



# A Nurses' & Midwives' Guide to **Reasonable Workloads Committees**

Reasonable workloads are required for nurses to assist in providing a sustainable health system for the people of NSW that not only meets present health needs but also plans for the health needs of the future.

The employer has a responsibility to provide reasonable workloads for nurses.

Clause 53(i) & (ii) of the Public Health System Nurses' and Midwives' (State) Award

**“It’s there in black and white and it is clear that nurses and midwives have an entitlement to a reasonable workload”**

Judith Kiejda, Assistant General Secretary NSWNMA

# Contents

Contents .....	2
About This Manual.....	3
First of all: Thank You for agreeing to be an employee representative on the local Reasonable Workload Committee. ....	3
The First Step .....	3
How are Minimum Staffing Arrangements Established?.....	4
Nursing Hours Per Patient Day (NHPPD) Ratios:.....	4
ACORN 2008.....	4
Birthrate Plus .....	4
Peer Group D & F3 MPS .....	4
Inpatient Mental Health.....	4
Community and Community Mental Health .....	5
Emergency Departments.....	5
Monitoring Your Staffing Arrangements.....	6
Monitoring inpatient wards and units staffing levels.....	6
Spot Checks & the Nursing Hours Per Patient Day / Ratio Wards and Units .....	6
What is a workloads issue? .....	8
How to raise a Reasonable Workload Concern at the ward or unit level? .....	9
What are some solutions? .....	10
What is a Reasonable Workloads Committee? .....	11
How do members contact the local Reasonable Workloads Committee?.....	12
What information is required and who provides it? .....	13
What is the process at a Reasonable Workloads Committee meeting? .....	14
Frequently Asked Questions: .....	14
Flow Chart for the Reasonable Workloads Committee .....	15
What is the Grievance process?.....	16
What is the role of the local branch of the NSWNMA? .....	17
Sample Forms and supporting documentation .....	18
Agenda.....	19
Action Plan.....	20
Notification of Dispute/Grievance .....	21
Workloads Data Collection Tool.....	21
Expression of Interest to be an Employee Rep .....	24
Contact Us.....	42

## About This Manual

First of all: **Thank You** for agreeing to be a representative on the local Reasonable Workload Committee.

Reasonable Workload Committees play an important part in ensuring nurses and midwives have a reasonable workload and that sufficient staff are provided for safe patient care.

By participating in the Reasonable Workload Committee and the consultation processes involved therein you will be contributing to a better workplace and working towards providing a sustainable health system for the people of NSW.

This Guide aims to give you the basic skills and knowledge needed to participate as an active member on your Reasonable Workload Committee. It is based on the most frequently asked questions raised by people like you.

There are some examples of supporting documents and some advice about how to get improvements through the Reasonable Workload Committee. Your Organiser will be able to give more comprehensive support and advice.

Remember, your employer is legally responsible to provide a reasonable workload.

## The First Step

If a member speaks with you about workload issues you should check whether the member has raised the issue at ward level first, with the Nursing / Midwifery Unit Manager. If the issue can't be resolved at the ward / unit level then it should be raised at the Reasonable Workload Committee. This guide will walk you through the steps of taking issues through the Reasonable Workload Committee process.

## How are Minimum Staffing Arrangements Established?

The starting point for any conversation about workloads should be; “What staffing arrangements in the Award should apply?”

There are a range of methods for establishing the appropriate minimum staffing levels dependent on the type of service provided. The following list provides an overview of some of these methods. Regardless of which method applies, the Principles always apply.

### **Nursing Hours Per Patient Day (NHPPD) Ratios:**

This method multiplies the average bed occupancy at midnight by the allocated NHPPD to give the total nursing hours to be provided for direct clinical care over a week (7 days). It applies to:

- General inpatient wards in Peer Group A, B and C facilities
- Dedicated palliative care wards/units
- Dedicated wards Rehabilitation wards/units
- Inpatient adult acute mental health wards/units

The Award also ensures that staffing levels on Nursing Hours/Ratio wards & units includes sufficient resources to allow for Annual Leave, Sick Leave, FACS leave and Mandatory Education.

### **ACORN 2008**

The Australian College of Operating Room Nurses (ACORN) Standards 2008 are used to establish the minimum staffing arrangements for Operating Rooms including that during each session the minimum staffing for each theatre will be as per Clause 53 Section IV(a).

### **Birthrate Plus**

The NSWNMA and NSW Health have worked extensively to adapt and modify the Birthrate Plus Calculation Tool<sup>®</sup> to apply to the needs of women birthing within NSW. This tool allows an assessment of the minimum midwifery staffing levels needed for maternity services including:

- Antenatal Clinics
- Antenatal and Postnatal wards/units
- Delivery and Birthing Suites
- Domiciliary Midwifery Services

### **Peer Group D & F3 MPS**

See section III of Clause 53

### **Inpatient Mental Health**

See Section VI of Clause 53. This covers all wards or units other than acute adult inpatient wards/units.

## **Community and Community Mental Health**

See Section VII of Clause 53

## **Emergency Departments**

See Section VIII of Clause 53. This includes the addition of designated nurses for some resuscitation areas.

## **The Principles Always Apply**

**Clause 53 (iii) Principles** must be taken into consideration when assessing the workload of of nurses and midwives

The following principles shall be applied in determining or allocating a reasonable workload for a nurse:

- (a) Reasonable workloads will be based on the application of the staffing arrangements detailed in this clause. The arrangements may be the reasonable workload principles alone or, in addition, the provisions set out in Sections II – IX, of subclause (iv) in relation to the services, wards and units to which they apply.
- (b) Workload assessment will take into account measured demand by way of clinical assessment, including acuity, skill mix, specialisation where relevant, and geographical and other local requirements/resources.
- (c) The work performed by the employee will be able to be satisfactorily completed within the ordinary hours of work assigned to the employee in their roster cycle.
- (d) The work will be consistent with the duties within the employee's classification description and at a professional standard so that the care provided or about to be provided to a patient or client shall be adequate, appropriate and not adversely affect the rights, health or safety of the patient, client or nurse.
- (e) The workload expected of an employee will not be unfair or unreasonable having regard to the skills, experience and classification of the employee for the period in which the workload is allocated.
- (f) An employee will not be allocated an unreasonable or excessive nursing workload or other responsibilities except in emergency or extraordinary circumstances of an urgent nature.
- (g) An employee shall not be required to work an unreasonable amount of overtime.
- (h) An employee's workload will not prevent reasonable and practicable access to Learning and Development Leave, together with 'in-house' courses or activities, and mandatory training and education.
- (i) Existing minimum staffing levels to ensure safe systems of work and patient safety shall continue to apply.
- (j) Nothing in this clause prevents a higher level of staffing from being provided when, and where, this is necessary for clinical or other reasons.

## Monitoring Your Staffing Arrangements

Knowing what the agreed staffing establishment and skill mix is for the wards or units is an important first step. The NUM or Management can provide the Reasonable Workload Committee with this information. Make sure that members on the wards and units are aware of the levels as well because they will be best placed to monitor changes.

The best way to ensure your Award rights are enforced is to monitor them and to act when workloads are excessive.

Remember: The over-riding responsibility of nurses and midwives is to act always in the interests of our patients or clients. In particular we must never fail to protect the safety of members of the community.

### Monitoring inpatient ward and unit staffing levels

Clause 53 (v) Role of the Reasonable Workload Committee (c) requires Management to provide data on the staffing levels of in-patient wards and units through the **Monitoring System (Staffing + or equivalent)**. An example of this data is provided on the next page. The provision of this data is mandatory. If you are not provided this data you should ask the management representatives on the Committee to make the relevant data available. If that is not successful, you may need to talk to your Organiser about lodging a Grievance.

### Spot Checks & the Nursing Hours / Ratio Wards and Units

If a ward/unit is covered by the Nursing Hours/Ratios provisions, nurses working on that ward/unit are able to ask their NUM for a **Spot Check**. The Spot Check is used to see if the current staffing arrangements are being met and can assess if the average occupancy has increased thereby requiring additional nursing hours.

The Spot Check Calculation is provided Clause 53 Section II (s) on page 31 of this manual. For information on how to request a Spot Check see Clause 53 Section II (s) in the Award. The Reasonable Workload Committee may also ask for a Spot Check and we recommend that the request be made in writing to the relevant NUM/MUM with a copy to the Chair of the RWC. Talk with your Organiser for more information.

The Award states quite clearly that if, at any time during the spot check or at its conclusion, it is established that the provided NHPPD/Ratio falls short of the specified NHPPD/Ratio then action must immediately commence to rectify the shortfall (see 53 Section II(s)(5)).

The outcomes of the Spot Checks are to be provided to the Reasonable Workload Committee (Clause 53 Section II (s) 7.).

Ward A

2005/2006  
St Elsewiers  
ABCMS

Ward Summary - Target and Actual Staffing Levels

Roster Period: 8/08/2005 - 4/09/2006



Date	AM							PM							Actual Bed Levels								
	Occupied Beds	Individual Patient Specialists	Actual Staffing Level	Staffing Level Variance	Total Staffing Hours	Strategies to Fill	Agency Staff	Casual Pool	Reason for Staffing Over Target	Occupied Beds	Individual Patient Specialists	Actual Staffing Level	Staffing Level Variance	Total Staffing Hours	Strategies to Fill	Agency Staff	Casual Pool	Reason for Staffing Over Target	AM	PM	NO Total		
Mon 08/08/2005	28	0	7	0	50		1	0		30	0	3	0	20		0	0		0	1	0	1	
Tue 09/08/2005	30	0	7	0	50		1	0		28	0	3	0	28		0	0		1	0	0	1	
Wed 10/08/2005	29	0	7	0	44		1	1		30	0	3	0	28		0	0		2	0	0	2	
Thu 11/08/2005	28	0	7	0	56		0	0		30	0	3	0	26		0	0		1	0	0	1	
Fri 12/08/2005	28	0	7	0	50		1	0		30	0	3	0	28		1	0		0	1	1	2	
Sat 13/08/2005	29	0	7	0	50		1	0		28	0	3	0	28		0	0		0	1	1	2	
Sun 14/08/2005	27	0	7	0	48		2	0		30	0	3	0	30		0	0	3 very ill	0	0	1	1	
Mon 15/08/2005	27	0	7	0	40		0	1		25	0	6	-1	42	PCAOL	1	0		1	0	0	1	
Tue 16/08/2005	28	1	8	0	60		1	0		29	1	8	0	60		1	0		0	1	0	1	
Wed 17/08/2005	30	0	7	0	54		0	0		30	0	7	0	50		0	1		0	0	0	6	
Thu 18/08/2005	29	0	7	0	46		1	1		27	0	7	0	56		0	0		1	0	0	1	
Fri 19/08/2005	28	0	7	0	54		0	0		30	0	6	-1	46	PCAOL	1	0		0	2	1	3	
Sat 20/08/2005	29	0	7	0	56		0	1		27	0	7	0	50		1	0		0	1	1	2	
Sun 21/08/2005	26	0	7	0	50		1	0		28	0	7	0	54		0	0		1	0	0	1	
Mon 22/08/2005	25	0	7	0	58		1	0		23	0	6	-1	46	occasional	1	0		0	1	0	1	
Tue 23/08/2005	26	0	7	0	52		0	0		27	0	7	0	54		0	1		0	0	0	2	
Wed 24/08/2005	29	0	7	0	54		1	0		28	0	7	0	54		1	0		1	0	0	2	
Thu 25/08/2005	28	0	7	0	54		0	1		29	0	7	0	52		2	0		0	0	0	0	
Fri 26/08/2005	25	0	7	0	56		0	0		24	0	6	-1	46	Agency Staffing	0	1		0	1	1	2	
Sat 27/08/2005	28	0	7	0	54		1	1		28	0	7	0	54		0	1		0	2	0	2	
Sun 28/08/2005	28	0	7	0	50		1	1		27	0	7	0	54		1	0		0	2	0	2	
Mon 29/08/2005	27	0	7	0	54		0	1		29	0	7	0	56		0	0		0	0	0	0	
Tue 30/08/2005	30	0	7	0	54		0	1		29	0	7	0	54		1	1		0	0	0	0	
Wed 31/08/2005	29	0	7	0	50		1	1		28	0	7	0	56		0	0		0	1	0	1	
Thu 01/09/2005	27	0	7	0	52		1	1		28	0	7	0	54		0	0		0	1	0	1	
Fri 02/09/2005	30	0	8	1	66		1	0	High patient acuity	30	1	8	0	60		1	0		0	2	1	3	
Sat 03/09/2005	29	0	7	0	54		0	1		28	0	7	0	50		2	0		0	2	1	3	
Sun 04/09/2005	27	0	7	0	54		1	0		24	0	7	0	48		1	0		1	0	0	1	
<b>TOTAL</b>	<b>786</b>	<b>1</b>	<b>198</b>	<b>1</b>	<b>1458</b>		<b>18</b>	<b>12</b>		<b>765</b>	<b>3</b>	<b>196</b>	<b>-3</b>	<b>1466</b>		<b>20</b>	<b>6</b>		<b>793</b>	<b>2</b>	<b>87</b>	<b>1</b>	<b>816</b>

Strategies Used to Fill code: P = Part-time, C = Casual Pool, A = Agency, O = Over-time, I = Leave line, LMS = LMS Manager Staffing

Missing weekend report

## What is a workloads issue?

Unreasonable workloads compromise safe patient care and should be addressed. If your ward or unit meet one or more of the following checks on a regular basis you may have a reasonable workloads issue.

- ✓ Increased and consistent reliance on overtime (paid and/or unpaid) in order to staff the ward / unit
- ✓ Staff don't finish their shift on time or don't get tea breaks or meal breaks
- ✓ Replacement nurses are not like for like (see Clause 53(iv) Section I Replacement of Absences)<sup>1</sup>
- ✓ There is an increased or high occurrence of sick leave
- ✓ High staff turn over
- ✓ Nurses and midwives are being diverted away from direct patient care on a regular basis
- ✓ Skill mix is too low for the ward / unit to meet safe patient care needs
- ✓ Increased and sustained demand for beds and / or services
- ✓ Increased acuity of patients or changes to the technology utilised to provide services
- ✓ An increase in adverse incidents or near misses involving patients &/or staff
- ✓ Increased difficulty in meeting the requirements of relatives and visitors
- ✓ An increased occupancy without additional nursing or midwifery hours

OR

- ✓ If nurses and midwives believe that the work carried out on their ward or unit has increased significantly since the last staffing review<sup>2</sup> then this could be compromising safe patient care and they may have a workloads issue.

These issues are referred to in the Award Clause 53 Staffing Arrangements (iii) Principles.

You will need to work with your colleagues and the Association to gain improvements but the end result will be well worth the effort.

---

<sup>1</sup> The Award requires that the reason for not replacing like for like is documented. This documentation should be sought by the Reasonable Workloads Committee where this has been raised as a potential workloads issue.

<sup>2</sup> Staffing reviews occur annually on most wards / units. Calculating the ward's or unit's staffing levels should occur through a combination of any available Award provisions and local factors such as skill mix, ward lay out and any other influencing factors. See *What information is required and who provides it?*



## How to raise a Reasonable Workload Concern at the ward or unit level?

Once members have identified a workload issue together you should:

1. Gather some basic information<sup>3</sup> and examples that show how your workload has become unreasonable, or changed significantly and is compromising safe patient care
2. Identify some possible solutions to the increased workload
3. Raise your thoughts and solutions with your Nursing / Midwifery Unit Manager (N/MUM) or Team Leader. A good time to do this is at the team or ward meeting. Together with your N/MUM you should see if you can identify and implement some solutions. If your solutions can be implemented at this level then you've achieved your goal and need go no further.
4. If delivery of safe patient care remains unresolved after giving management an opportunity to resolve it, as a Reasonable Workload Committee representative you can have the issue put on the agenda for the next meeting. If the matter is urgent the committee can meet at short notice. The Chair ensures that this occurs.
5. The Reasonable Workload Committee then meets and considers all available information and the solutions that have been suggested<sup>4</sup>. The Committee then makes a recommendation to management and put a timeframe for management to respond to the recommendation.
6. If consensus at the Committee meeting can't be reached, or if management do not agree to the recommendation then the Committee lodges a Grievance. Officers of the NSWNMA will then become involved and with Area management will work to find an agreeable solution as quickly as possible. This is known as the Grievance process

The Association knows that by the time an issue is brought to the Reasonable Workloads Committee the workload and delivery of safe patient care has been an issue for some time. That's why we believe issues need to be moved through the process as quickly as possible<sup>5</sup>.

---

<sup>3</sup> See *What information is required and who provides it?* (p. 13)

<sup>4</sup> See *What are some solutions to an unreasonable workload?*(p. 10)

<sup>5</sup> See *What is the process at a Reasonable Workloads Committee meeting?* (p.14)

## What are some solutions?

Nurses and midwives working on the ward or unit often know what is needed in order to improve the delivery of safe patient care and their workload. Sometimes it takes sitting down as a group and discussing what it is that is actually making the ward / unit busy and then brainstorming ways to fix the problem.

The solution isn't always another nurse or another midwife; sometimes it is. Sometimes a solution might lie in:

- ✓ Changing the rosters' start and finish times
- ✓ Changing the visiting hours
- ✓ Changing the ward rounds and discharge times
- ✓ Extending the hours that ward clerks or ward assistants are available
- ✓ Changing the skill mix
- ✓ Introducing a Clinical Nurse / Midwifery Educator position on the ward / unit
- ✓ Implementing new work practices and roles for team members on the ward / unit
- ✓ Improving communication between wards / units related to yours (i.e. Theatres and Day Stay)

**It is crucial that the ward / unit provide some solutions.** A Reasonable Workload Committee is made up of people just like you and they may not know the ward / unit speciality and therefore can't pluck a solution from the air.

Suggested solutions could become "recommendations" at the Reasonable Workload Committee. The recommendations will be considered and then forwarded to the senior nurse manager of your facility for their consideration.

Because members have already raised the issue through the management lines before taking their issue to the Reasonable Workloads Committee it shouldn't take too long for there to be an outcome. In fact, the Association believes that an answer should be provided at the next Reasonable Workloads Committee meeting (within one month) at the latest. If the recommendations are not accepted and no reasonable solution is offered then the matter is referred as a Grievance so that it can be resolved quickly.

## What is a Reasonable Workloads Committee?

The role and function of the Reasonable Workload Committee (RWC) is outlined under Clause 53 Staffing Arrangements:

(v) Role of reasonable workload committees

(vi) Structure of reasonable workload committees

In brief:

**A RWC's role** is to provide consultation together with the provision of advice and recommendations to management. Its role is not only to discuss problem areas and proposed changes but also to look at areas of success so that good ideas can be spread across a facility.

A RWC can be **established at the facility level**, as well as at the Area level at the request of the Association.

A RWC is made up of **an equal number of employer and employee representatives**. The employee representatives are elected by the employees through the local branch of the Association or through consultation with the Association.

**The size of the RWC is determined locally** but should be small enough so as to be effective. Additional people can attend on a needs basis. For example, if your committee doesn't have someone from Theatres and you are discussing a Theatres issue then someone from Theatres should attend for that discussion.

**The frequency of the meetings is determined by each committee**. They can be held at short notice, weekly, fortnightly or monthly depending on the issues at hand.

In order to minimise the disruption to the nurses' or midwives' roster **there should be secretarial support** provided to the RWC by the health service. The outcomes of Committee meetings should be recorded in an Action Plan, rather than formal minutes.

Attendance at RWC meetings and reasonable preparation time is done during work hours and is considered time worked by the representatives.

The role of the committee members is that they to represent the whole facility. Committee members should consider the issue and make an informed decision. The recommendation should be reached by consensus and not by "voting".

More information is provided under the heading *What is the process at a Reasonable Workloads Committee meeting*. This is where you will find some information on the role of the Chair and the Director of Nursing.

## How do members contact the local Reasonable Workloads Committee?

It is a good idea to ensure that the names and contact details of all of the people on your Reasonable Workloads Committee are widely available.

Informing the local committee of a workloads issue that may be compromising safe patient care should not require complicated forms or rigorous processes. You and your colleagues on the Committee are entitled to speak with nurses and midwives in work time to discuss their issue. Once they have raised the issue, provided the evidence<sup>6</sup> and some solutions the representative should be able to take the issue to the next meeting.

Remember, if the matter is urgent you can ask for a meeting to be convened at short notice.

Once you've got the contact details for the Committee you might like to record them here for future reference.

<b>Name</b>	<b>Ward / Unit</b>	<b>Contact Number or E-mail</b>

---

<sup>6</sup> By evidence we mean: How can we demonstrate that an unreasonable workload exists, or that safe patient care is being compromised.

## What information is required and who provides it?

The Reasonable Workloads Committee relies on timely and accurate information in order to have informed discussions at a local level and make informed recommendations to management. Good information assists the committee in reaching a consensus on what the recommendation to management should be..

Management must provide information to the Reasonable Workloads Committee. This is made clear in Clause 53 Staffing Arrangements (v) Role of reasonable workload committees (a, c & d) where it refers to the Monitoring System. Some facilities use Staffing + (see page 7 for an example), others may use Proact or similar system – what's important is that the right information is provided to the Committee with enough notice prior to the meeting so that it can be reviewed and time isn't wasted.

You may need to ask members to collect some data, as management may not have a method for collecting information that supports the concerns or recommendations. This should be limited in amount and duration. This might include number of times nurses cannot take their tea or meal breaks, the timing of admissions, the number of phone calls nurses need to answer, or the number of times you are required to do activities that take you away from direct patient care, like stacking away pharmacy.

The amount of data needed may vary but should never be onerous. The period of time taken to collect the data should be as short as possible whilst still giving good evidence to support any recommendations.

There is a sample form for collecting additional information available on page 22. Your Organiser may have more specific forms or be able to help you develop one.

**Management must provide**, either through the Monitoring System monthly and annual data, or other sources for each ward / unit on:

- ✓ Daily occupancy
- ✓ Number of Pts requiring specialling
- ✓ Actual Staffing (excluding NUM, CNE, CNC)
- ✓ Variance to staffing target
- ✓ Total Staffing Hours (excluding NUM, CNE, CNC)
- ✓ Use of agency & casuals
- ✓ Sick leave
- ✓ Average occupancy
- ✓ Outcomes of the Spot Checks

Management should also provide information on the amount of overtime (paid) utilised to fill shifts. Nurses must not be told to collect more data on these matters; it is management's responsibility to do so.

Management can also provide the agreed staffing levels and any calculations utilised for staffing.

## What is the process at a Reasonable Workloads Committee meeting?

The Reasonable Workload Committee considers tabled information and recommended solutions in order to form an opinion. . Their aim is to reach a consensus on a recommendation and to forward that recommendation to management.

There is a sample agenda and minutes provided in this guide under *Sample forms and supporting documents*.

At each meeting there will be employee and employer representatives. The process does not involve voting and so exact numbers at each committee meeting are not important; so long as neither employees nor employers feel intimidated.

### ***Frequently Asked Questions:***

**Who should chair the meeting?** The chair can, and probably should, be rotated around all of the committee members. Experience tells us that the chair should hold the position for at least six months for the sake of experience and continuity. It is strongly recommended that the Director of Nursing or General Manager not chair the meeting.

**Can the Director of Nursing & Midwifery be a member of the Reasonable Workloads Committee?** It is our view that in most cases the DoN should not sit on the committee. It is the DoN's role to consider recommendations made by the committee. If your work site has no nurse/midwifery manager structure between the ward staff and the local DoN then the DoN can sit on the committee with the understanding that recommendations from the committee are going to the Area DoN or appropriate manager.

**What if the committee cannot reach consensus?** Then the committee should acknowledge this and forward the issue on through the Grievance process<sup>7</sup>.

**We are always being told about workload issues but the hospital is broke. How can we fix the workload if there is no more money for extra resources?** The Award is clear that the employer is responsible for providing a reasonable workload and nowhere in the Award does it say that this responsibility is limited by budget or staffing. If the resources cannot be found to match activity then the activity must be decreased.

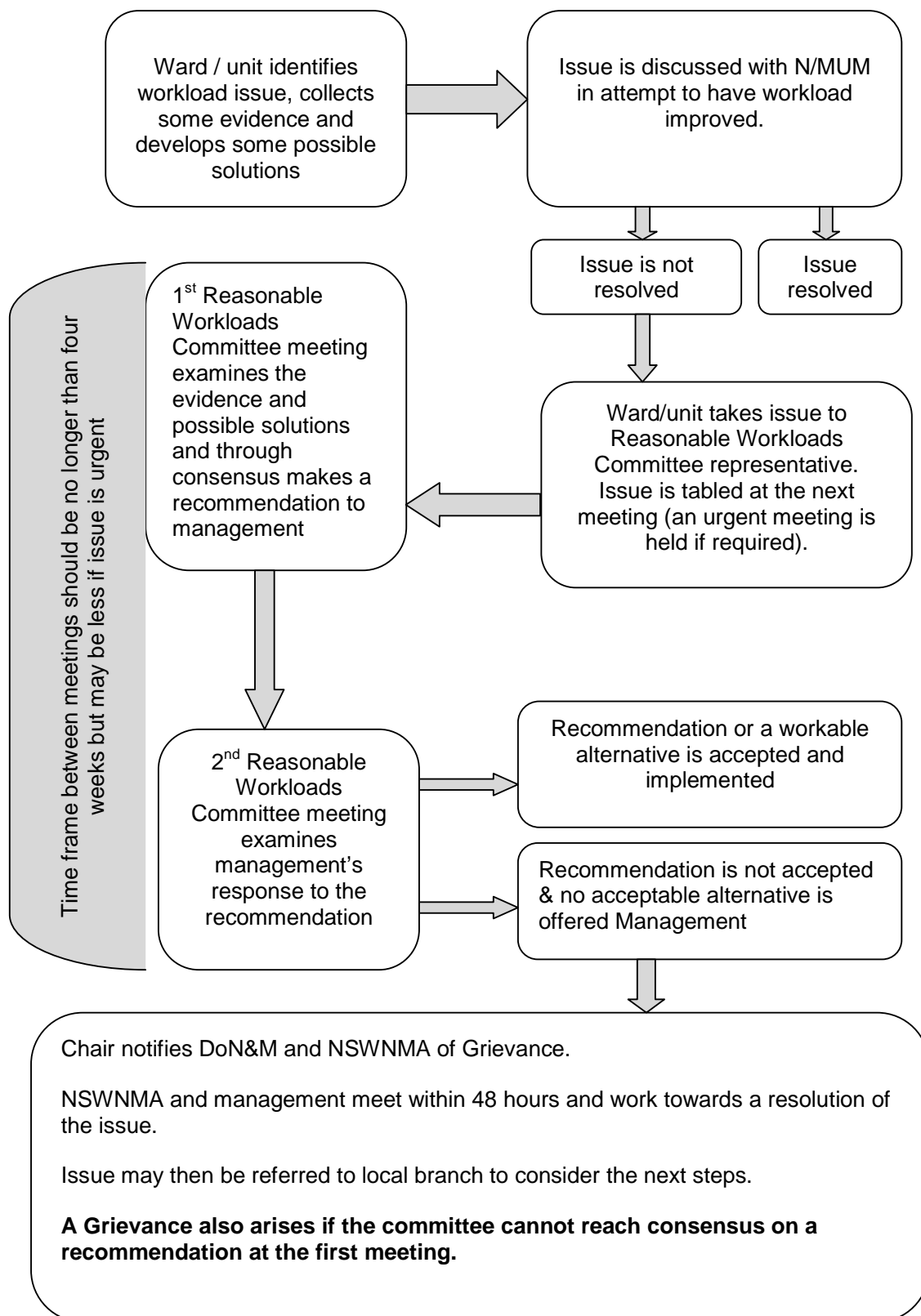
### **Are the Staffing Arrangements *Minimum or Maximum* staffing levels?**

When looking at the Principles (see page 5), in particular (b), (d), (e), (i) and (j) and taking into consideration Clause 53 SII (r) it is clear that the staffing levels are the minimum required. The Association believes that additional staffing should be provided where patient acuity or staff skill mix are a barrier to a reasonable workload or safe patient care.

---

<sup>7</sup> See *What is the Grievances process?* (p. 10)

## Flow Chart for the Reasonable Workloads Committee



## What is the Grievance process?

The Grievance process is outlined in the Award Clause 53 Staffing Arrangements(vii) Grievances in relation to workload. The first four paragraphs of this clause (a to d) describe the process already outlined on page seven of this guide from points 1 to 6. A Grievance arises once these processes have failed as at point 7 on page nine of this guide.

A grievance arises where:

- ✓ The Committee cannot reach a decision through consensus
- ✓ Management make repeated demands for more data
- ✓ Meetings are cancelled without a subsequent meeting being established as soon as possible
- ✓ Management are unable or unwilling to accept a recommendation made by the committee
- ✓ No suitable alternative to a recommendation is made by management
- ✓ A workload issue is identifiable but a suitable recommendation cannot be found due to the complexity of the issue
- ✓ Issue remains on agenda item unresolved for two meetings

The committee's chair should fill out the *Notification of Dispute / Grievance* form provided in this guide under *Sample forms and supporting documentation*. The chair should sign the form. Remember that they are doing this on behalf of the committee and are not therefore responsible for the Grievance. The chair is merely communicating the outcome of the meeting. We recommend that an employee rep also contact the NSWNMA to ensure that the relevant Officer is aware.

A Grievance does not mean that there is suddenly a protest blocking the local main road. It is an industrial term that ensures that local and Area management are meeting with officials from the Association within a short time frame with the aim of resolving the issue. This is sometimes referred to as the Area Reasonable Workloads Committee.

If the Grievance meeting can't resolve the issue the matter can be run as a campaign through the local branch of the Association.

The aims of the Reasonable Workload clauses are to encourage informed discussion at a local level and in doing so avoid dispute. It is hoped that the committees are able to come to consensus and ensure a reasonable workload and the delivery of safe patient care at a local level. However, notifying a grievance can be a useful circuit breaker when issues have become bogged down in discussion.

The fact that an issue becomes a Grievance must not be viewed as a failure of the Reasonable Workload Committee, or the consultation process, but rather a necessary step, required in some circumstances, in resolving workload issues in the interests of safe patient care.



## What is the role of the local branch of the NSWNMA?

The local branch of the Association is responsible for ensuring that employee representatives are nominated onto the local Reasonable Workloads Committee. This can be done through the Branch's Biennial General Meeting (BGM). It is a good idea to have some alternate representatives available as well. Committee representatives can be changed between the BGMs if needed.

The Reasonable Workloads Committee representatives don't have to be branch representatives. In fact it is a good idea to share the workload around. Either way, at least one of the employee Reasonable Workloads Committee representatives should be someone who will regularly attend branch meetings. This is to ensure that the branch meeting is kept up to date on the progress of workload issues.

Another good idea is to ensure that reasonable workloads are a regular agenda item for branch meetings. If a workload issue is raised at the branch meeting the branch can refer the issue to the employee representative on the Reasonable Workload Committee.

Members may bring workload issues to individual branch representatives. In this instance the branch representative should give some advice about the process and then refer the members onto the Reasonable Workloads Committee representative.

**In the event that a workload issue is not resolved through the Reasonable Workloads Committee process the local branch of the Association will need to get involved.** This could be as simple as the branch passing a resolution of support for the recommendation. Sometimes winning a reasonable workload requires the action of the local branch. An organiser from the Association will be able to assist the branch in running such a campaign.

## **Sample Forms and supporting documentation**

## ***Agenda***

**Date:**

**Time:**

**Venue:**

**1. Attendees**

**2. Apologies**

**3. Review of Monitoring System (*Staffing + Monitoring*) data**

**4. Business Arising**

**a. Reports on previous recommendations**

**b. Review of implementation of previously accepted recommendations**

**c. Reports on previous disputes**

**5. New Business**

**a. Recommendations arising out of new business**

**b. Disputes arising out of new business**

**6. Details of next meeting ( date, time, venue)**

**Action Plan**

Name of Committee: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Present:  
NSWNMA / Employee Representatives      Facility / Management Representatives

Issue	Date Raised	Recommendation	Outcome	Further Action

Next Meeting Date: \_\_\_\_\_ Agenda Items to: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## ***Notification of Dispute/Grievance***

<b>Date:</b>
<b>To:</b>  <i>(appropriate Manager)</i>
<b>From :</b>  <i>(name of reasonable workload committee)</i>
<p><b>The Reasonable Workloads Committee wishes to notify a grievance pursuant to Clause 53 (vi) Grievances in relation to a workload issue which is either impacting or has the potential to impact on the delivery of safe patient care. The details are as follows</b> (insert a brief description of the details and attach all relevant documentation including incident reports):</p>
<p><b>A copy of this notice will be forwarded to the NSWNMA officer [nominate a name] and HR [nominate a name]</b></p>
<b>Signed:</b>

### ***Workloads Data Collection Tool***

**Ward / Unit:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Shift	Workload Issue	Times this occurred	Manager informed	Incident Report form required?
	<input type="checkbox"/> no meal break			
	<input type="checkbox"/> worked late			
	<input type="checkbox"/> answered phones			
	<input type="checkbox"/> allow access			
	<input type="checkbox"/> collected/unpacked stock			
	<input type="checkbox"/> cleaned area/beds			

**Comment (how does this impact on the delivery of safe patient care):**

**Recommendation(s) / possible solutions:**

*Please complete on a shift by shift basis.*

<b>ISSUE:</b>			
<b>Date</b>	<b>Shift</b>	<b>Ward</b>	<b>Number of Patients on ward/ your section</b>
<b>Number of admissions</b>	<b>Number of discharges</b>	<b>Number of day Cases</b>	<b>Number of transfers</b>

**ACUITY OF PATIENTS:**

**Intravenous Therapy**

<b>Number of patients requiring IV ABs</b>	<b>Number of patients requiring IV PCAs</b>	<b>Number of patients requiring IV fluids only</b>	<b>Number of patients requiring IV – ‘other’</b>
<b>For patients requiring IV – ‘other’, please list (e.g. blood, packed cells):</b>			

**Other**

<b>Number of dressing changes (simple)</b>	<b>Number of dressing changes (complex)</b>	<b>Number of post-op patients (i.e. patients who have had surgery today)</b>
<b>Number of patients with dementia/other (if other, please list)</b>		

**STAFF SKILL MIX: Number of**

<b>Casuals:</b>	<b>Agency:</b>	<b>New Grads:</b>	<b>NUMs:</b>
<b>CNSs:</b>	<b>RNs:</b>	<b>ENs:</b>	<b>AiNs:</b>
<b>Ward Clerks:</b>	<b>Ward Assistants:</b>	<b>Students:</b>	<b>TENs:</b>
<b>Number of specials required:</b>		<b>Number of specials provided:</b>	

*Please complete on a shift by shift basis.*



# NSWNMA Association

Branch

## ATTENTION ALL MEMBERS

---

Are you interested in helping to implement the new Award and **new Staffing Arrangements?**

Are you interested in ensuring **safe patient care** by improving the **workloads of nurses and midwives?**

We are seeking expressions of interest for representatives to sit on the Reasonable Workload Committee.

The Association is entitled to employee representatives (nominated by the Association) and Alternate representatives. The Committee meets at least monthly and occurs in work time and you will have a reasonable amount of work time to prepare for the meeting.

If you are passionate about the nursing and midwifery profession and safe patient care, if you are willing to look for solutions and if you're a member of the NSWNMA then this is for you.

**For further information and to indicate your interest** contact either:

\_\_\_\_\_ (Branch Secretary – Ph:\_\_\_\_\_)

\_\_\_\_\_ (Organiser – Ph:\_\_\_\_\_)

**Expression of Interest closes** \_ \_ / \_ \_ / \_ \_ \_ \_



# Extract from Public Health System Nurses' and Midwives' (State) Award

## Clause 53 – Staffing Arrangements

- (i) Reasonable workloads are required for nurses to assist in providing a sustainable health system for the people of NSW that not only meets present health needs but also plans for the health needs of the future.
- (ii) The employer has a responsibility to provide reasonable workloads for nurses.

### (iii) Principles

The following principles shall be applied in determining or allocating a reasonable workload for a nurse:

- (a) Reasonable workloads will be based on the application of the staffing arrangements detailed in this clause. The arrangements may be the reasonable workload principles alone or, in addition, the provisions set out in Sections II – IX, of subclause (iv) in relation to the services, wards and units to which they apply.
- (b) Workload assessment will take into account measured demand by way of clinical assessment, including acuity, skill mix, specialisation where relevant, and geographical and other local requirements/resources.
- (c) The work performed by the employee will be able to be satisfactorily completed within the ordinary hours of work assigned to the employee in their roster cycle.
- (d) The work will be consistent with the duties within the employee's classification description and at a professional standard so that the care provided or about to be provided to a patient or client shall be adequate, appropriate and not adversely affect the rights, health or safety of the patient, client or nurse.
- (e) The workload expected of an employee will not be unfair or unreasonable having regard to the skills, experience and classification of the employee for the period in which the workload is allocated.
- (f) An employee will not be allocated an unreasonable or excessive nursing workload or other responsibilities except in emergency or extraordinary circumstances of an urgent nature.
- (g) An employee shall not be required to work an unreasonable amount of overtime.
- (h) An employee's workload will not prevent reasonable and practicable access to Learning and Development Leave, together with 'in-house' courses or activities, and mandatory training and education.
- (i) Existing minimum staffing levels to ensure safe systems of work and patient safety shall continue to apply.
- (j) Nothing in this clause prevents a higher level of staffing from being provided when, and where, this is necessary for clinical or other reasons.

### (iv) Staffing and Specialties

The Association and the Department agree that the staffing arrangements in this clause and their application may be reviewed and amended from time to time by agreement and that the Award may be varied by consent to reflect any such agreement.

### **Section I: Replacement of Absences**

- (a) When an unplanned absence occurs (e.g. due to unexpected sick leave) the NUM (or delegate) will immediately review the roster to determine the effect of the absence on workload.
- (b) Where the NUM (or delegate) determines to backfill the absence, the default position is to fill the absence with a nurse of the same classification as the absent nurse.
- (c) If all avenues to backfill the absence with a nurse at the same classification are exhausted and the only remaining option is to backfill the absence with a nurse of a lower classification, the NUM (or delegate) must consider how the functions performed in the ward/unit can be safely and appropriately performed by a nurse of another nursing classification.
- (d) In some circumstances it may be possible to backfill with a nurse of a lower classification. Where it is determined to backfill with a nurse of a lower classification, a record of this, together with the reasons, must be made.

### **Section II: Nursing Hours Wards and Units**

- (a) Nursing hours wards and units comprise general inpatient wards, dedicated palliative care wards/units, dedicated rehabilitation wards/units and inpatient adult acute mental health wards/units.
- (b) General inpatient wards do not include:
  - 1. All Types of Critical Care Units:
    - Intensive Care Units
    - High Dependency Units
    - Coronary Care Units
    - Burns Units
    - Neo-natal Intensive Care Units
  - 2. Day Only Wards
  - 3. Day of Surgery Wards
  - 4. Procedural Units (Haemodialysis, Endoscopy, Cardiac Catheter, etc)
  - 5. Paediatrics
  - 6. Drug & Alcohol
  - 7. All Midwifery Services:
    - Antenatal
    - Post Natal, Nurseries
    - Delivery & Birthing Suites
  - 8. 23 Hour Wards
  - 9. Fast track wards
  - 10. Transition Wards (slow stream)
  - 11. Medical Assessment Units
  - 12. Medical/Surgical Acute Care Units (MACU & SACU)
  - 13. Wards/Units attached to Emergency Departments:
    - Psychiatric Emergency Care Centres (PECC)

- Observation wards
  - Emergency Medical Units (EMUs)
- (c) The Association and the Department have agreed that staffing will be determined by the Nursing Hours Per Patient Day ('NHPPD') specified below, provided over a week, to determine the number of nurses required to provide direct clinical care. The number of nursing hours per patient day may also be expressed as an equivalent ratio.
- (d) 6.0 NHPPD will apply to general inpatient wards in Peer Group A facilities, being Principal Referral Hospitals, accounted for over the period of a week
- (e) 5.5 NHPPD will apply to general inpatient wards in Peer Group B facilities, being Major Metropolitan and Major Non – Metropolitan Hospitals, accounted for over the period of a week
- (f) 5.0 NHPPD will apply to general inpatient wards in Peer Group C facilities, being District Group Hospitals, accounted for over the period of a week.
- (g) 6.0 NHPPD will apply to dedicated palliative care wards, accounted for over the period of a week.
- (h) 5.0 NHPPD will apply to dedicated general rehabilitation wards and units, and 6.0 NHPPD will apply to dedicated rehabilitation specialist brain and spinal injury units, accounted for over the period of a week. For these wards and units only, NHPPD includes the hours usually worked by nursing and other categories of staff, however titled, agreed with the Association.
- (i) 6.0 NHPPD will apply to inpatient adult acute mental health wards in general hospitals which are not specialist mental health facilities, accounted for over the period of a week.
- (j) 5.5 NHPPD will apply to inpatient adult acute mental health wards in specialised mental health facilities, accounted for over the period of a week.
- (k) The specified staffing set out above shall be implemented progressively in accordance with a timetable agreed between the Department and the Association, with full effect from 1 July 2013.
- (l) At the time the new staffing levels referred to in Section II subclauses d) to j) above are introduced on a ward or unit for the first time, staffing levels in wards and units with higher than the specified staffing will either continue to apply or be reviewed. A reduction in staffing will not occur without a review taking place. If there is disagreement between the Employer and Association about the outcome of the review the provisions of subclause (vii) Grievances in relation to workload will apply.
- (m) The number of nursing hours per patient day may also be expressed as an equivalent ratio which provides the same nursing hours over a week. For example:
1. a NHPPD of 6.0 can provide sufficient nursing hours to provide am/pm/night equivalent ratios of 1:4/1:4/1:7 across seven days, as well as the option of some shifts with a nurse in charge who does not also have an allocated patient workload.
  2. a NHPPD of 5.5 can provide sufficient nursing hours to provide am/pm/night equivalent ratios of 1:4/1:5/1:7 across seven days, as well as the option of some shifts with a nurse in charge who does not also have an allocated patient workload.

3. a NHPPD of 5.0 can provide sufficient nursing hours to provide am/pm/night equivalent ratios of 1:5/1:5/1:7 across seven days, as well as the option of some shifts with a nurse in charge who does not also have an allocated patient workload.

**Example Table 1**

NHPPD:	6	<i>which delivers the following nursing hours:</i>	Average Hours Per Day:	156
Number of Patients:	26		Hours Per Week:	1092

	MORNING			AFTERNOON			NIGHT		
	Number of Staff	#Equivalent Ratio	*In Charge with no allocated patients	Number of Staff	#Equivalent Ratio	*In Charge with no allocated patients	Number of Staff	#Equivalent Ratio	Total Hours
Shift Length in hours	8		8	8		8	10		
Monday	7	1: 3.7	0	7	1: 3.7	1	4	1: 6.5	160
Tuesday	7	1: 3.7	0	7	1: 3.7	1	4	1: 6.5	160
Wednesday	6.5	1: 4	0	6	1: 4.3	1	4	1: 6.5	148
Thursday	7	1: 3.7	0	7	1: 3.7	1	4	1: 6.5	160
Friday	7	1: 3.7	0	7	1: 3.7	1	4	1: 6.5	160
Saturday	6	1: 4.3	1	6	1: 4.3	1	4	1: 6.5	152
Sunday	6	1: 4.3	1	6	1: 4.3	1	4	1: 6.5	152
							<b>Hours Per Week:</b>		<b>1092</b>

Notes: # Equivalent Ratio is indicative of the ratio that could be created by this roster pattern. \* In this example the NUM has distributed the hours on some shifts to include a nurse in charge who does not have an allocated patient workload.

**Example Table 2**

NHPPD:	6	<i>which delivers the following nursing hours:</i>	Average Hours Per Day:	156
Number of Patients:	26		Hours Per Week:	1092

	MORNING			AFTERNOON			NIGHT		
	Number of Staff	#Equivalent Ratio	*In Charge with no allocated patients	Number of Staff	#Equivalent Ratio	*In Charge with no allocated patients	Number of Staff	#Equivalent Ratio	Total Hours
Shift Length in hours	8		8	8		8	10		
Monday	7	1: 3.7	0	7	1: 3.7	0	4	1: 6.5	152
Tuesday	7	1: 3.7	0	7	1: 3.7	0	4	1: 6.5	152
Wednesday	7	1: 3.7	0	7	1: 3.7	0	4	1: 6.5	152
Thursday	7	1: 3.7	0	7	1: 3.7	0	4	1: 6.5	152
Friday	7	1: 3.7	0	7	1: 3.7	0	4	1: 6.5	152
Saturday	8	1: 3.3	0	8	1: 3.3	0	4	1: 6.5	168
Sunday	8	1: 3.3	0	7.5	1: 3.5	0	4	1: 6.5	164
							<b>Hours Per Week:</b>		<b>1092</b>

Notes: # Equivalent Ratio is indicative of the ratio that could be created by this roster pattern. \* In this example the NUM has distributed the hours differently across the days and has decided to allocate a patient workload to the nurse in charge of shift.

- (n) Only nurses providing direct clinical care are included in the NHPPD. This does not include positions such as Nursing Unit Managers, Nurse Managers, Clinical Nurse Educators, Clinical Nurse Consultants, dedicated administrative support staff and wardspersons.
- (o) In implementing Nursing Hours in Nursing Hours Wards the daily bed census data averaged over a specified preceding period of up to 52 weeks (in whole weeks) will be used to determine the 'number of patients'. In determining the specified period due regard should be given to reduced activity periods, seasonality and other local factors. Where seasonality is a significant factor, the specified period can be the equivalent period in the preceding year.
- (p) The NUM will distribute the hours/shifts across the day and week in a rostering pattern with due regard to the workload pattern of their ward, provided the applicable NHPPD is achieved over the week.
- (q) The NUM may distribute the NHPPD to include a nurse in charge who does not also have an allocated patient workload, provided the applicable NHPPD are achieved over the week
- (r) When, on a shift, the NUM considers that patient care needs cannot be sufficiently met from the nurses immediately available and the NUM (or nurse delegated with responsibility for patient care within the ward/unit) considers additional nursing hours should be provided in order to meet clinical needs, the NUM will inform the appropriate Nurse Manager who, together with the NUM, will consider a solution including, but not limited to, the following options:
  1. deployment of nurses from other wards/units;
  2. additional hours for part time staff;
  3. engagement of casual/agency nursing staff;
  4. overtime;
  5. prioritisation of nursing activities on the ward/unit;
  6. reallocation of patients.

When these options have been exhausted and only with approval from the Director of Nursing and Midwifery and the concurrence of the General Manager, the decision may be made to limit admissions when discharges occur from the ward/unit. This decision is to be made as soon as practicable after commencement of the shift.

**(s) Spot Check**

1. In wards and units where the agreed staffing method is NHPPD, information will be available to staff which identifies the NHPPD.
2. At any time a nurse working on the ward/unit or a member of the local Reasonable Workload Committee may make a written request to the NUM for a spot check to confirm that the NHPPD are being provided.
3. The relevant Reasonable Workload Committee must be informed of the commencement of the spot check.
4. Within 7 days of receipt of such a request the NUM will ensure that each week for a 4 week period the NHPPD provided are posted within 7 days of the conclusion of the relevant period.
5. If, at any time during the spot check or at its conclusion, it is established that the provided NHPPD falls short of the specified NHPPD then action must immediately commence to rectify the shortfall.

6. Where the four week spot check confirms that the specified NHPPD are being provided then the process is concluded.
7. The outcome of the spot check will be made available to the Reasonable Workload Committee.

**(t) The calculation used to spot check the provision of NHPPD in Nursing Hours Wards**

1. To determine the 'number of patients' add the number of patients as recorded for each day in the bed census in the week to be calculated, then divide that total by 7 (the number of days in the week). For example:  

$$(24 + 25 + 25 + 25 + 23 + 22 + 24) \div 7 = 24 \text{ (Number of patients)}$$
2. Then take the applicable NHPPD figure (eg 6.0) and multiply it by 7 (for 7 days in the week), then multiply by the number of patients, as identified above eg 24.
3. In this example,  $6 \times 7 \times 24 = 1,008$  nursing hours or 6 NHPPD. 1,008 is therefore the nursing hours that were required for the ward that week. The figure is then compared to the nursing hours that were actually provided.
4. Assume in this example that 974 nursing hours were actually provided. The required NHPPD falls short as 5.8 NHPPD has been provided instead of 6 NHPPD. In this example, the NUM would immediately commence action to rectify the shortfall in accordance with point 5 of (s) Spot Checks in this Section.
5. The spot check would require the completion of this calculation for four consecutive weeks.

**(u) Annual Leave relief**

1. The annual leave 'relief' factored into the calculation of the total required FTE reflects the annual leave entitlements under this Award for the employees, arising from their actual shift patterns. However, this figure may be adjusted at ward level for planned periods of low activity or annual ward closures that mean less leave relief is required.
2. If circumstances arise whereby the planned periods of low activity or annual ward closures do not take place, the required FTE should be calculated again in light of those altered circumstances and staff deployment.

**(v) Relief for Sick Leave, FACS Leave & Mandatory Education**

To account for sick leave, FACS leave and mandatory education, a figure of two weeks (equating to 76.0 hours based on a 38 hour week) per annum should be factored into the FTE required for the ward. This figure is subject to joint review by the Association and the Department, on request by either party.

**Section III: Staffing Arrangements for Peer Group D & F3 MPS**

- (a) The following provisions will apply to hospitals designated Peer Group D1 Community Acute Hospitals with community inpatient acute beds and a level 2 or above emergency department function; and to F3 Multi-Purposes Services facilities with community inpatient acute beds and a level 2 or above emergency department function:

- (1) During the hours that the Emergency Department is open there will be a minimum of two registered nurses on duty, to ensure that there is a registered nurse available on the acute ward when a registered nurse is required to attend the Emergency Department. One of these registered nurses may be a

NUM/NM who also performs clinical functions on the shift who is on duty and on site.

- (b) The parties recognise that where implementation of the provisions at (a) (1) above requires a change in the classification mix this will be achieved progressively from the date of this Award and is determined by the rate of staff turnover experienced in those facilities where the provisions apply.

#### **Section IV: Perioperative Services**

- (a) ACORN 2008 standards will be implemented in Operating Rooms including that during each operating session, the minimum staffing for each operating room will be:
  1. two nurses, one of whom must be a Registered Nurse and one of whom may be a suitably qualified and endorsed Enrolled Nurse, to carry out the roles of scrub/instrument nurse and scout nurse; and
  2. one Anaesthetic nurse or one other trained and qualified anaesthetic category of staff.

#### **Section V: Maternity Services**

- (a) The Association and the Department have agreed that the Birthrate Plus methodology, as adapted for use in New South Wales, will be used to calculate staffing in maternity services and will be progressively implemented according to a timetable agreed between the Department and the Association.

#### **Section VI: Inpatient Mental Health Staffing Arrangements**

- (a) The Association and the Department have agreed that the following provisions will apply in all inpatient mental health units (with the exception of inpatient adult acute mental health wards at Section II from the date of implementation of nursing hours in these wards/units) and be used by managers in the evaluation of nursing staff levels and for the Reasonable Workload Committees to assess and manage identified workloads issues.
- (b) For the purpose of this subclause inpatient mental health units include but are not limited to:
  1. Forensic Units;
  2. Child & Adolescent Units;
  3. Older Adult;
  4. Psychiatric Emergency Care Centres (PECC);
  5. Rehabilitation;
  6. Extended Care Units.
- (c) When determining the nursing productive FTE the following should be considered:
  1. The previous 12 months activity should be used as a guide unless the unit has had a significant change in activity, presentation number or type, or where a



new model of care has commenced which has impacted on the type of presentation or length of stay;

2. Staff assessment will be based on comparisons to the FTE utilised in the individual unit in the previous year, using the monitoring reports, in conjunction with professional judgement and information on known workload issues;
3. Categories:
  - The number of inpatients requiring 1 staff or more to 1 patient;
  - The number of inpatients requiring close observation;
  - The number of inpatients assessed requiring sighting at regular intervals;
  - The number of inpatients nearer to going home.
4. Level & frequency of aggressive behaviour displayed by patients and based on clinical risk assessment;
5. Level of suicidal behaviour displayed by patients (see Mental Health Outcomes and Assessment Tools (MH-OAT) risk level);
6. Level of vulnerability / potential of exploitation from others (such as sexual safety, financial exploitation);
7. Age of patient and co-morbidities;
8. Patients with a dual diagnosis;
9. Type of facility and unit (eg Closed / Open Units);
10. Design of unit;
11. Number of beds available;
12. Local factors referred to at subclause 53 (iii) (b) may include but are not limited to:
  - (i) The available level of support staff (eg ward clerks, medical officers, patient support officers, allied health staff);
  - (ii) Teaching and research activities;
  - (iii) Provision of nurse escorts;
  - (iv) Ward geography; and
  - (v) Data entry/documentation including MH-OAT.

(d) When determining the nursing non-productive FTE required:

1. No less than six weeks (30 days) annual leave relief per productive FTE for staff working shift work and no less than 4 weeks (20 days) for non-shift workers must be included.
2. No less than two weeks (10 days) of sick/FACS leave and mandatory education relief per productive FTE must be included.
3. Replacement for long service leave and paid maternity leave should not be considered part of the funded FTE unless additional FTE is set aside for this purpose. Traditionally funding for this replacement is managed at a central cost centre for a facility or service (this must be determined prior to finalising established FTE).
4. Assess impact on staff for workers' compensation / return to work programs on the FTE required.

(e) General

1. Nursing/Midwifery Unit Managers, Clinical Nurse/Midwife Educators, Clinical Nurse/Midwife Consultants and Nurse/Midwife Practitioners do not carry a direct clinical load.
2. Consideration should be given to the evolution of future clinical roles in nursing.
3. Consideration should be given to the additional responsibilities related to other activities such as the Magistrates Hearing and the Mental Health Review Tribunal and associated escorts.
4. Consideration should be given to the impact of future legislative requirements on workloads where reasonably known.

## **Section VII: Community and Community Mental Health Staffing Arrangements**

- (a) The Association and the Department agree that the following staffing arrangements are to apply in all Community Health Services (including services such as child and family health, community mental health and drug health) and be used by managers in the evaluation of nursing staff levels and for the Reasonable Workload Committees to assess and manage identified workloads issues in accordance with the principles specified in subclause (iii) Principles.
- (b) The current agreed average 'face-to-face' ratio in the Community Health Service (CHS) shall be used as the starting point for consideration of staffing levels where indications are that staffing numbers are insufficient to manage the workload.
- (c) Funded / budgeted FTE must include no less than four weeks (20 days) of annual leave relief per productive FTE. Where staff are required to work shift work or weekends then no less than six weeks (30 days) should be included. Managers are responsible for scheduling annual leave equitably throughout the year to manage leave liabilities and to prevent unreasonable increased workload for remaining employees arising from the taking of leave.
- (d) Funded / budgeted FTE must include no less than two weeks (10 days) of sick / FACS leave relief and mandatory education relief per productive FTE. Cost centres with child and family services must include an additional day to accommodate mandatory education leave for child protection.

Funded FTE available for relief of sick / FACS / mandatory education is to be utilised as required when this leave is taken rather than used for permanent employment.

- (e) Replacement for long service leave and paid maternity leave should not be considered part of the funded FTE unless additional FTE is set aside for this purpose. Traditionally, funding for this replacement is managed at a central cost centre for a facility or service.
- (f) Assess impact on staff for workers' compensation / return to work programs on the FTE required.
- (g) Existing appointed positions, eg. CNCs and managers, must be maintained in their current role, and except in the case of emergencies, shall not be routinely used to cover nursing shortages in the general workload areas.

To ensure this occurs, each appointed position should have a position description that defines the scope and requirements of their primary role.

Leave relief for these positions is required in the funded FTE.

- (h) Induction programs including preceptorship should be in place to adequately supervise new staff. These programs would include a reasonable number of "supernumerary" hours followed by appropriate allocation of patients according to the complexity of need and the new staff's level of training. The ability to consult senior staff by phone should be ensured, particularly during induction.

Funded FTE should incorporate a reasonable number of additional hours for this purpose based on historical turnover rates.

- (i) Community Health Services must have the ability to maintain a “pool” of casual staff to manage unplanned leave and vacancies or a sudden and unanticipated increase in workload.
- (j) Reasonable deployment within individual Community Health Services to address uneven workload distribution should occur as a day-to-day management strategy. However this should not be seen as a method of covering unfilled vacancies or ongoing sick leave.

Long term demographic trends may result in adjustment of boundaries to enable existing staffing to better accommodate the needs of the community while still maintaining composition of their team.

- (k) Appropriate hours for case management should be included in the Funded FTE to maintain a safe and holistic level of care for patients. This principle is inherent in the needs for patients in the community.
- (l) Appropriate time for travel in the context of the local geography and traffic conditions must be factored into hours required for clinical workload.
- (m) In accordance with occupational health and safety principles, hazards must be eliminated or controlled, appropriate loading facilities must be provided, to enable restocking of clinical supplies and equipment.
- (n) Nursing hours utilised in carrying out non clinically related activities eg. servicing of vehicles should be monitored, quantified and incorporated into the FTE required for a given service.
- (o) This list indicates minimum requirements only.

### **Section VIII: Emergency Department Staffing Arrangements**

- (a) The Association and the Department have agreed that the following staffing arrangements are to apply in Emergency Departments and be used by managers in the evaluation of nursing staff levels and for the Reasonable Workload Committees to assess and manage identified workloads issues in accordance with the Principles specified in subclause (iii).
- (b) When determining the nursing productive FTE required:
  - 1. The previous 12 months activity should be used unless the ED has had a significant change in activity, presentation number or type, or where a new model of care has commenced which has impacted on the type of presentation or Length of Stay.
  - 2. Staff assessment will be based on comparisons to the FTE Utilised in the individual ED in the previous year in conjunction with professional judgement, incorporating anecdotal information on known workload issues.
  - 3. Consideration needs to be given to local factors affecting workload. This may have the potential to increase the required FTE over and above that indicated by activity.
- (c) When determining the nursing non-productive FTE required:
  - 1. No less than six weeks (30 days) annual leave relief per productive FTE for staff working shift work and no less than 4 weeks (20 days) for non-shift workers must be included.

2. No less than two weeks (10 days) of sick/FACS leave and mandatory education relief per productive FTE must be included.
3. Replacement for long service leave and paid maternity leave should not be considered part of the required FTE. Traditionally funding for this replacement is managed at a central cost centre for a facility or service.
4. Assess the impact on staff for workers' compensation / return to work programs on FTE required.

(d) General

1. All Level 5 and 6 Emergency Departments to have a dedicated shift coordinator on all shifts in addition to the FTE required for clinical activity. The requirement for additional FTE for the Shift Coordinator in Levels 1 to 4 Emergency Departments is at the discretion of the facility after due consideration of the historical and anticipated activity for each shift of the week
2. There is to be an identified triage nurse on every shift.
3. Provision must be made for the coverage of community retrievals and participation in the facility Cardiac Arrest Team, if this an ED responsibility.
4. Where an Emergency Department has a dedicated Psychiatric Emergency Care Centre (PECC), mental health specialist nurses must staff it. The FTE required for appropriate coverage of the PEC Unit is in addition to the requirement for the main sections of the Emergency Department.
5. The facility must have a contingency plan to backfill nurses in the event that they are called out as part of a disaster team.
6. This list indicates minimum requirements only.

(e) Provision of designated nurses for the resuscitation area.

The provision of designated nurses for the resuscitation area in Emergency Departments will be as follows:

To provide the staffing levels set out in the table below the required additional nurses will be employed in accordance with a timetable agreed between the Department and the Association, with full effect from 1 July 2013.

Description	Provision
Adult/mixed Emergency Departments with a role delineation of Level 6 and Urgency Disposition Groups ('UDG') of 45,000 or more	Three designated resuscitation nurses on two shifts and two designated resuscitation nurses on the third shift
Adult/mixed Emergency Departments with a role delineation of Level 6 and UDG of less than 45,000	Two designated resuscitation nurses on two shifts and one designated resuscitation nurse on the third shift
Adult/mixed Emergency Departments with a role delineation of Level 3, 4 or 5 and UDG of more than 45,000	Two designated resuscitation nurses on two shifts and one designated resuscitation nurse on the third shift
Adult/mixed Emergency Departments with a role delineation of Level 4 or 5 and UDG of more than 25,000 and less than 45,000.	One designated resuscitation nurse on each of three shifts per day

'UDG' stands for urgency disposition groups which is a methodology applied by the NSW Department of Health that weights Emergency Department attendances for the triage category mix and patient disposition e.g. hospital admission.

### Section IX: Transitional arrangements for GWCT wards

- (a) This section will continue to apply until the implementation timetable set out at Section II (k) is completed in that ward or unit.
- (b) The General Workload Calculation Tool possesses the following key characteristics:
1. Value of the nursing weight - In applying the general workload calculation tool, a nursing weight of 1 is equal to 4.8 nursing hours per patient day (NHPPD).
  2. Average nursing intensity - For each ward or unit in which the tool is applied, the average nursing intensity for that ward or unit is obtained by applying AN-DRGs case mix data for all patients in the ward, viz, the data is to be comprehensive, validated, and for a uniform period. The AN-DRG Version 4.1 Nursing Service Weights are applied.
  3. Occupancy rate – The application of average annual occupancy rates in the general workload calculation tool is:
    - for wards/units with occupancy rates 85% and over – a rate of 100% applies;
    - for wards/units with occupancy rates between 75% and 84.9% - a rate of 85% applies; and
    - for wards/units with an occupancy rate below 75% - the actual occupancy rate applies.

The occupancy rate is the percentage count of the number of inpatients accommodated at around midnight each day, as recorded in the 'Daily Record Book' (or its computerised equivalent), divided by available beds, on an annualised basis."

4. Available beds – The average number of available beds is calculated, to account for changes in this figure during the course of a year.

5. Length of shifts – The length of shifts reflects those rostered to be worked in the ward or unit.
6. Minimum staffing levels - Use of the general workload calculation tool does not displace present minimum staffing requirements to ensure safe systems of work and patient safety.
7. Coverage - The general workload calculation tool is applied to calculate staffing levels for those nursing staff providing direct clinical care. It is not applied to positions such as Nursing/Midwifery Unit Manager, Clinical Nurse Educator/Clinical Midwife Educator, Clinical Nurse Consultant/Clinical Midwife Consultant, dedicated administrative support staff and wards persons.
8. Application and monitoring – the general workload calculation tool will be applied to the ward or unit on an annual basis, and with the ability for the Nursing/Midwifery Unit Manager to monitor monthly.
9. Relief for Annual leave – The annual leave ‘relief’ factored into the tool reflects the annual leave entitlements under this Award for the employees arising from their actual shift patterns. However, this figure may be adjusted when applying the tool at ward level for planned periods of low activity or annual ward closures that mean less leave relief is required.

If circumstances arise whereby the planned periods of low activity or annual ward closures do not take place, the general workload calculation tool should be applied again in light of those altered circumstances and staff deployment.

10. Relief for Sick Leave, FACS Leave and Mandatory Education - To account for these factors, a figure of two weeks (equating to 76.0 hours based on a 38 hour week) per annum is factored into the general workload calculation tool. This figure is subject to joint review by the Association and the Department, on request by either party.
11. Other factors – In agreeing that the tool is a means of facilitating informed discussion and decision making about nursing workloads, there are a range of other factors to consider. These factors include but need not be limited to patient type (for example, high dependency patients, day only patients, patients requiring close observation, patients awaiting nursing home placement); the available level of support staff (ward clerks, lifting teams etc); teaching and research activities; provision of nurse escorts; emergency presentations in smaller facilities; and ward geography.

Staffing of wards/units will be planned using 1 = 4.8 NHPPD as the value of the nursing weight. It is recognised that application of this value will be subject to variation to account for these other factors or over shorter periods of time. If there is continued variation from this value in practice, the issue will be considered by the relevant Reasonable Workload Committee.

12. Exclusions - the general workload calculation tool is not to be applied to:
  - intensive care units;
  - high dependency units;
  - specialty designated coronary care units;
  - specialist burns units;
  - emergency departments;
  - operating theatres;
  - midwifery services;
  - intensive care mental health units;
  - mental health admitted patient units
  - community nursing;
  - community mental health nursing; and
  - Multi-Purpose Services.

- (c) The Association and the Department agree that the name and key characteristics of the general workload calculation tool may be amended by agreement from time to time, and the Award will be varied to reflect the amendment.

**Section X: Hospital Listings**

- (a) The Department will publish on its website the following lists, updated annually:
  1. As per clause 53, Section II (a), a list of Hospitals by Peer Group;
  2. As per clause 53, Section III (a), a list of Hospitals by Emergency Department role delineation;
  3. As per clause 53, Section VIII (d), a list of hospitals which outlines both the Emergency Department role delineation and Urgency Disposition Groups (UDG) attendances.

**(v) Role of Reasonable Workload Committees**

- (a) Reasonable Workload Committees shall be established to facilitate consultation on reasonable workloads for nurses, together with the provision of advice and recommendations to management. Aspects of reasonable workload may include, but need not be limited to, nursing workloads generally, the provision of specialist advice, training, and planning for bed or ward closures or openings as they relate to nursing workloads. It is intended that the committees, by their operation, will make a positive contribution to the workload of nurses. Reasonable Workload Committees are a mechanism to provide for informed discussions at the local level and encourage the resolution where possible of any workload disputes at this level in the first instance.
- (b) The committees by their operation shall not alter the rights and obligations of management to decide nursing workload matters.
- (c) Public hospitals, mental health facilities and multi purpose sites shall monitor the implementation of reasonable workloads for nurses using the agreed Monitoring System in all inpatient wards/units.

Monthly and annual reports generated by the Monitoring System shall be provided to the Reasonable Workload Committee to ensure the committees have the information they need to assess workload issues.

In areas where the NSW Health Department and the Association have agreed that the Monitoring System cannot apply, relevant available data pertaining to workloads will be collected and collated for the use of Reasonable Workload Committees.

- (d) It is intended that the Reasonable Workload Committees provide a structured and transparent forum for all nurses to be genuinely consulted about workload matters through an appropriate mechanism; contribute to the decision making process; and have the ability to resolve disputes about workloads, should they arise, through the committee process and provisions in this Award.

**(vi) Structure of Reasonable Workload Committees**

- (a) Upon request by the Association, nurse(s) employed in a public hospital, or public health organisation or the employer, a Reasonable Workload Committee shall be established for the relevant public hospital or public health organisation. Such requests shall be made to the Chief Executive Officer of the public health organisation. Where circumstances warrant and are conducive to the efficient delivery of services, a Reasonable Workload Committee may be established by agreement between the Association and the employer that covers more than one public hospital or public health organisation.
- (b) Upon request by the Association or an employer a reasonable workload committee shall also be established for the relevant Local Health Network or Statutory Health Corporation.
- (c) Each Reasonable Workload Committee shall comprise equal representation of employees and the employer. Employee representation shall be determined by the Association. Employer representation shall be determined by the employer as appropriate. Committee size will be determined by agreement between the Association and the employer. Every endeavour shall be made to minimise the size of the committee, with provision to co-opt additional assistance that may be required on an 'as needs' basis.
- (d) The committees shall meet with a frequency determined by each committee, having regard to issues and information to hand.
- (e) The committee members and the parties they represent shall make every endeavour to reduce or eliminate any duplication of subject matter and coverage with pre-existing structures and consultative mechanisms. Every effort shall also be taken to ensure the most efficient meeting arrangements are instituted for operation of the committees and to minimise disruption to nurses' rosters. The committee members and the parties they represent shall make every endeavour to ensure that any additional time and information imposts arising from the operations of the committee are minimised.
- (f) To enable members of reasonable workload committees to discharge the committee's role and carry out their responsibilities, attendance at committee meetings and reasonable preparation time shall be deemed to be time on duty and remunerated accordingly. Wherever possible, this time shall occur during the ordinary hours of work.

**(vii) Grievances in relation to workload**

- (a) Notwithstanding the provisions specified in sub-clauses (ii) to (iii) of Clause 48 – Disputes in this Award, the following procedure will apply to resolve workload grievances or staffing grievances directly arising from nursing workload issues.
- (b) A grievance in relation to such matter shall first be raised at the local ward/unit level with the Nursing/Midwifery Unit Manager responsible (or the appropriate manager).
- (c) If the matter remains unresolved, it should be referred to the appropriate Nurse/Midwife Manager, Director of Nursing or Area Director of Nursing, depending on the nursing executive structure of the public hospital or public health organisation in which the grievance has arisen.
- (d) If the matter remains unresolved, it should be referred to the appropriate public hospital/public health organisation reasonable workload committee for consideration and recommendation to management. If the matter cannot be resolved by this committee, the issue may be referred to a Local Health Network or Statutory Health Corporation committee under subclause (v) (b).



- (e) If the matter remains unresolved, it should be dealt with in accordance with the provisions of sub-clauses (iv) to (ix) of Clause 48 – Disputes in this Award.

---

Excerpt of Clause 53 Ends

---

## Contact Us



(02) 8595 1234 or 1300 367 962  
(outside Sydney metropolitan area)



E-mail: [gensec@nswnurses.asn.au](mailto:gensec@nswnurses.asn.au)

Web: [www.nswnurses.asn.au](http://www.nswnurses.asn.au)



50 O'Dea Avenue Waterloo NSW 2017



(02) 9662 1414