

Human Resources Policy

Nursing Workload Management

Policy Number: B5 (QH-POL-180)

Publication date: May 2014

Purpose: Queensland Health nursing workload management is intended to achieve a balance between service demand and the supply of nurses and midwives.

The Queensland Health Nurses and Midwives Award – State 2012 specifies that:

- workload management will be undertaken in accordance with the Business Planning Framework: a tool for nursing workload management (BPF)
- nursing workload committees are established at a Hospital and Health Service level
- a specific grievance procedure will address nursing workload grievances and disputes.

Application: This policy applies to all nursing and midwife positions in Queensland Health.

Delegation: The 'delegate' is as listed in the Department of Health Human Resource (HR) Delegations Manual and the Hospital and Health Services Human Resource (HR) Delegations Manual – HRM Functions of the Director-General, as amended from time to time.

Legislative or other authority:

- Queensland Health Nurses and Midwives Award – State 2012
- Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012

Policy subject:

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History: **2**

SCHEDULE ONE Process

1 Policy statement

A Queensland Health Ministerial Taskforce on Nursing Recruitment and Retention, completed in 1999, highlighted increasing workloads as an issue affecting the recruitment and retention of nurses in Queensland. The report recommended that a business planning model for nurses be developed as a priority.

The BPF provides nurses and midwives with a business planning process for determining appropriate nursing and midwifery staffing levels to meet service requirements. The BPF documentation should be read and applied in conjunction with the Queensland Health Nurses and Midwives Award – State 2012 (the Award).

The purpose of the BPF is to provide nurses and midwives with the knowledge and skills to develop a relevant service business/operational plan. This approach focuses on achieving a balance between service demand and the supply of nursing resources necessary to meet the identified demand.

History:

May 2014	<ul style="list-style-type: none"> • Policy formatted as part of the HR Policy Simplification project. • Policy re-published due to proposed amendments to the nurses and midwives award as a result of the award modernisation process.
April 2008	<ul style="list-style-type: none"> • This updated policy has been developed to incorporate the integration of the <i>Nurses (Queensland Health) Section 170MX Award 2003</i> into the <i>Nurses (Queensland Health) Certified Agreement (EB6) 2006</i> and as a result of the HR Policy Framework Consolidation.
Previous	<ul style="list-style-type: none"> • IRM 2.5-31 Nursing Workload Management • ER Circular 70/05 • ER Circular 34/06

Nursing workload management – Schedule One Process

The following information is provided as the minimum mandatory standard practice, procedure or process to enable satisfactory compliance with this Queensland Health HR policy.

Local guidelines/procedures may be developed to facilitate implementation of this policy. Any local guidelines/procedures must be consistent with this policy and schedule and ensure employee entitlements continue to be met.

Queensland Health supports a transparent application of the BPF supported by ongoing training and development of nurses and midwives in its application.

The first step in applying the BPF is the development of a Service Profile for each cost centre (ward/unit/department). The service profile is to be developed in accordance with the BPF manual and should be done in consultation with employees of the Service (ward/unit/department).

An agreed service profile is to be made available to the clinical unit and relevant union representatives and, as a minimum they should include the following information:

- funded activity (eg occupied bed days, occasions of service)
- funded nurse/midwife to patient hours (e.g. hours per patient day, hours per occasion of service)
- funded nursing and/or midwifery Full Time Equivalents (FTE).

The provision of any other relevant documentation containing data used to create the above figures is to be negotiated at a local level with the nursing executive or equivalent. Queensland Health encourages reasonable access to relevant supporting information.

1 Minimum nursing hours per patient day (NHPPD)

In addition to the obligation to apply the BPF, clause 4.10.7 of the Award specifically states that the BPF will be “used daily to identify minimum consistent and enforceable nursing/midwifery hours per patient day (or per occasion of service) for clinical units on a shift by shift basis.”

In determining the nursing hours required, clinical units must take into account the minimum safe staffing hours required for that particular clinical unit over the number of nursing hours provided in a 24 hour period.

2 Notional nurse:patient ratios

Clause 4.10.3 of the Award states that “notional, ward/unit based nurse:patient ratios will be defined”.

This is an Award requirement and the following table has been developed as a guide to give effect to this provision.

Each clinical unit/ward must identify the maximum number of available beds that can be utilised based on the available rostered productive hours in line with the required NHPPD.

Ward G – An example of a notional nurse:patient ratio

The negotiated average annual productive NHPPD for Ward G are five. This means, on average, supply is for five nursing hours per patient per 24 hour period. Negotiated nursing FTE for Ward G are based on average patient capacity of 25 occupied beds per day.

Based on these averages the following example is a suggested rostering approach to meet patient demand.

Shift times - range of hours	Patient numbers / occupied beds	Nursing hours required per 24 hour period	Various options for shift hours	Nominal ratio
AM 0600 - 1500	25	56 Direct	e.g. 8 hours	1:3.5 to 1:4 or 7 staff + NUM* (M-F) 7 staff (S & S)
PM 1230 - 2300	25	45 Direct	e.g. 8 hours	1:4.5 to 1:5 or 5.6 staff
ND 2130 - 0730	25	24 Direct	e.g. 8 hours	1:8.3 to 1:9 3 staff
24 hours	25 patients	125 Hours	e.g. 8 hour shifts	Variable per shift

*NUM: Nurse Unit Manager

In this example, shift start and finish times have been staffed to meet daily peaks and troughs. **It is important to note that this is an example only.**

If occupancy and/or acuteness changes, then the NHPPD will change. A change in the NHPPD as calculated by applying the principles of the BPF means there could be a change in the nominal nurse:patient ratio. If this does occur, the application of the facility's integrated bed management arrangements will apply.

The NHPPD per 24 hours for each clinical unit is to be utilised to define notional nurse:patient ratios. The required nurse:patient ratio in some services (units/wards/departments) may vary on an hour by hour basis and requires consideration of patient acuteness and staff skill mix. Achieving a balance of supply of nursing hours to service demand will require a range of strategies that may include deployment (when supply is greater than demand), limiting admissions when discharges occur and prioritisation of nursing activities (when demand is greater than supply).

A table similar to that set out above with the commentary should be displayed in each clinical unit.

However, by agreement with the local Queensland Nurses' Union (QNU) Branch, nursing hours required versus supplied on any shift may be identified by an agreed Patient Dependency System and Staffing Methodology Policy providing that the information is available to nurses and midwives within the unit concerned.

3 Staffing levels and integrated bed management arrangements

Staffing will be based on established NHPPD in each unit and will vary in accordance with changing acuteness and activity. Patient safety and sustainable workloads will be the guiding principles in defining the nursing hours required.

Daily staffing and bed availability is to be determined for each clinical unit on a situational basis.

Any bed closure or reduction in nursing hours is to occur within the context of the integrated bed management arrangements of each particular facility.

In the first instance any concerns regarding the application of the integrated bed management arrangement is to be resolved through the workload management processes of their ward/unit. The Nursing Workloads Grievance Procedure, as outlined in the Award, can then be utilised if concerns are not resolved.

Integrated bed management arrangements should include a senior member of the nursing staff. It is the responsibility of this nurse/midwife manager/nursing director to identify the most appropriate care area for a patient. This decision needs to be determined after giving consideration to the clinical status of the patient. The nurse/midwife manager/nursing director will then nominate the area/ward within the hospital that is appropriately resourced with nursing/midwifery staff to manage this patient.

The nurse/midwife responsible for patient care within the ward/unit area who has any concerns related to workloads and /or skill mix needs to contact their line manager to seek support for further staff or staff with a different skill level.

All workload concerns will be managed by the nurse/midwife manager/nursing director responsible for bed management/patient flows. However, if the issue cannot be resolved at that time, a nursing workloads grievance can be activated in accordance with clause 4.10.10 of the Award.

4 Minimum safe staffing

In facilities such as rural hospitals, the BPF may not be applicable as minimum safe staffing levels would always prevail when determining nursing hours. However, the principles contained within the BPF and the specific requirements of the Award regarding workload management, including the related grievance procedure must be adhered to.

5 Nursing workload committees

Clause 4.10.9 of the Award states that:

“Each District will establish a joint employer/union workloads committee (a Steering Committee or Nursing Consultative Forum can be agreed alternatives) to deal with issues of nursing/midwifery workload management. The committee or consultative forum will provide specialist advice, training and workload management review, in relation to the local application of the tool and with grievances or disputes relating to its application.”

Nothing in this section is to limit local agreed arrangements between a Hospital and Health Service and the QNU; however, nursing workload committee meetings may be scheduled separate to or as part of the regularly scheduled workload management committees of the District Consultative Forum (DCF). If the nursing workload committee matters are included as part of this broader workload management committee, the nursing section will occur last, allowing time and attendance to be nursing/midwifery specific. Each Hospital and Health Service should determine their specific arrangements through agreement with the QNU having regard to the requirements of the Award.

There will be regular, monthly meetings of the nursing workload committee scheduled by each Hospital and Health Service. Only where no agenda items have been received seven days prior to the scheduled meeting of the nursing workload committee can the meeting be cancelled by either party.

6 Nursing workload grievance procedure

Should a nurse/midwife or representative of the QNU or Queensland Health have a grievance or dispute relating to nursing workload, the four step grievance procedure outlined in clause 4.10.10 of the Award will be followed.

A workload grievance form for initiating any nursing workload grievance should be developed and agreed by the local nursing workload committee. If no form is available, a grievance can be notified in any written manner.

7 Specialist panel nursing workload committee

Step 4 of the nursing workloads grievance procedure, as outlined in the Award, requires the formation of a specialist panel to determine an outcome of matters referred from the Hospital and Health Service Nursing Workload Committee. Referrals to the specialist panel will be through the BPF form which can be located under HR Forms on the Queensland Health intranet site (QHEPS).

The committee includes representatives from Queensland Health and the QNU who are trained in the application of the BPF.

Managing the risk of psychosocial hazards at work
Code of Practice 2022
applies 1 April 2023