Queensland Government

Hospital and Health Boards Act 2011

Nursing and Midwifery Workload Management Standard

A standard about managing nursing and midwifery resource supply and demand and reporting of nursing and midwifery workload management information

Preface

Under section 138E of the *Hospital and Health Boards Act 2011*, a Hospital and Health Service is bound to comply with a standard about nursing and midwifery workload management made by the Director-General, Queensland Health.

The purpose of the *Nursing and Midwifery Workload Management Standard* is to specify the process for a Hospital and Health Service to manage nursing and midwifery resource supply and demand, including how a Service:

(a) calculates its nursing and midwifery human resource requirements;

(b) develops and implements strategies to manage nursing and midwifery resource supply and demand;

(c) evaluates the performance of its nursing and midwifery staff.

The *Nursing and Midwifery Workload Management Standard* should be read in conjunction with industrial instruments covering nurses and midwives employed within Queensland Health.

The *Nursing and Midwifery Workload Management Standard* is based on the *Business planning framework: a tool for nursing and midwifery workload management* (BPF), a tool designed to support business planning for the purpose of managing nursing and midwifery resources in Queensland Health. The BPF was originally published in 2001 and has been periodically reviewed and updated in consultation with key stakeholders.

The *Nursing and Midwifery Workload Management Standard* will be reviewed periodically to retain consistency with the BPF and to ensure it remains an appropriate nursing and midwifery workload management tool. The standard outlines requirements about nursing and midwifery workload management to support the delivery of safe and high quality services.

Pursuant to section 138E of the *Hospital and Health Boards Act 2011*, I, Michael Walsh, Director-General, Queensland Health, make the *Nursing and Midwifery Workload Management Standard: A standard about managing nursing and midwifery resource supply and demand, and reporting of nursing and midwifery workload management information*, for the purposes of that Act.

Michael Walsh
Director-General
Department of Health
10 June 2016

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Nursing and Midwifery Workload Management Standard

1. GENERAL

1.1. Scope

The *Nursing and Midwifery Workload Management Standard* (the standard) sets out the process and minimum requirements for calculating nursing and midwifery human resource requirements; developing and implementing strategies to manage nursing and midwifery resource supply against demand; and evaluating the effectiveness and efficiency of nursing and midwifery services.

1.2. Application

Pursuant to section 138E(2) of the *Hospital and Health Boards Act 2011*, this standard applies only in relation to the delivery of health services by a Hospital and Health Service (HHS) to the extent the health services are the subject of a nursing and midwifery regulation made under section 138B of the *Hospital and Health Boards Act 2011*.

1.3. Definitions

BPF is the *Business planning framework: a tool for nursing and midwifery workload management*, as amended by agreement of the parties from time to time, to address workloads of nurses and midwives in Queensland Health.

Direct clinical hours are the hours spent in activities that nurses and/or midwives perform directly related to patient care.

Hospital and Health Service (HHS) means a Hospital and Health Service established under the *Hospital and Health Boards Act 2011*.

HHS senior/executive nursing and midwifery position is the single point accountable for the professional leadership and management of nursing and/or midwifery services at the HHS, facility and division levels, such as the HHS Executive Director of Nursing and Midwifery, the Director of Nursing and Midwifery or the Nursing and Midwifery Director.

Indirect clinical hours are the hours spent in activities that support clinical processes.

Non-productive nursing and/or midwifery hours are those hours where a nurse or midwife is paid for entitlements or conditions of the position, such as sick leave, annual leave and maternity leave, which do not involve direct or indirect clinical hours.

Nursing and Midwifery Consultative Forum is a joint consultative group formed within each HHS to provide timely and effective consultation on nursing and midwifery issues at the local, facility or service level. The Nursing and Midwifery Consultative Forum will comprise equal representation from the HHS and the Queensland Nurses' Union. HHS representation usually includes the Executive Director of Nursing and Midwifery and Directors of Nursing.

Nursing and Midwifery Implementation Group is the peak consultation forum between Queensland Health and the Queensland Nurses' Union.

Productive nursing and/or midwifery hours contribute to patient care and include both direct clinical and indirect clinical hours.

1.4. Formulae

Total productive hours = direct clinical hours plus indirect clinical hours.

Full-time equivalent = the number of employee hours (paid, unpaid or contracted hours) divided by the relevant Award standard hours per week (38 hours).

Average hours per patient day = total number of hours worked in a specific period divided by the total number of occupied bed days in a corresponding period.

Average hours per patient activity = total number of hours in a specific period divided by the total number of occasions of service or activity unit in a corresponding period.

Total annual productive hours = average hours per unit of activity multiplied by the total number of activities per year.

Non- productive hours = hours that are over and above the direct and indirect hours and include nursing and midwifery industrial entitlements.

On-costs = sum of penalty payments, other allowances and non-productive costs.

Total full-time equivalent = number of total productive and total non-productive hours divided by 38.

2. STANDARD

2.1. Introduction

This standard is organised into four parts:

(i) Development of service profile

(ii) Resource allocation

(iii) Evaluation of performance

(iv) Escalation.

2.2. Development of service profile

2.2.1. Purpose

The purpose of the service profile is to provide a framework for nurses and midwives to determine, discuss and negotiate the nursing and midwifery resources required to meet service demand. This will ensure the effective and efficient management of resources, workloads and the provision of quality health care.

2.2.2. Requirements

Service profiles are developed and/or reviewed at least annually to align with budget planning cycles and when there is a change in service demand and/or resource supply that impacts on nursing and midwifery full-time equivalent requirements. Reviews must be in consultation with rostered nurses and midwives within the service.

Service profiles must include:

(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.

Service profiles must be negotiated between line managers, finance managers and relevant HHS executive to achieve balance between supply of nursing and midwifery resources and service activity demand required to deliver the agreed service. This will be prior to the service profile being agreed and signed off by the senior nursing and midwifery officer and the chief finance officer.

2.2.3. Compliance measures

There is an agreed and approved service profile completed at least annually that is available for all nursing and midwifery staff to view.

An agreed and approved service profile for each clinical unit where nurses and midwives are rostered is provided annually to the HHS Nursing and Midwifery Consultative Forum.

2.3. Resource allocation

2.3.1. Purpose

The purpose of nursing and midwifery resource allocation is to achieve a balance between service demand and supply as per the agreed service profile, ensuring the effective and efficient management of resources, workloads and the provision of quality health care.

2.3.2. Requirements

Professional judgement is recognised as a valid criterion for deeming a definitive staffing level of nurses and midwives as being safe.

The total nursing and midwifery resources required to meet the approved service requirements must be able to be determined and validated by completing:

(a) service analysis and profile

(b) analysis of historical nursing and/or midwifery hours per unit of activity and sufficiency in meeting service demand

(c) analysis of trends in patient acuity data

(d) forecast level of activity

(e) comparative analysis with similar services

(f) consultation with staff delivering services.

To establish total nursing and midwifery resource requirements:

(1) Calculate total annual productive nursing and/or midwifery hours required to deliver service

(2) Determine skill mix and/or category of nursing and/or midwifery hours

(3) Convert productive nursing and/or midwifery hours into full-time equivalents

(4) Calculate non-productive nursing and/or midwifery hours in accordance with nursing and midwifery award entitlements

(5) Convert non-productive nursing and/or midwifery hours into full-time equivalents

(6) Add productive and non-productive full-time equivalents together and convert into financial resources in partnership with business team

(7) Allocate nursing and/or midwifery hours to meet service requirements.

Some nursing and midwifery services may operate on minimum safe staffing rather than average hours per activity due to factors including but not limited to:

- geographical location
- safe staffing standards
- occupancy.

In accordance with relevant industrial instrument requirements, a maximum number of available beds per ward will be calculated by reference to the rostered productive nursing and/or midwifery hours available for the ward on any particular day.

The bed availability will be defined at the ward level consistent with the productive nursing and/or midwifery hours available. This occurs in the context of the facility's integrated bed management arrangements.

On the date on which this standard applies to a ward, that ward must establish a skill mix baseline.

Example–

This standard applies only to a ward prescribed in regulation under section 138B of the Hospital and Health Boards Act 2011. Therefore, if a ward is prescribed in regulation on 1 July 2016, the date on which that ward must establish a skill mix baseline is 1 July 2016.

Based on each ward's baseline, the NMCF will, on an annual basis, recommend a target skill mix baseline for each ward to the Health Service Chief Executive or delegate, for approval. Where the recommendation is not accepted, the Health Service Chief Executive or delegate must provide rationale for the decision in writing.

A ward that does not meet the target baseline as recommended by the NMCF and approved by the Health Service Chief Executive or delegate, must develop a workforce plan to reach this target within a reasonable timeframe.

2.3.3. Compliance measures

Individual service profiles are completed and nursing and/or midwifery service requirements are agreed to match identified demand.

The skill mix baseline must be documented in the service profile.

Notional ratios are defined, and agreed low priority activity lists are developed and displayed by individual nursing and/or midwifery services.

2.4. Evaluation of performance

2.4.1. Purpose

The purpose of evaluating performance is to measure and monitor the effective and efficient management of nursing and/or midwifery resources to support the delivery of safe and high quality services.

2.4.2. Requirements

The HHS will develop governance and reporting frameworks to support the operational evaluation of nursing and/or midwifery workload management, including:

(a) establishing a HHS BPF Steering Committee to deal with nursing and midwifery resource management issues

(b) establishing a Nursing and Midwifery Consultative Forum and subset forums depending on size and geographical considerations to deal with nursing and/or midwifery workload management issues

(c) using a standardised performance scorecard, monitored by the Department of Health, to analyse service performance, including staffing and skill mix levels and quality outcomes relevant to the nursing and/or midwifery service

(d) monitoring nursing and/or midwifery resource allocation against established Queensland Health performance indicators.

2.4.3. Compliance measures

Each HHS will report nursing and midwifery workload management performance in accordance with the framework as endorsed by the Nursing and Midwifery Implementation Group and approved by the Director-General, Queensland Health.

All performance reporting frameworks must be evidence based, align with national clinical and safety standards for health services, and documented within HHS service agreements.

2.5. Escalation

2.5.1. Purpose

The escalation process provides for the resolution of workload management concerns.

2.5.2. Requirements

The process of escalation for an identified workload management concern follows.

Stage 1

Where a nurse or midwife identifies a workload concern, it will be raised immediately at the service level with the line manager responsible for ensuring the BPF has been correctly applied.

The parties will engage to resolve the concern within 24 hours.

The line manager or after-hours nurse or midwife manager is responsible for immediately investigating the workload concern identified and implementing actions (including implementing service agreed, low-priority strategies) to resolve the identified concern, mitigate risk to patient safety and/or prevent reoccurrence.

Stage 2

If the workload concern is not resolved at the service level at stage 1, it may be escalated for discussion between the nurse or midwife, union representative and nursing and midwifery executive team (that is, Nursing Director or higher, depending on the nursing executive structure of the facility).

The parties will review the identified workload concern, and determine and implement further actions to resolve, mitigate risk to patient safety and/or prevent re-occurrence, within seven days of the workload concern being referred to stage 2.

Stage 3

If the workload concern is not resolved at stage 2, the nurse or midwife, employer and/or union representative may escalate for resolution.

Resolution will be by discussion between the Executive Director of Nursing and Midwifery or when a workload concern is within the Department of Health, the professional lead equivalent and union representative.

Discussions will be held within seven days of the concern being escalated to stage 3 by any party to the concern.

Please note: The workload concern should also be tabled for reporting purposes to the next immediate Workload Management Committee and/or Nursing and Midwifery Consultative Forum.

Stage 4

If the workload concern is not resolved at stage 3, a specialist panel must be convened by the HHS Executive Director of Nursing and Midwifery or Department of Health equivalent within seven days (or longer as agreed by the parties) of the concern being escalated from stage 3 by a party to the concern.

The specialist panel will be made up of the following nominees.

Employer nominees:

(a) HHS Executive Director of Nursing and Midwifery or Department of Health equivalent

(b) External Executive Director of Nursing and Midwifery peer (optional)

(c) HHS/Department of Health BPF expert

(d) External BPF expert – other HHS or Office of the Chief Nursing and Midwifery Officer

(e) HHS/Department of Health employee relations representative.

Queensland Nurses' Union nominees:

(a) Industrial Officer

(b) Professional Officer

(c) Organiser

(d) Workplace representatives.

The specialist panel will review the identified workload concern and jointly recommend actions to resolve, mitigate risk to patient safety and/or prevent re-occurrence of the identified concern. The recommendations should include timeframes for implementation.

The recommendations of the specialist panel meeting must be published, and feedback on the actions taken/to be taken will be provided to staff affected by the identified workload concern within three days of the conclusion of the panel's deliberations.

Stage 5

If the workload concern is not resolved at stage 4, a party to the concern may refer the matter to the Queensland Industrial Relations Commission for conciliation and, if necessary, arbitration.

For the purposes of this stage, an unresolved concern may include, but is not limited to, instances where the specialist panel is unable to reach an agreed position or the recommendations of the specialist panel are not implemented or are only partly implemented.

Where a workload concern creates an immediate and substantial risk to the safety of patients or staff, the parties will work together to address the concern as a matter of urgency by immediate escalation to stage 3.

2.5.3. Compliance measures

Workload reports are monitored and reported in conjunction with performance indicators including patient safety measures and quality of services.

These reports are to be tabled at HHS Nursing and Midwifery Consultative Forums at least quarterly, and will be provided to the Director-General, Queensland Health for the purposes of public reporting.