Our campaign for mandated staff ratios is fundamentally about patient safety. We know that for some time far too many nurses and midwives in NSW are enduring workloads that make it impossible for them to provide care that is patient-centred and evidence-based. There are simply not enough staff to attend to every patient relying on us. Not only do excessive workloads detract from the quality and safety of care, we also know that the emotional toll of care left undone is a heavy burden for nurses and midwives who are forced to ration their time among too many patients.

The feedback we have been receiving from our members about the impact of poor staffing has been consistent for many years and is supported by a growing body of evidence linking nurse staffing levels with patient outcomes. Our campaign for mandated minimum staffing is supported by a robust body of Australian and international empirical evidence that demonstrates the relationship between excessive workloads and poor patient outcomes.

The reality is however, that we cannot win this campaign without the active support of all our members. We need to get the message out that patient safety cannot be assured without safe staffing.

We know that when we campaign only a portion of the nurses and midwives who support our campaign objectives participate in our activities. We understand that making the decision to be active in an industrial campaign is easy for some and not so easy for others. There may be well-founded concerns about being labelled negatively by management, questions about how industrial activity aligns with your professional status or indecision due to questions about the ethics of industrial activity that may impact on service delivery.

However, we believe taking action to improve patient safety is nursing and midwifery business. If you already have safe staffing in your ward or unit, it is not okay to do nothing to help your colleagues who don’t.

The Association has prepared this booklet to provide assistance to any nurse or midwife who is unsure about how advocacy for the issue of safe staffing fits into the professional practice framework that guides our practice. We have made some progress in establishing mandated minimum staffing but there is a long way to go and we will only make it if all our members become active supporters of the campaign.

If not us, then who? If not now, then when?

In solidarity,

**BRETT HOLMES**

*General Secretary, NSWNMA*
PROFESSIONAL OBLIGATIONS
AND SAFE PATIENT CARE

As nurses and midwives we must meet the Nursing and Midwifery Board of Australia’s (NMBA) professional standards which define our practice and behaviour. These standards include our codes of conduct, standards for practice and codes of ethics.

Professional and safe practice is at the heart of our professional obligations. This is set out by the legislation, codes, standards and guidelines that govern our practice as nurses and midwives.

We all have a professional obligation to evaluate our practice environment and to take appropriate action to address the factors that compromise care.

STAFFING FOR SAFE PATIENT CARE

Codes and standards require that nurses and midwives take action if they believe staffing levels and/or skill mix is inadequate for them to be able to provide safe and professional care.

This obligation to act applies to all nurses and midwives. It includes those working in a direct or non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory, policy development roles or other roles that impact on safe, effective delivery of services.

At the end of this book we have included the various excerpts of the documents within the professional practice framework for nurses and midwives that relate directly to your role and responsibilities in relation to safe patient care. If your ability to provide safe care is compromised because of poor staffing, these resources can be used to guide your actions.
HOW CAN YOU ESCALATE YOUR CONCERNS ABOUT STAFFING & SKILL MIX?

1. Report the issue to the in-charge.
2. Report the issue to the NUM/MUM or after hours manager.
3. Follow up any conversation concerns by documenting the issue in an email and/or a diary/communication book entry.
4. If the issue is not resolved, complete an incident management notification (e.g. IIMS, Riskman).
5. Keep the notification identification number.
6. Report repeated episodes to your local NSWNMA branch representatives and/or Reasonable Workloads Committee (if applicable).
7. If you work in the public sector and your ward is required to have minimum staffing levels (ratios), then you can use the NSWNMA Toolkit App to calculate the required nursing hours in order to accurately report any shortfall (download the app for free from the Apple store or Google Play for android).
CONSEQUENCES
OF NOT ENSURING PROFESSIONAL
AND SAFE CARE WITH REGARD TO STAFFING

If an incident occurs, a regulator such as the Health Care Complaints Commission, the Nursing and Midwifery Council of NSW, a Professional Standards Committee, the NSW Civil and Administrative Tribunal or the coroner would use the nurses and midwives’ professional practice framework to consider whether the performance of any nurse or midwife was below an acceptable standard.

If there has been an adverse event and it is identified that inadequate staffing may have been a contributing factor, and that the nurse or midwife was aware that there was inadequate staffing, a regulator or the coroner will consider whether the actions of the individual were appropriate. That includes whether the individual contacted management to inform them that staffing levels were unsafe and how management were alerted.

It is an obligation of any nurse or midwife who identifies a risk, such as inadequate staffing levels, to take action to try to rectify the issue so that their patients or clients are not placed at risk of harm.

If the nurse or midwife had no resolution from their immediate manager regarding their concern, a regulator or the coroner would expect them to escalate the issue to a higher level of management.

If it is found that insufficient staffing was identified, but that steps were not taken to notify management or seek additional staffing, then this inaction can be the subject of further criticism against the nurse or midwife.

It is legitimate action to notify the NSWNMA/ any Union/ Association of any concerns that management have not or will not act on your concerns.
Standard 1: Thinks critically and analyses nursing practice

1.1 accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice

1.4 complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions

Standard 2: Engages in therapeutic and professional relationships

2.4 provides support and directs people to resources to optimise health-related decisions

Standard 4: Comprehensively conducts assessments

4.4 assesses the resources available to inform planning

Standard 5: Develops a plan for nursing practice

5.5 coordinates resources effectively and efficiently for planned actions

Standard 6: Provides safe, appropriate and responsive quality nursing practice. In particular

6.1 provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people

6.5 practises in accordance with relevant policies, guidelines, standards, regulations and legislation

6.6 uses the appropriate processes to identify and report potential and actual risk related system issues and where practice may be below the expected standards.
Standard 1: Functions in accordance with the law, policies and procedures affecting EN practice.

1.3 Demonstrates knowledge of and implications for the NMBA standards, codes and guidelines, workplace policies and procedural guidelines applicable to enrolled nursing practice.

1.8 Acts to ensure safe outcomes for others by recognising the need to protect people and reporting the risk of potential for harm.

Standard 3: Accepts accountability and responsibility for own actions.

3.9 Promotes the safety of self and others in all aspects of nursing practice.

Standard 9: Practises within safety and quality improvement guidelines and standards

9.2 Within the multi-disciplinary team, contributes and consults in analysing risk and implementing strategies to minimise risk.

9.3 Reports and documents safety breaches and hazards according to legislative requirements and institutional policies and procedures.
CODE OF CONDUCT
FOR NURSES

Domain: Practise safely, effectively and collaboratively

Principle 2: Person-centred practice

2.1 Nursing practice
Nurses must:

b. provide leadership to ensure the delivery of safe and quality care and understand their professional responsibility to protect people, ensuring employees comply with their obligations, and

c. document and report concerns if they believe the practice environment is compromising the health and safety of people receiving care.

2.2 Decision-making
Nurses must:

e. recognise and work within the scope of practice which is determined by their education, training, authorisation, competence, qualifications and experience, in accordance with local policy (see also NMBA Decision Making Framework).

h. recognise that their context of practice can influence decision-making. This includes the type and location of practice setting, the characteristics of the person receiving care, the focus of nursing activities, the degree to which practice is autonomous and the resources available.

3.4 Bullying and harassment
When people repeatedly and intentionally use words or actions against someone or a group of people, it causes distress and risks their wellbeing. Nurses understand that bullying and harassment relating to their practice or workplace is not acceptable or tolerated and where it is affecting public safety, may have implications for the legislation.

Nurses must:

a. never engage in, ignore or excuse such behaviour.

b. recognise that bullying and harassment takes many forms, including behaviours such as physical, verbal abuse, racism, discrimination, violence, aggression, humiliation, pressure in decision-making, exclusion and intimidation directed towards people or colleagues.
d. act to eliminate bullying and harassment in all its forms, in the workplace and

e. escalate their concerns if an appropriate response does not occur.

**Domain: Promote health and wellbeing**

7.2 *Health advocacy*

In advocating for community and population health, nurses must:

a. use their expertise and influence to protect and advance the health and wellbeing of individuals as well as communities and populations
1. **Nurses and people**

   The nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations.

   The nurse advocates for equity and social justice in resource allocation, access to health care and other social and economic services.

3. **Nurses and the profession**

   The nurse, acting through the professional organisation, participates in creating a positive practice environment and maintaining safe, equitable social and economic working conditions in nursing.

4. **Nurses and co-workers**

   The nurse takes appropriate action to safeguard individuals, families and communities when their health is endangered by a co-worker or any other person.
Domain: Legal and professional practice

Competency 2: Accepts accountability and responsibility for own actions within midwifery practice.

Element 2.2 – Identifies unsafe practice and takes appropriate action.

Cues:
- Identifies practices that compromise safe and effective care, or contravenes legislation, and takes appropriate action
- Uses risk management and/or open disclosure policies in the follow-up of unsafe practice
- Promotes and engages in ongoing development of the safety and quality improvement agenda to optimise health outcomes of women and their families

Domain: Midwifery knowledge and practice

Competency 8: Develops effective strategies to implement and support collaborative midwifery practice.

Element 8.1 – Demonstrates effective communication with midwives, health care providers and other professionals.

Cues:
- Ensures the effective use of resources including personnel

Domain: Midwifery as primary health care

Competency 4: Promotes safe and effective midwifery care.

Element 4.3 – Manages the midwifery care of women and their babies.

Cues:
- Liaises and negotiates with colleagues at all levels to build systems and processes to optimise outcomes for the woman

Please note: these standards will be replaced by the Midwife Standards for Practice effective 1 October 2018
Standard 1: Promotes health and wellbeing through evidence-based midwifery practice

1.5 Supports access to maternity care for the woman.

Standard 3: Demonstrates the capability and accountability for midwifery practice

3.1 Understands scope of practice.
3.2 Practices within relevant legal parameters and professional standards, codes and guidelines.
3.7 Recognises and responds appropriately where safe and quality practice may be compromised.
3.8 Considers and responds in a timely manner to the health and wellbeing of self and others in relation to capability to practice.

Standard 6: Provides safety and quality in midwifery practice

6.3 Is responsible for consultation and referral and or escalation in situations that are outside the individuals scope of practice.
Domain: Practise safely, effectively and collaboratively

Principle 2: Woman-centred practice

2.1 Midwifery practice
Midwives must:

b. provide leadership to ensure the delivery of safe and quality care and understand their professional responsibility to protect women, ensuring employees comply with their obligations, and

c. document and report concerns if they believe the practice environment is compromising the health and safety of women receiving care.

2.2 Decision-making
Midwives must:

h. recognise that their context of practice can influence decision-making. This includes the type and location of practice setting, the characteristics of the woman receiving care, the focus of midwifery activities, the degree to which practice is autonomous and the resources available.

3.4 Bullying and harassment
When people repeatedly and intentionally use words or actions against someone or a group of people, it causes distress and risks their wellbeing. Midwives understand that bullying and harassment relating to their practice or workplace is not acceptable or tolerated and where it is affecting public safety, may have implications for the legislation.

Midwives must:

a. never engage in, ignore or excuse such behaviour.

b. recognise that bullying and harassment takes many forms, including behaviours such as physical, verbal abuse, racism, discrimination, violence, aggression, humiliation, pressure in decision-making, exclusion and intimidation directed towards people or colleagues.
d. act to eliminate bullying and harassment in all its forms, in the workplace and

e. escalate their concerns if an appropriate response does not occur.

**Domain: Promote health and wellbeing**

7.2 *Health advocacy*

In advocating for community and population health, midwives must:

a. use their expertise and influence to protect and advance the health and wellbeing of individuals as well as communities and populations
INTERNATIONAL CONFEDERATION OF MIDWIVES (ICM)
CODE OF ETHICS FOR MIDWIVES

I. Midwifery Relationships
   d. Midwives, together with women, work with policy and funding agencies to define women’s needs for health services and to ensure that resources are fairly allocated considering priorities and availability.

III. The Professional Responsibilities of Midwives
   f. Midwives participate in the development and implementation of health policies that promote the health of all women and childbearing families.
DECISION-MAKING FRAMEWORK (DMF) – NURSES AND MIDWIVES

The decision-making framework tools provide clear guidance to nurses and midwives when making decisions regarding the performance of activities and the provision of care. These tools can be used to guide what steps you should take or not take when faced with practice issues including resourcing, scope of practice and delegation.

- **The Nursing practice decision flowchart asks:**
  
  **Organisational capacity**
  
  Does the organisation in which the activity will be performed have a policy, quality and risk management framework, **sufficient staffing levels** and access to other health professionals to support this activity?

- **The Nursing practice decisions summary guide asks:**
  
  Is the **skill mix** in the organisation **adequate** for the level of support/supervision needed to safely perform the activity?

- **The Midwifery practice decision flowchart asks:**
  
  **Level of support/education and supervision**
  
  Does the organisation in which the activity will be performed have a policy, quality and risk management framework, **sufficient staffing levels** and access to other health professionals to support this activity?

- **The Midwifery practice decisions summary guide asks:**
  
  Is the **skill mix** in the organisation **adequate** for the level of support/supervision needed to safely perform the activity?
References

*Health Practitioner Regulation National Law (NSW) No. 86a* (see sections 38, 39 and 41)

*Registered nurse standards for practice*, Nursing and Midwifery Board of Australia, 2016, Melbourne, Australia

*Standards for practice: Enrolled nurses*, Nursing and Midwifery Board of Australia, 1 January 2016, Melbourne, Australia

*Code of conduct for nurses*, Nursing and Midwifery Board of Australia, 2018, Melbourne, Australia

*The ICN Code of Ethics for Nurses*, International Council of Nurses, 2012, Geneva, Switzerland – Adopted by the NMBA as of 1 March 2018 as the applicable code for all nurses in Australia

*National competency standards for the midwife*, Nursing and Midwifery Board of Australia, 2006, Melbourne, Australia - please note that the Competency standards for the midwife will be replaced by the Midwife standards for practice on 1 October 2018.

*Code of conduct for midwives*, Nursing and Midwifery Board of Australia, 2018, Melbourne, Australia

*International Code of Ethics for Midwives*, International Confederation of Midwives, 2008, The Hague, Netherlands – Adopted by the NMBA as of 1 March 2018 as the applicable code for all midwives in Australia


*Nursing practice decision flowchart*, Nursing and Midwifery Board of Australia, effective 13 June 2013

*Nursing practice decisions summary guide*, Nursing and Midwifery Board of Australia, effective 16 December 2013

*Midwifery practice decision flowchart*, Nursing and Midwifery Board of Australia, effective 13 June 2013

*Midwifery practice decisions summary guide*, Nursing and Midwifery Board of Australia, effective 16 December 2013

*Health Practitioner Regulation National Law (NSW) No. 86a* (see sections 139B(1) (a) and 139E)
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