are very keen to be part of the solution.

We will follow up with the NaMIG Industrial Working Group around reportage of the issues you have highlighted below and also how we can become informed on the comms process post EB negotiation.

Thanks again.

Cheers,

Beth



Beth Mohle
 Union Secretary
 106 Victoria Street, West End QLD 4101
 07 3840 1444 (reception)
www.qnmu.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Nick Steele <Nick.Steele@health.qld.gov.au>
Sent: Wednesday, 12 February 2020 7:21 AM
To: Beth Mohle <[REDACTED].org.au>
Subject: RE: One burning question.....

Hi Beth

Sorry for the delay in getting back to you on this. In terms of the issue raised below I've checked with Finance branch and the differentiation on whether we have funded or not relates to the HHSs ability to influence the cost. Given most of the details in an EB are prescribed they are all funded.

However, there are a handful of items where we believe the HHS can control and minimise the costs of such entitlements and as such we don't specifically fund. This would include items like:

- On-call, recall nurses' grade 10-12 ADON, DON
- Additional travel
- Higher Duties Allowance
- Penalty for missed meal breaks

We communicate fully, via memo, these issues following each EB agreement.

Hope this answers the question. If you need anything further please do not hesitate to contact me.

Thanks.
 Nick.

From: Beth Mohle <[REDACTED].org.au>
Sent: Thursday, 30 January 2020 6:30 PM
To: Nick Steele <Nick.Steele@health.qld.gov.au>
Subject: One burning question.....

Hi Nick,

I just emailed our team saying that you wanted to provide a presentation with Deloitte’s about the sustainability issue and then have a general discussion at NaMIG in Feb around three topics:

- Accountability and responsibility, especially at EDNMS level
- Workforce and service alignment
- Managing more in the community

However one of our Professional Officers had already prepared a question for you that she would love for you to cover off on in your presentation. So I said I would send it through to you to see if you could address it. It is as follows:

1. Service Level Agreements 2019 – 2022: <https://www.health.qld.gov.au/system-governance/health-system/managing/agreements-deeds>

Funding has been allocated in full for the following EB agreements:

*Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB10) 2018 (Base wages and **certain entitlements**).*

What certain entitlements are included and which are excluded and why? What is the costings around what has been excluded?

Thanks a lot.

Regards,

Beth



Beth Mohle
 Union Secretary
 106 Victoria Street, West End QLD 4101
 07 3840 1444 (reception)
www.qnmu.org.au

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you receive it and you are not the intended recipient(s), or if it is transmitted/received in error.

Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The

information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters.

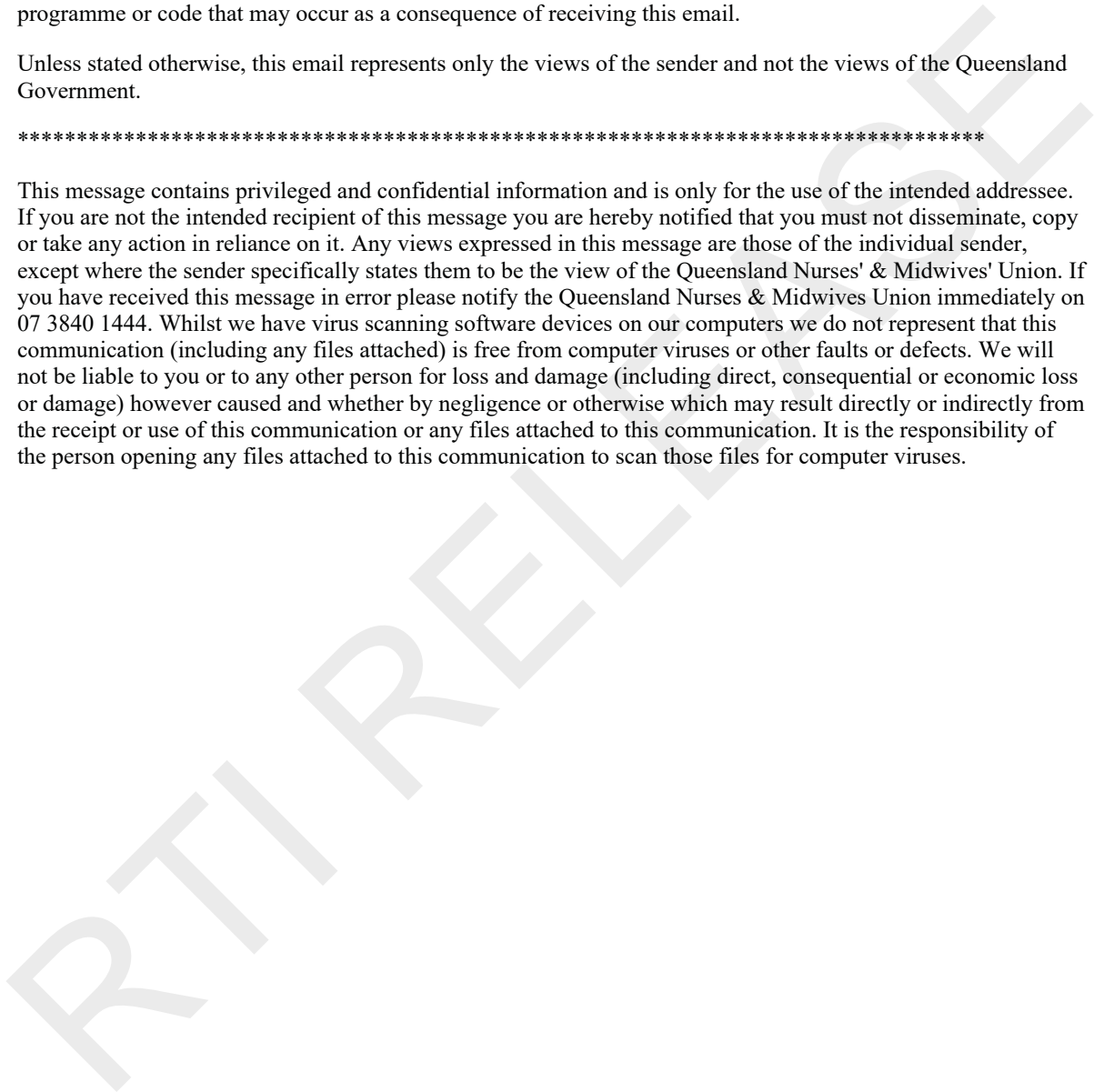
If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia +61 1800 198 175 or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited.

Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.



John Wakefield

From: Beth Mohle <[REDACTED]@[REDACTED].org.au>
Sent: Friday, 14 February 2020 5:27 PM
To: John Wakefield
Subject: [REDACTED] CV
Attachments: [REDACTED] CV.pdf

Hi John,

As promised. Am doing more digging and thinking.

Regards,

Beth

**Beth Mohle**
Union Secretary
106 Victoria Street, West End QLD 4101
07 3840 1444 (reception)
www.qnmU.org.au
Queensland Nurses &
Midwives' Union

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE

John Wakefield

From: Beth Mohle <[REDACTED].org.au>
Sent: Friday, 21 February 2020 8:13 AM
To: John Wakefield
Subject: Paper on Market impact of COVID19
Attachments: bwamCoronavirus021920_SECURE.pdf

Hi John,

I hope you are able to open this paper from Bridgewater on the market impact to date of Coronavirus. If you can't open it let me know and I will get you a hard copy somehow – it is password protected. [REDACTED]

[REDACTED] I thought you may be interested however.

When you organise stakeholder briefings going forward you really need to include local market players with a keen interest like QSuper and QInsure and even other local super funds (like Sun Super etc). They are watching this carefully and want to understand the likely impact. We discussed the likely impact at both QSuper's investment committee and board meeting this week.

Cheers,

Beth

 **Beth Mohle**
 Union Secretary
 106 Victoria Street, West End QLD 4101
 07 3840 1444 (reception)
www.qnmu.org.au

 Queensland Nurses &
 Midwives' Union

The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

From: Sarah Beaman
To: [Tony Wynne](#); [Barbara Phillips](#); [Theresa Hodges](#); [Kane Ryalls](#); [Katrina McGill](#); [Mark Uzelin](#); [Yvonne Li](#); [Mark Uzelin](#); [Zoe Bishop-Kinlyside](#); [Kylie Ramsden](#); [Sandra Daniels](#); [Marco D'arbe](#); [Brian Fletcher-Wode](#); [Phillippa Cock](#); [Rory Barlow](#); [Ron Hale](#); [John Conlan](#); [barry.watson](#); [Heather.Hayes@together.org.au](#); [David Gould](#); [Di MAURER](#)
Cc: [Krystal Mitchell](#)
Subject: RE: UPDATED Department of Health Divisional Consultative Forum - AGENDA for Wednesday 26 February 2020
Date: Tuesday, 25 February 2020 10:41:39 AM
Attachments: [image008.png](#)
[image009.png](#)
[image010.png](#)
[image011.png](#)
[image012.png](#)
[image013.png](#)
[image014.png](#)
[image015.png](#)

Good Morning Tony,

Chris Chant will be attending as the organiser for QNMU for this forum. Chris's email address for future invites is [\[REDACTED\].org.au](#)

Thanks
 Sarah



The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Tony Wynne <Tony.Wynne@health.qld.gov.au>
Sent: Tuesday, 25 February 2020 8:47 AM
To: [Barbara Phillips](#) <Barbara.Phillips@health.qld.gov.au>; [Theresa Hodges](#) <Theresa.Hodges2@health.qld.gov.au>; [Kane Ryalls](#) <Kane.Ryalls@health.qld.gov.au>; [Katrina McGill](#) <Katrina.McGill@health.qld.gov.au>; [Mark Uzelin](#) <Mark.Uzelin@health.qld.gov.au>; [Yvonne Li](#) <Yvonne.Li@health.qld.gov.au>; [Mark Uzelin](#) <Mark.Uzelin@health.qld.gov.au>; [Zoe Bishop-Kinlyside](#) <Zoe.Bishop-Kinlyside@health.qld.gov.au>; [Kylie Ramsden](#) <Kylie.Ramsden@health.qld.gov.au>; [Sandra Daniels](#) <Sandra.Daniels@health.qld.gov.au>; [Marco D'arbe](#) <Marco.Darbe@health.qld.gov.au>; [Brian Fletcher-Wode](#) <Brian.Fletcher-Wode@health.qld.gov.au>; [Phillippa Cock](#) <Phillippa.Cock@health.qld.gov.au>; [Rory Barlow](#) <Rory.Barlow@health.qld.gov.au>; [Ron Hale](#) <Ron.Hale@health.qld.gov.au>; [John Conlan](#) <John.Conlan@health.qld.gov.au>; [Sarah Beaman](#) <[REDACTED].org.au>; [publicteam_](#) <[REDACTED].org.au>; [barry.watson](#) <[REDACTED].org.au>; [\[REDACTED\]](#) <[REDACTED].org.au>; [David Gould](#) <David.Gould@health.qld.gov.au>; [Di MAURER](#) <Di.MAURER@health.qld.gov.au>
Cc: [Krystal Mitchell](#) <Krystal.Mitchell@health.qld.gov.au>
Subject: RE: UPDATED Department of Health Divisional Consultative Forum - AGENDA for Wednesday 26 February 2020

Hi everyone,

Please find attached an updated agenda for tomorrows DCF.

Warm regards,

Tony Wynne
 Principal Advisor

Phone: 07 3708 5131

Address: 33 Charlotte Street, Brisbane, QLD 4000

email: tony.wynne@health.qld.gov.au

Queensland Health
 Employment Relations, Human Resources Branch



www.health.qld.gov.au



**Queensland
Government**



Queensland's Health Vision: By 2026 Queenslanders will be among the healthiest people in the world.

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

From: Tony Wynne

Sent: Thursday, 20 February 2020 1:28 PM

To: Barbara Phillips <Barbara.Phillips@health.qld.gov.au>; Theresa Hodges <Theresa.Hodges2@health.qld.gov.au>; Kane Ryalls <Kane.Ryalls@health.qld.gov.au>; Katrina McGill <Katrina.McGill@health.qld.gov.au>; Mark Uzelin <Mark.Uzelin@health.qld.gov.au>; Yvonne Li <Yvonne.Li@health.qld.gov.au>; Mark Uzelin <Mark.Uzelin@health.qld.gov.au>; Zoe Bishop-Kinlyside <Zoe.Bishop-Kinlyside@health.qld.gov.au>; Kylie Ramsden <Kylie.Ramsden@health.qld.gov.au>; Sandra Daniels <Sandra.Daniels@health.qld.gov.au>; Marco D'arbe <Marco.Darbe@health.qld.gov.au>; Brian Fletcher-Wode <Brian.Fletcher-Wode@health.qld.gov.au>; Phillippa Cock <Phillippa.Cock@health.qld.gov.au>; Rory Barlow <Rory.Barlow@health.qld.gov.au>; Ron Hale <Ron.Hale@health.qld.gov.au>; John Conlan <John.Conlan@health.qld.gov.au>; [REDACTED].org.au; publicteam_[REDACTED].org.au; [REDACTED].org.au; H [REDACTED].org.au; David Gould <David.Gould@health.qld.gov.au>; Di MAURER <Di.MAURER@health.qld.gov.au>

Cc: Krystal Mitchell <Krystal.Mitchell@health.qld.gov.au>

Subject: Department of Health Divisional Consultative Forum - AGENDA for Wednesday 26 February 2020

Hi everyone,

Please find attached the agenda for the next DoHCF which is on Wednesday 26 February 2020. The meeting will commence at 2pm.

Also attached is the reporting and previous unconfirmed meeting minutes from 11 December 2019.

If you are attending in person, the meeting will be held in room 4.01, 33 Charlotte St, otherwise dial in using the teleconference details located in the attached agenda.

Warm regards,

Tony Wynne

Principal Advisor

Phone: 07 3708 5131

Address: 33 Charlotte Street, Brisbane, QLD 4000

email: tony.wynne@health.qld.gov.au

Queensland Health

Employment Relations, Human Resources Branch



www.health.qld.gov.au



**Queensland
Government**



Queensland's Health Vision: By 2026 Queenslanders will be among the healthiest people in the world.

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

This email, including any attachments sent with it, is confidential and for the sole use of the intended recipient(s). This confidentiality is not waived or lost, if you receive it and you are not the intended recipient(s), or if it is transmitted/received in error.

Any unauthorised use, alteration, disclosure, distribution or review of this email is strictly prohibited. The information contained in this email, including any attachment sent with it, may be subject to a statutory duty of confidentiality if it relates to health service matters.

If you are not the intended recipient(s), or if you have received this email in error, you are asked to immediately notify the sender by telephone collect on Australia +61 1800 198 175 or by return email. You should also delete this email, and any copies, from your computer system network and destroy any hard copies produced.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and/or publication of this email is also prohibited.

Although Queensland Health takes all reasonable steps to ensure this email does not contain malicious software, Queensland Health does not accept responsibility for the consequences if any person's computer inadvertently suffers any disruption to services, loss of information, harm or is infected with a virus, other malicious computer programme or code that may occur as a consequence of receiving this email.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

John Wakefield

From: Beth Mohle [redacted] org.au>
Sent: Monday, 2 March 2020 8:26 AM
To: John Wakefield
Cc: Shelley Nowlan
Subject: COVID 19

Hi John,

As per my text, please see below notes from our rep at the Cairns COVID 19 briefing last week.

Regards,

Beth

On 27/02/2020 Cairns Hospital executives held a urgent COVID19 planning meeting. In this meeting the projected impact of COVID19 for Cairns was released with the following plan.

The full impact of COVID is currently projected to impact Cairns in 10 weeks time.
 Expect length of impact is 26 weeks.

Cairns ED is expected to see double the currently presentations per day (450)
 150 COVID19 patients admitted at any given time.

15% all of patients who present are expected to become critical with 20% of them requiring Extracorporeal membrane oxygenation (ECMO).

Ratio with ICU will change to 1 ICU nurse to 3 patients

Ratios with wards and ED to change but no numbers given

15% of current workforce to become sick

Stop all age care patients who have possible COVID19 and have a valid ARP from entering Cairns Hospital.

Stop all inter-hospital transfer from smaller hospitals to Cairns unless critical

Cancel elective surgery as needed to use spaces for fever clinical (last resort)

Turn wards into dedicated COVID wards

Request volunteers to do extra hours and work in high risk areas.

Use Undergraduate nurse and medical officers to assist within the workforce.

Allow ICU senior medical officers to withdraw care to patients.

Stock pile 6 months' worth of PPE

Utilise Hotels as fever clinics

They were also informed that patients who were on the cruise boat in Japan who are from Cairns will be transferred to Cairns Hospital if they become unwell.

Second meeting scheduled for next week.

 **Beth Mohle**
 Union Secretary
 106 Victoria Street, West End QLD 4101
 07 3840 1444 (reception)
www.qnmu.org.au
 Queensland Nurses & Midwives' Union

The QNMMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

RTI RELEASE

Verna Young

From: Donna Pottinger
Sent: Tuesday, 28 July 2020 11:41 AM
To: Verna Young
Subject: 0623 - Text message - DG and Beth Moyle



From: Beth Mohle
To: [Barbara Phillips](#)
Cc: [Theresa Hodges](#); [Katrina McGill](#)
Subject: FW: Joint message MN and QNMU
Date: Wednesday, 4 March 2020 7:33:12 AM
Attachments: [image001.png](#)
[Joint message MN and QNMU Ver 0.2.docx](#)
[20200303 Letter from \[REDACTED\] to QNMU JH AG.pdf](#)
Importance: High
Sensitivity: Confidential

Confidential

Hi Barb,

Just to keep you in the loop,. Here are the comments sent back to MNHHS re the joint comms. We wanted to make it more specific re dates of meetings and refer to our meeting as well as reinforce the obligation to report workload concerns.

On another matter, please find below an email exchange between Jackie and me last night re the letter she referred to at the meeting yesterday. (I have attached this letter FYI. (I didn't get a chance to read it until last night and was very concerned about so many aspects of it. This is a complex matter, no doubt.

Regards,

Beth

Email exchange – Jackie and Beth:

Wed 4.3 20120 7.12am

Thank you Beth,

I can confirm that the letter and its content is the view of the [REDACTED] signatories and is not not representing Metro North views despite it being on letter head.

I am also very concerned that people with a new have voiced concerns raised verbally by other staff, I will reinforce on Thursday to the interdisciplinary team that we need to work together respectfully and collaboratively to resolve issues.

Get [Outlook for iOS](#)

From: Beth Mohle [REDACTED]@health.qld.gov.au>
Sent: Tuesday, March 3, 2020 7:46:44 PM
To: Jackie Hanson <Jackie.Hanson@health.qld.gov.au>
Subject: RE: CONFIDENTIAL 20200303 Letter from [REDACTED] to QNMU A/CE Jackie Hanson EDNM Alanna Geary

Dear Jackie,

Thanks so much for arranging the forwarding of the correspondence dated [REDACTED] 2020 to the QNMU.

As an initial observation, we note that unlike other correspondence that has been previously addressed to both MNHHS management and the QNMU, this correspondence uses formal Metro North Hospital and Health Service letterhead, and is signed by [REDACTED] in their respective capacities as [REDACTED] of RBWH [REDACTED]. This is perplexing and of concern to me.

Can you please clarify whether this correspondence represents the official position of Metro North Hospital and Health Service? If so then the QNMU will provide a formal response to you.

As has been our previous experience, we have not yet received this correspondence to the QNMU directly so it is difficult to respond in a meaningful manner.

Regards,

Beth



The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Beth Mohle
Sent: Tuesday, 3 March 2020 7:32 PM
To: 'Alanna Geary' <Alanna.Geary@health.qld.gov.au>; Secretary <secretary@qnmu.org.au>; Kate Veach [REDACTED].org.au>
Cc: Christine Atkinson <Christine.Atkinson@health.qld.gov.au>; Wendy Barwell <Wendy.Barwell@health.qld.gov.au>; Kate Veach [REDACTED].org.au>; Merren Dickins [REDACTED].org.au>
Subject: RE: Joint message MN and QNMU
Importance: High

Hi Alanna,

Thanks for this. We have just made a few changes based on our discussion at the meeting this morning. We have also added in a sentence about the importance of completing WCFs as this is industrially and professionally required.

Please also see attached our QNMU logo. I think it is best that this is placed under my signature block to avoid confusion rather than the designed mast head you sent.

Happy to discuss this further.

Regards,

Beth



The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Alanna Geary <Alanna.Geary@health.qld.gov.au>
Sent: Tuesday, 3 March 2020 4:58 PM
To: Secretary <secretary@qnmu.org.au>; Beth Mohle [REDACTED].org.au>; Kate Veach [REDACTED].org.au>
Cc: Christine Atkinson <Christine.Atkinson@health.qld.gov.au>; Wendy Barwell <Wendy.Barwell@health.qld.gov.au>
Subject: Joint message MN and QNMU

Good afternoon Beth and Kate,

Please see attached. If you wouldn't mind reviewing and making sure that you are happy. We can then send out with your logo/banner (could you provide please) and normally we would put a photo of you and I Beth. Having said that if you don't want your photo then I won't put mine on either for consistency.

Happy to discuss. I just need to leave for an appointment now and will send out first thing in the morning.

Kindest regards
Alanna

Adjunct Professor Alanna Geary
FACN, RN MHSc, BN
Executive Director Nursing & Midwifery
Acting Executive Director Clinical Services
Metro North Hospital and Health Service
Level 14 Block 7
Royal Brisbane and Women's Hospital
Herston QLD 4029
Ph: (07) 3646 8226
alanna.geary@health.qld.gov.au
www.health.qld.gov.au/metronorth
metronorth.health.qld.gov.au



RESPECT • INTEGRITY • COMPASSION • HIGH PERFORMANCE • TEAMWORK

Metro North Hospital and Health Service *Putting people first*



Disclaimer: This email and any attachments may contain legally privileged or confidential information and may be protected by copyright. You must not use or disclose them other than for the purposes for which they were supplied. The privilege or confidentiality attached to this message and attachments is not waived by reason of mistaken delivery to you. If you are not the intended recipient, you must not use, disclose, retain, forward or reproduce this message or any attachments. If you receive this message in error, please notify the sender by return email or telephone and destroy and delete all copies. Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

Queensland Health carries out monitoring, scanning and blocking of emails and attachments sent from or to addresses within Queensland Health for the purposes of operating, protecting, maintaining and ensuring appropriate use of its computer network.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

Joint message MN and QNMU

Dear colleagues,

In December we let you know that Metro North and [Queensland Nurses and Midwives' Union \(QNMU\)](#) are working together to create a safe environment within the Royal Brisbane and Women's Hospital [REDACTED] where staff can feel supported to raise concerns openly and respectfully.

We acknowledge and appreciate the work of the [REDACTED] can be demanding and complex and you are currently seeing an increase in patients.

[Representatives from Metro North, the QNMU and Department of Health have met this week to continue interest-based discussions regarding the Stage 4 workload grievance. It was agreed that all parties will continue to work collaboratively to advance the grievance with regular updates being provided to you as progress is made.](#)

[We are continuing to work through a stage 4 grievance and are committed to providing you with regular updates. The \[REDACTED\] interdisciplinary working party will meet on Thursday 5 March and the Business Planning Framework \(BPF\) working party is will be scheduled to reconvene on Friday 6 March soon and the \[REDACTED\] interdisciplinary working party will meet this Thursday. The next meeting of the Specialist Panel will be on the 24th March.](#)

The independent culture review has been underway for a few weeks and is anticipated to be completed in the designated timeframe. The results of the review will assist in informing the future agenda for the interdisciplinary working party.

We are also committed to providing staff with interest-based [problem solving bargaining](#) training.

The QNMU and Metro North are committed to ensuring that together we forge a pathway for the future that will build on existing relationships and ensure that through our partnership we meet the requirements of the patients in our care.

[We encouraged you to continue to raise your concerns through the existing reporting frameworks including the completion of Workload Concerns Forms \(WCF\) as nurses are both industrially and professionally obligated to do so.](#)

Regards,

Alanna Geary & _____ Beth Mohle

EDNMS Metro North HHS Secretary QNMU

RTI RELEASE

RTI RELEASE

John Wakefield

From: Beth Mohle <[REDACTED]@org.au>
Sent: Friday, 6 March 2020 9:30 AM
To: John Wakefield; Barbara Phillips; Shelley Nowlan
Cc: Danielle Cohen
Subject: COVID 19 questions/issues

Importance: High

Hi John, Barb an Shelley,

I have a few issues to raise that would be good to have responses for at next Tuesday afternoon's meeting. I wasn't sure who these were best sent to – so have sent to you all. Can you please advise a protocol for future escalation of such issues? Should I send them all to Shelley? Some of the issues have broader federal govt implications. Danielle, I have copied you in just so you are aware of the types of issues being raised.

I have had Meetings od Delegates this week in Brisbane and Sunshine Coast so that has been a good gauge of issues/concerns. We have also had an increase in calls via our call centre – reports are being sent through to Anne Garrahy on the issues being raised.

Concerns raised by member this week:

- Some Mater nurses who have been home quarantined after exposure have contacted us to ask what should their partner/family do? Should they be subject to self-isolation too? If so, and if they are not Qld govt employees who will meet the cost of special leave for them to cover this. (I believe we need to raise with the federal govt that they need to be covering the special leave cost for health workers in other sectors where the employers will not provide this. I fear this will be the case in most of aged care, many private hospitals and primary health care settings.) In my view, the federal govt should also cover the special leave costs for partners/families of health workers who are subject to home self-isolation if they are also required to self-isolate. This is the most important economic stimulus package they could provide now in my view.) Also, from a QH perspective, we need to be considering special leave arrangements for casual employees as well – the current policy only covers permanent and long standing temp employees. This would need consideration at a whole of govt level so am raising it now so it can start going through the process to get a determination.
- Concern around what health workers do if they are concerned about exposure to COVOD 19 when they have children or elderly/compromised family members they are caring for. There is real fear amongst members about putting their family at risk and even though we can reinforce PPE and good hygiene etc, this is doing little to relieve this concern/fear. We need a plan to deal with this and also the response to staff who do refuse to care for COVID 19 patients. Members have requested clarity around expectations of staff in this context. (Fear still exists re death of health workers overseas in SARS outbreak.)
- Personal Protective Equipment (PPE) supply and fitting. Concern re the ongoing adequacy of supply (integrity of supply chain and timeliness of providing PPE) is being expressed by members across all sectors but more so in private sector (especially aged care and primary settings but also some private hospitals appear to have little equipment and even less in the policy space!) We also need to plan to ensure staff are fit tested for PPE and then fit checked as well as training . (This will greatly assist in relieving some anxiety if there is concerted action around this.)
- Re PPE fit testing and checking, which staff will be doing this as there is fear that the nos of appropriately qualified staff to do this is inadequate. What is the plan to increase the numbers of staff in the infection control teams at local hospitals as well as Health and Safety teams?
- What are the plans to recruit more staff (as able) in the lead up to the peak of the outbreak. Concern expressed re the ridiculously long and onerous recruitment processes (a longstanding complaint of members!). We need to cut through the red tape now.

- Questions about whether there will be adequate shower facilities at the workplace so health workers can shower at work before going home. Some facilities have adequate facilities and some do not.
- Uniforms/scrubs: Can we also look at temporary additional scrubs so staff dispose of them daily and they are laundered at QH rather than taking them home to launder. (We need to review the adequacy of laundry arrangements and whether we can use alternative uniforms such as scrubs in units set up to care for COVID 19 patients especially.)
- Clarification sought on the plan for fever clinics and a question re whether it would be appropriate to have "drive in" car park clinics.
- There are a wide range of industrial matters that will require consideration and we need to establish a working group to work through these expeditiously. I understand there is a meeting set down for next Wed to kick off discussions. Matters to be considered include but are not limited to: Inter-relationship with other entitlements (e.g. Carer's Leave, Sick Leave, Disaster Leave, Workers Comp etc); Reasonable hours provisions and overtime; workload management; 10 hour breaks; on call and recall; active fatigue management; potential revoking annual leave (and arrangements for compensation should this occur for cost incurred such as overseas travel costs) ; payroll implications given increasing AVACs required and other workload implications (especially for NUMS and MUMs) around staff variations; rostering; fast tracking employment of additional staff (e.g. new graduates and nurses wanting to assist but need to undertake refresher courses and; special leave for casuals (mentioned above).
- There are a wide range of Health and Safety concerns: These include but are not limited to: PPE (availability, training, fit testing and fit checking etc); management of fatigue, intersection with Workers Compensation and Insurance through superannuation (Note: Need to have discussions with QInsure re the pandemic provisions in their insurance policy); what are the arrangements for "at risk" workers (e.g. workers who are older, chronic conditions, pregnant etc); impact on and protection of compromised family members of health workers; managing safety in an physical environment that may be sub-optimal; safety of visitors and volunteers; arrangements for waste disposal; arrangements for staff working between hospital and community settings and; psychological wellbeing of staff.
- There are also a range of professional and ethical matters that we will need to work through with OCNMO and EDNMs. There will also need to be discuss with regulators on a range of issues and these may best be handled at the national level. Concerns include but are not limited to: Scope of practice and regency of practice issues (for nurses being deployed – ensuring this is appropriate); extending scope of practice; maintaining professional standards in a crisis situation; issues for particular patient cohorts/setting (e.g. offender health settings); application of the Decision Making Framework; safety and quality including reporting incidents and near misses; documentation (including iEMR interface and arrangements differing depending on status of iEMR implementation); communications around a wide range of ethical considerations including for staff fearful of providing care and also if care is to be limited/diminished given case numbers; lack of preparedness for other sectors (e.g. aged care) and impact on patients/residents and workers in those sectors and: whether health workers are able to object to providing care and if so in what circumstances. (this list is far from conclusive.)
- Communications to QNMU members – QNMU are developing or adapting information sheets on a range of issues. It would be good if we could have agreement on as many of these as possible and co-bade them. Joint comms being developed in advance where possible would be useful.

The above represent some initial thoughts/concerns/questions – not at all exhaustive. It will be necessary to establish an agreed process for capturing and addressing concerns as they arise.

Happy to discuss any of these matters further. We have an initial NaMIG teleconference today at 11am where we will be discussing the major issues of concern from a nursing and midwifery perspective.

Thanks a lot.

Regards,

Beth



The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.

From: Beth Mohle
To: [Barbara Phillips](#); [Shelley Nowlan](#); [Theresa Hodges](#); [Katrina McGill](#)
Subject: FW: RBWH [REDACTED] BPF working group outcomes
Date: Friday, 6 March 2020 4:15:10 PM
Attachments: [image001.png](#)

Hi everyone,

Just to keep you in the loop, please see below for the outcomes of the RBWH [REDACTED] BPF working party meeting of this afternoon.

Hopefully we can reach resolution on this matter quickly given all we have going on.

Regards,

Beth



The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

From: Leanne Jiggins [REDACTED].org.au>
Sent: Friday, 6 March 2020 4:10 PM
To: Beth Mohle [REDACTED].org.au>; Kate Veach [REDACTED].org.au>
Cc: Merren Dickins <[REDACTED].org.au>; Kim Ramsdale [REDACTED].org.au>; Daniel Seage [REDACTED].org.au>
Subject: RBWH [REDACTED] BPF working group outcomes

Hi Beth and Kate

Following on from meetings held this week, the RBWH [REDACTED] BPF working group was reconvened today to come up with staffing numbers required in the interim and longer terms to meet demand in the [REDACTED].

The numbers which have been suggested by members using their professional judgement and given to Alana and the team to take to Jackie Hansen have been worked out on the following;

Staffing (direct care)	AM Nos	PM Nos	ND Nos	FTE required
Current	24	28	19	
Proposed numbers required long-term	34	37	32	47.15
Interim short-term requirements	4 (2 [REDACTED], 2 [REDACTED])	1 [REDACTED]	5 (3 [REDACTED], 2 [REDACTED])	14.73

This is only inclusive of direct care FTE required and not any other factors such as leave, education etc.

There are currently 2 nurses on AM and PM shifts and 1 on ND to on top of current staffing to care for COVID 19 patients

There are currently 2 nurses on AM and PM shifts and 1 on ND to on top of current staffing to cover a broken CT scanner for 4 weeks.

These extra temporary nurses have not been included in either number.

Alana committed to work out the FTE with Cindy Patterson (BPF NM) based on the numbers and then take both of these to Jackie Hanson.

Please let me know if you need any further information.

Regards
Leanne



The QNMU recognises and respects the Aboriginal and Torres Strait Islander peoples of the lands upon which we undertake our work to promote and defend the interests and values of members. We acknowledge the traditional owners and custodians who have cared for this country for thousands of years.

This message contains privileged and confidential information and is only for the use of the intended addressee. If you are not the intended recipient of this message you are hereby notified that you must not disseminate, copy or take any action in reliance on it. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the view of the Queensland Nurses' & Midwives' Union. If you have received this message in error please notify the Queensland Nurses & Midwives Union immediately on 07 3840 1444. Whilst we have virus scanning software devices on our computers we do not represent that this communication (including any files attached) is free from computer viruses or other faults or defects. We will not be liable to you or to any other person for loss and damage (including direct, consequential or economic loss or damage) however caused and whether by negligence or otherwise which may result directly or indirectly from the receipt or use of this communication or any files attached to this communication. It is the responsibility of the person opening any files attached to this communication to scan those files for computer viruses.