

BUSINESS PLANNING FRAMEWORK (BPF)

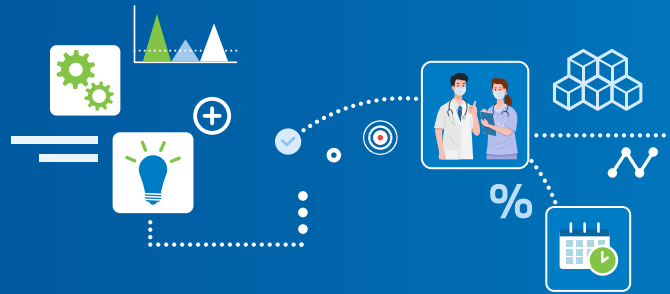
6th edition 2021

QUICK REFERENCE GUIDE



Queensland
Government

about this document



This document is intended to provide a high level overview of key components of the *Business Planning Framework: A tool for nursing and midwifery resource management* (BPF 6th edition) for anyone who is not familiar with the BPF. As this is only a summary document anyone who is completing Service Profiles will need to read the full BPF 6th edition.

IT CONSISTS OF THE FOLLOWING SECTIONS:

- 1 The purpose of the BPF
- 2 Overview of the BPF Modules
- 3 Principles of the BPF
- 4 Governance and Negotiation Processes of the BPF

* These sections are provided as an overview of the BPF 6th edition only, more detailed information is available in the BPF 6th edition itself.

Purpose of the BPF

The BPF is the industrially mandated workload management methodology for nurses and midwives in Queensland Health. This document is a reference and education resource to assist nurses and midwives with the process of determining nursing and midwifery human resource requirements (supply) in the context of the services provided (demand).

The aim of the BPF is to provide a framework to assist nurses and midwives to undertake business planning and develop workload management strategies for their services. This process is undertaken in consultation with the services' nursing and midwifery workforce.

The BPF methodology guides the user to analyse a nursing

or midwifery service, determine the nursing or midwifery workloads based on service demand, and to evaluate the performance of the nursing or midwifery service. Each HHS has a dedicated BPF resource which provides support and expertise in the application and completion of the BPF.

The outcome of the BPF process is the development of a BPF Service Profile (consisting of modules 1 and 2) that enables the effective management of nursing and midwifery resources and workloads in a service. The BPF can be used to inform a health service's operational plan.

Business planning and/or review is undertaken annually in alignment with the financial year. A review of the BPF Service Profile will also be required if changes occur relating to key factors such as patient/consumer acuity, patient/consumer activity, service

delivery or nursing/midwifery resource supply. The BPF has been designed to address business planning needs for nurses and midwives, however it also has the potential to be used as an effective resource by other professional groups.

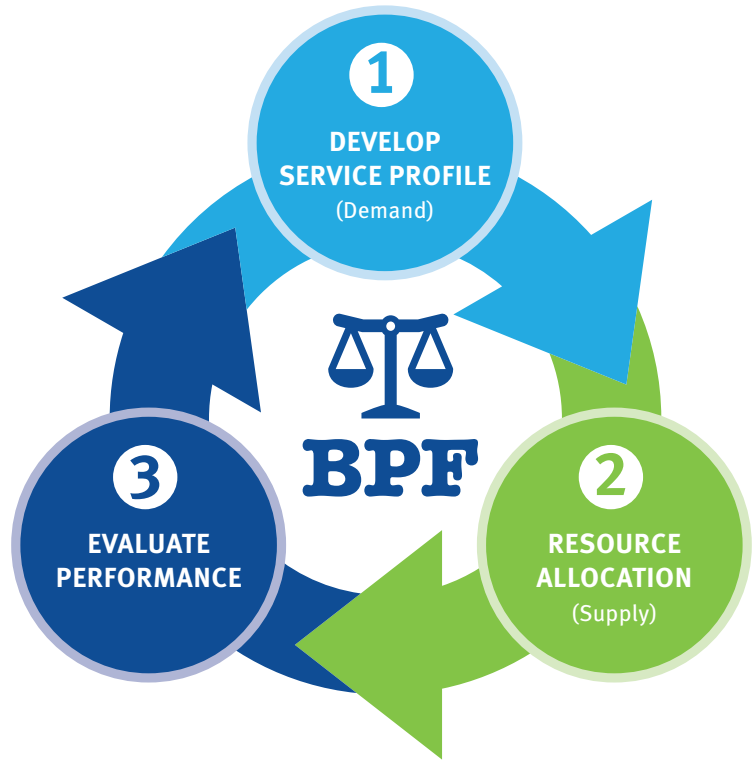
A complete BPF Service Profile consists of both module 1 and module 2. The analysis and information contained within module 1 (service profile) will inform the development of module 2 (resource allocation), and both modules will form the complete BPF Service Profile document. The approved BPF Service Profile, consisting of module 1 and module 2, must be tabled at the Nursing and Midwifery Consultative Forum (NaMCF) and shared with the Queensland Nurses and Midwives' Union (QNMU).

The implemented BPF Service Profile is then evaluated in line with Module 3.



The BPF process comprises 3 modules

- ✓ **MODULE 1**
Development of a service profile
- ✓ **MODULE 2**
Resource allocation
- ✓ **MODULE 3**
Evaluation of performance



BPF Service Profile - Recommended timeframes

MONTH	TASK
NOVEMBER	Commence gathering evidence including the data and results of ongoing evaluation of the previous service profile and any trends evident in the current BPF Service Profile
JANUARY	Commence reviewing the BPF Service Profile (consisting of modules 1 and 2) with the unit/ward/service nursing and midwifery staff
FEBRUARY	complete the draft BPF Service Profile (consisting of modules 1 and 2) and commence budget workup
MARCH - JUNE	commence budget negotiations (see Table 1)
JUNE/JULY	finalise BPF Service Profile sign-off

If you follow these timeframes, the BPF Service Profile can be implemented from the beginning of the financial year

The above timeframes are recommendations only and should be adjusted to align with the timeframes for HHS Service Level Agreement negotiations. Preparing a draft BPF Service Profile prior to the commencement of HHS Service Level Agreement negotiations will ensure that the negotiations can be informed by accurate information about the demands on a particular service and associated workforce requirements.

It is important to note the following considerations as part of planning the BPF process:

- » It is recommended that EDNM sign off only occur where they can be assured that the model of care proposed meets minimal clinical requirements for activity and safety.
- » Outcomes of BPF Service Profile negotiations should be fed back to work units to ensure adjustments can be made to the model of care where the original model of care is not funded or escalated as per table 1.
- » All approved BPF Service Profiles (consisting of modules 1 and 2) must be tabled at the NaMCF, with a copy provided to the QNMU.



Further details about the process for development, negotiation and sign off process can be found in Table 1 of the BPF 6th edition.



Overview of the BPF modules



A complete BPF Service Profile consists of both module 1 and module 2. The implemented BPF Service profile is then evaluated in accordance with module 3. A brief overview of each module is provided below. A number of BPF Addenda have been developed and published to support the development of BPFs for particular service contexts (see Appendix 1, BPF 6th edition).



MODULE 1



Development of a service profile

The development of a service profile is the systematic process for analysing services to determine the supply of nursing and midwifery resources required to meet service demand for the next financial year, and/or where changes to service delivery occur throughout the financial year.

MODULE 1 must include the following



- a Service aim
- b Service objectives
- c Service description
- d Internal environmental analysis
- e External environmental analysis
- f Strengths, weaknesses, opportunities and threats (SWOT) analysis

MODULE 2



Resource Allocation

Module 2 (Resource Allocation) outlines the process of planning the service's nursing and midwifery resources (supply) to meet planned service demand. It is determined based on the information contained in module 1.

This stage requires the calculation of the nursing and midwifery hours needed to provide safe consumer care and converts those hours into the appropriate full-time equivalents (FTE). FTE are then converted into dollars in partnership with the business/finance team. Quantitative methods, in tandem with professional judgement, knowledge and experience, are used to prioritise the allocation/rostering of nursing and midwifery resources as agreed in the approved BPF Service Profile (comprising modules 1 and 2).

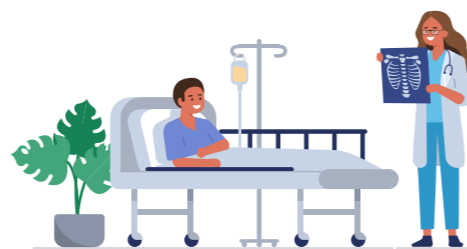
It is important to note that the Nurses and Midwives (Queensland Health) Award – State 2015 (the Award) recognises that professional judgement is a valid method of determining a safe staffing level for nursing and midwifery.

In order to establish the total nursing and midwifery operating resource requirements, the seven steps for establishing nursing and midwifery hours to meet resource requirements must be followed.



- STEP 1 Calculate total annual productive nursing/midwifery hours required to deliver service
- STEP 2 Determine skill mix/category of nursing/midwifery hours
- STEP 3 Convert productive nursing/midwifery hours into full-time equivalents
- STEP 4 Calculate non-productive nursing/midwifery hours in accordance with nursing and midwifery Award entitlements, as relevant
- STEP 5 Convert non-productive nursing/midwifery hours into full-time equivalents
- STEP 6 Add productive and non-productive full-time equivalents together and convert into financial resources in partnership with business team
- STEP 7 Allocate nursing/midwifery hours to meet service requirements

MODULE 3



Evaluation of performance

Evaluating the performance of the BPF Service Profile is undertaken once the agreed BPF Service Profile (incorporating modules 1 and 2) is implemented.

Evaluating performance is achieved through the continual process of assessing the overall effectiveness, efficiency, safety and quality outcomes of the allocation of nursing and midwifery resources.

This may be accomplished through the use of local service performance scorecards or other reporting tools which are regularly reviewed (e.g. monthly, quarterly, or as required).



The BPF methodology determines the nursing or midwifery workloads based on service demand

Principles of the Business Planning Framework



PRINCIPLE 1 THE CONSUMER

The BPF embraces consumer-focused care by providing a framework that supports the delivery of safe and high quality nursing and midwifery services by:

- » Applying evidence-based models of clinical care and clinical practice to ensure optimal health outcomes for consumers
- » Meeting agreed performance outcomes to deliver safe, equitable and high quality health services that maintain dignity and consumer empowerment
- » Promoting the objectives in Queensland Health's strategic plan, underpinning delivery of safe, high quality health care and continuous improvement.



PRINCIPLE 2 THE STAFF

The BPF supports nurses and midwives to plan, manage and evaluate the safety and quality of nursing and midwifery services through effectively managing resources by:

- » Aligning nursing and midwifery numbers and skill mix with service demand to effectively deliver safe workloads
- » Integrating evidence-based practice with workforce planning strategies to deliver flexible nursing and midwifery services that allow responsiveness to change in service demand
- » Embedding systems for managing safe, equitable workloads for nurses and midwives.



PRINCIPLE 3 THE ORGANISATION

The BPF supports nurses and midwives to effectively and efficiently manage nursing and midwifery resources to deliver a safe, affordable, sustainable and continually improving health service by:

- » Supporting the organisation in maximising consumer outcomes, consumer experience and consumer value
- » Ensuring nursing and midwifery resource allocation aligns with safe consumer outcomes
- » Building a culture with high levels of consultation, engagement and performance in nursing and midwifery services.



The principles of the BPF apply to all rural, remote, regional and metropolitan settings where nurses and midwives are employed by Queensland Health, including for example, inpatient, community and prison health services.

Governance and negotiation processes of the BPF

To ensure the effective and efficient management of nursing and midwifery resources, safe workloads and the provision of safe quality health care, the BPF is reliant on a governance process that promotes accountability, consultation, collaboration and transparent decision-making. The roles and accountabilities for governance of the BPF are depicted in Table 1.



To be compliant with the BPF, the relevant industrial instruments and the Standard, the service must meet the following minimum requirements:

- Approved BPF Service Profiles (comprising modules 1 and 2) are tabled at the NaMCF annually.
- There is an agreed negotiation process to facilitate organisational agreement on the BPF Service Profile, including nursing and midwifery resource allocation (see Table 1).
- There is an agreed and approved BPF Service Profile completed/reviewed at least annually, which is available for all ward/unit/service nursing and midwifery staff to view.
- Notional ratios are defined and agreed low priority activity lists are developed and displayed by individual nursing and/or midwifery services. (see Appendix 5 of the BPF 6th edition)
- Each HHS will report nursing and midwifery workload management performance in accordance with the framework endorsed by the Nursing and Midwifery Implementation Group (NaMIG) and approved by the Director-General, Queensland Health.
- All performance reporting frameworks must be evidence based, aligned to national clinical and safety standards for health services, and be documented within HHS service agreements.
- Each HHS has a BPF Steering Committee that is a source of expertise and support for the effective implementation of the BPF. The steering committees are established in accordance with the agreed terms of reference (see Appendix 8 of the BPF 6th edition).



TABLE 1 BPF governance and negotiation process



BPF Service Profile development

- » Assessment, planning and preparation of the BPF Service Profile is done by the NUM/MUM (or other equivalent accountable officer) in consultation with the nurses and midwives from the clinical service and other relevant stakeholders.



BPF Service Profile budget workup

- » NUM/MUM (or equivalent accountable officer) reviews the proposed BPF Service Profile and budget with the Business Manager (or equivalent accountable officer).



BPF Service Profile negotiations

- » NUM/MUM and Business Manager (or equivalent accountable officers) seek endorsement of the proposed BPF Service Profile by the Nursing/Midwifery Director and Director of the Service (or equivalent accountable officers).
- » Executive Director of Nursing and Midwifery (EDNM) and the Chief Finance Officer (or equivalent accountable officers) provide approval for agreed BPF Service Profile.
- » If approval is not provided, negotiations commence at the service level using an interest-based approach (refer to Appendix 2). Nursing/Midwifery Director and Executive Director (or relevant accountable officers) undertake the negotiations with the relevant financial delegate, in consultation with NUM/MUM and Business Manager (or equivalent accountable officers) until agreement is reached.
- » Where the Chief Finance Officer (or equivalent accountable officer) declines funding for the nursing/midwifery FTE recommended by the NUM/MUM or other nursing/midwifery leader for a ward or unit, the BPF Steering Committee acts as the body which provides advice and expertise and may make recommendations on the balance between the service model and the funded nursing and midwifery positions. In such circumstances, a meeting of the Committee is to be convened as required. The Committee provides advice and recommendations to inform the decision-making of the Chief Executive and the Hospital and Health Board via the Executive Director of Nursing and Midwifery. Further information regarding the role of the BPF Steering Committee and the referral process can be found in Appendix 8 of the BPF 6th edition.
- » Outcomes of negotiations should be recorded and fed back to work units, to ensure adjustments can be made to the model of care as appropriate.
- » Once agreement is reached, the EDNM (or delegated accountable officer) provides endorsement of the final draft Service Profile to certify that the BPF for the service is providing safe, appropriate resourcing.
- » All finalised endorsed BPF Service Profiles (comprising modules 1 and 2) are tabled at the NaMCF, with a copy provided to the QNMU.



BPF Service Profile evaluation

- » NUM/MUM (or equivalent accountable officer) monitors and evaluates the performance outcomes in relation to nursing and midwifery resource management and assists in the resolution and mitigation of issues to ensure clinical safety and quality standards are achieved.
- » The NaMCFs monitor and evaluate the performance outcomes in relation to nursing and midwifery workload management and assist in the resolution and mitigation of issues to ensure clinical safety and quality standards are achieved.