

TASMANIAN INDUSTRIAL COMMISSION

Industrial Relations Act 1984

s.59 application for variation of agreement

**Australian Nursing Federation Tasmanian Branch
Health Services Union of Australia, Tasmania No. 1 Branch**

and

The Minister administering the State Service Act 2000

(T13323 of 2008)

NURSES (TASMANIAN PUBLIC SECTOR) ENTERPRISE AGREEMENT 2007

DEPUTY PRESIDENT P C SHELLEY

**Variation of registered industrial agreement T13071 of 2007 – NHPPD Model –
application approved – operative date 1 December 2008**

ORDER BY CONSENT -

No. 1 of 2008

The NURSES (TASMANIAN PUBLIC SECTOR) ENTERPRISE AGREEMENT 2007 (T13170 of 2007) is varied in the following manner:

By deleting Schedule 2 – NHPPD Consent Order and inserting in lieu thereof the following:

"NHPPD MODEL

In accordance with Clause 18 Nurses (Tasmanian Public Sector) Enterprise Agreement, it is agreed that the Nursing Hours per Patient Day model shall be applied as follows:

This Nursing Hours per Patient Day (NHPPD) model encompasses the entirety of the content of this Schedule.

1. Duty to prevent sustained unreasonable workload

The employer shall ensure that the work to be performed by an employee:

- (a) is of a nature that is reasonably consistent with the performance over the ordinary time hours of a regular periodic roster of duties and tasks within the employee's classification description at the standard required for observance of the Australian Nursing and Midwifery Council (ANMC) Code of Professional Conduct. The ANMC requires that the nursing care provided or about to be provided to a patient client of the respondent employer shall be adequate, appropriate, and not adversely affect the rights, health or safety of the patient client; and
- (b) constitutes a workload at a level that is not unsustainable,, manifestly unfair or unreasonable having regard to the skills, experience and classification of the employee.

Provided that this clause shall not operate in respect of work that is required to be performed to meet extra-ordinary circumstances of an urgent kind and is not work regularly added to the employee's weekly or daily roster.

2. Duty to allocate and roster nurses in accordance with process consistent with reasonable workload principles.

- (a) The employer shall apply the staffing model described as NHPPD model in accordance with the entirety of this revised Schedule..
- (b) The parties shall agree to a timeframe for the development of an implementation plan for areas yet to be benchmarked within four (4) months of the date of registration of this revised Schedule.
- (c) The parties agree that future benchmarking of areas not covered by appendix 1 shall reflect recognised national nursing staffing standards and models as a minima.
- (d) The parties shall consult and agree on the development and implementation of the model and the agreed process and ongoing management of the NHPPD model.
- (e) The parties agree that the development and implementation of the model shall have regard to the following key principles:
 - (i) clinical assessment and delivery of patient needs;

- (ii) reasonable workloads to enable safety and quality of patient care;
- (iii) the demands of the environment such as ward layout;
- (iv) statutory obligations including workplace safety and health legislation;
- (v) the requirements of nurse regulatory legislation and professional standards; and

3. Duty to consult, communicate, and constructively interact about health service provision to patients.

- (a) The Department, ANF and HACSU shall together constitute and participate in a process for consultation and communication at an Agency level and at service delivery level about overall nursing care requirements as an element in the provision of health services to patients.

- (b) NHPPD Steering Committee

For the purpose of complying at Agency level with the duties in clause 3, the parties shall participate in the NHPPD Steering Committee. The membership of this committee shall comprise of four Department nominees, three ANF and one HACSU representatives.

- (i) The function of the committee is to oversee the implementation, refinement, development and monitoring of the NHPPD model at an Agency level.
- (ii) The parties agree to trial other models during the life of this agreement. The Steering Committee shall agree on the terms of reference dealing with the implementation and evaluation of any agreed trials of alternative workload models.
- (iii) The parties agree that the Steering Committee shall develop agreed business processes, systems and definitions of the model. In development of these matters, the parties agree that consistency in application across the State will occur.
- (iv) For the purpose of undertaking its functions the committee shall initially meet monthly and thereafter the frequency shall be determined by the committee. A committee quorum requires equal representation of management and union representatives and such quorum shall be no less than four (4) members.
- (v) The parties agree the Steering Committee shall receive and review reports from the NHPPD Workload Monitoring Committees on all relevant matters including implementation progress and evaluation of the NHPPD model every six months, and as required.

(c) NHPPD Workload Monitoring Committee

- (i) To facilitate the implementation and monitoring of the NHPPD model a Workload Monitoring Committee (WMC) will be established at each facility and/or sector/area prior to the implementation of the model at the worksite/sector.
- (ii) The WMC is to consist of equal union and employer representation with a minimum of four and a maximum of eight members. Where possible, representation on the WMC shall include Nurse Unit Managers (NUM). The parties can co-opt relevant specialised representation as agreed.
- (iii) The WMC shall make recommendations within parameters agreed by the Steering Committee to the Chief Executive Officer (CEO) or delegate on the implementation, review and assessment of the application of the model, having regard to the areas where nursing services are provided.

Factors to be considered, but not limited to the following are:

- Nursing workloads generally (including outpatient clinics attached to inpatient wards)
 - Admissions, discharges and patient movements generally, including transfers;
 - Bed usage and management generally.
 - Change to service delivery
 - Monitoring of grievances
- (iv) In addition to the data reports agreed by the NHPPD Steering Committee, the WMC's shall agree on additional relevant data and reporting arrangements to enable appropriate consideration of all matters set out in Clause 3 of this schedule..
 - (v) The consultative procedures in relation to the NHPPD shall operate as far as practicable without formality with a view to reaching a consensus about matters to be considered.
 - (vi) Any unresolved issues arising out of the WMC shall be dealt with under the Grievance Procedure and shall commence at the beginning of Step 2 of those procedures.
 - (vii) The WMC shall undertake an annual review of the implementation of the model at the end of each financial year as a minimum. This report shall be forwarded to the CEO or delegate and the NHPPD Steering Committee.

4. Visibility of implementation of NHPPD model

The employer shall ensure that the implementation of the NHPPD model shall be made clearly visible to nurses at all levels. Agreed educational resources will be developed by the parties within four months of the date of registration of this Agreement. Additionally an education program will be delivered by the Department throughout the

throughout the life of the agreement.

5. Grievance Procedure

Any grievance or dispute relating to nursing workloads will be resolved by following the steps set out below. Any nurse or group of nurses or or party to the Agreement may raise a grievance or dispute under this procedure.

The grounds for a grievance shall include but not be limited to:

- (a) Unreasonable or excessive patient care or nursing duties is required of a nurse other than occasionally and infrequently;
- (b) To perform nursing duty to a professional standard, a nurse is effectively obliged to work unpaid overtime on a regularly recurring basis;
- (c) A reasonable complaint to the appropriate hospital authority about capacity to observe professional mandatory patient care standards has not been responded to or acted upon within a reasonable time; or
- (d) A particular nurse or group of nurses is being consistently placed under an unreasonable or unfair burden or lack of adequate professional guidance because of the workload or the staffing skill mix of the team
- (e) The workload requirement effectively denies any reasonable access to professional development.

Work shall continue in accordance with the status quo while any grievance or dispute is being dealt with under this procedure unless interim arrangements are agreed by the parties which shall be implemented immediately. Interim measures shall ensure employee and patient safety throughout the grievance process.

Step 1 – Ward/Unit Level

If a grievance or dispute arises regarding an NHPPD issue it must first be raised by the individual nurse, group of nurses at ward/unit level or by a party to this agreement with the Nurse Unit Manager (NUM) for resolution. The NUM shall consult the Director of Nursing to assist in the resolution of the workload dispute.

The parties shall agree on interim measures to ensure employee and patient safety.

This step shall be concluded within one calendar week from the time it was raised with the relevant Nurse Unit Manager. If the grievance remains unresolved, Step 2 commences immediately.

Step 2 – Hospital Level

If a grievance or dispute cannot be resolved at Step 1, the matter is to be referred in writing to the Director of Nursing who will convene a Specialist Panel without delay.

The specialist panel will include one each ANF and HACSU nominee and two management nominees (approved by the CEO/ Director of Operational Unit or delegate). Recommendations from the specialist review panel shall be achieved by consensus. If a consensus is reached then the terms shall be reduced to writing with a copy to each party. If consensus cannot be reached the grievance or dispute remains unresolved.

The Specialist Panel shall make recommendations to the CEO/ Director of Operational Unit (or delegate) for the resolution of the grievance or dispute. If the CEO/ Director of Operational Unit (or delegate) does not accept the recommendations he/she shall advise the Specialist Panel of the reasons.

This step shall be concluded within two calendar weeks from the commencement of Step 2.

Step 3

If the grievance or dispute cannot be resolved at Step 2, either party may refer the matter to the Tasmanian Industrial Relations Commission for its assistance which shall include conciliation and if necessary, arbitration.

Appendix 1

NHPPD GUIDING PRINCIPLES

(Incorporating Mental Health Inpatient Units)

WARD CATEGORY	NHPPD (OVER 24HRS)	CRITERIA FOR MEASURING DIVERSITY, COMPLEXITY AND NURSING TASKS REQUIRED
A	7.5	<ul style="list-style-type: none"> • High Complexity • High Dependency Unit @ 6 beds within a ward • Tertiary Step Down ICU • High Intervention Level • Specialist Unit/Ward Tertiary Level 1:2 staffing • Tertiary Paediatrics • MH- high risk of self harm and aggression • -intermittent 1:1/2 Nursing • -Patient frequently on 15 minutely observations
B	6.0	<ul style="list-style-type: none"> • High Complexity • No High Dependency Unit • Tertiary Step Down CCU/ICU • Moderate/High Intervention Level • Special Unit/Ward including extended secure Mental Health Unit • High Patient Turnover ⁽¹⁾ > 50% • FHHS Paediatrics ⁽²⁾ • Secondary Paediatrics • Tertiary Maternity • MH – high risk of self harm and aggression • - Patients frequently on 30 minute observations • - Occasional 1:1 Nursing • - a mixture of open and closed beds
C	5.75	<ul style="list-style-type: none"> • High Complexity • Care Unit/Ward • Moderate Patient Turnover > 35%, OR • Emergency Patient Admissions > 50% • MH – Moderate risk of self harm and aggression • - Psychogeriatric Mental Health Unit
D	5.0	<ul style="list-style-type: none"> • Moderate Complexity • Acute Rehabilitation Secondary Level • Acute Unit/Ward • Emergency Patients Admissions > 40% OR • Moderate Patient Turnover > 35% • Secondary Maternity • MH – Medium to low risk of self harm and aggression
E	4.5	<ul style="list-style-type: none"> • Moderate Complexity • Moderate Patient Turnover > 35% • Sub Acute Unit/Ward • Rural Paediatrics
F	4.0	<ul style="list-style-type: none"> • Moderate/Low Complexity • Low Patient Turnover < 35% • Care Awaiting Placement/Age Care • Sub Acute Unit/Ward

		<ul style="list-style-type: none"> • MH Slow stream rehabilitation
G	3.0	<ul style="list-style-type: none"> • Ambulatory Care including: • Day Surgery Unit and Renal Dialysis Unit

- (1) Turnover = Admissions + Transfers + Discharges divided by Bed Number
 (2) FHHS Paediatrics additional formulae: Birth; Neonates; ED; OR.

Appendix 2

Model Application Process

The NHPPD model is a systematic nursing workload monitoring and measuring system and is not designed to be used as a rigid mandatory determinant of staffing. This is because actual staffing arrangements must reflect health service specific criterion and clinical assessments. The parties agree that the Nursing Hours Per Patient Day model is subject to ongoing development and refinement, and the guiding principles are the starting point.

Implementation of the NHPPD model into wards or other clinical units where nursing services are provided beyond those previously 'benchmarked' wards, shall be in accordance with the NHPPD guiding principles and the Model Application Process described below.

(1) Application of applicable Guiding Principles as per Appendix 1

- (a) The parties through the NHPPD Steering Committee shall investigate, negotiate and agree on appropriate NHPPD Guiding Principles for the relevant beds, wards or other clinical units where nursing services are provided. The parties will consult with relevant stakeholders throughout the process.
- (b) The CEO/Director of Operational Unit and/or delegate in conjunction with the relevant Nurse Unit Manager will calculate, using the NHPPD for each category, the total number of nursing hours relevant to the ward or other clinical units where nursing services are provided and compare it to actual staffing levels assessed against occupancy levels and activity levels.

There shall be no more than 3 Categories from the NHPPD Guiding Principles, applied to a ward or clinical unit where nursing services are provided, unless otherwise agreed between the parties.

- (c) The Director of Nursing and the Nurse Unit Manager will review and forward the calculations and outcomes to the CEO/Director of Operational Unit for review and then forward to the Workload Monitoring Committee.
- (d) In the event the Director of Nursing, the NUM or the parties to the agreement dispute the outcome of the calculated nursing hours as being appropriate for the ward or other clinical units where nursing services are provided, the dispute may be raised through the Grievance Procedure.

(2) Application of the Model where Guiding Principles (Appendix 1) not applicable

Where the parties agree the NHPPD guiding principles are not applicable to the service area the process for determination of an appropriate workload model will be agreed between the parties.

A working party shall be formed to develop an agreed model for application in such areas. The membership of this working party shall comprise four Department nominees, three ANF and one HACSU representatives. The working party has the ability to co-opt members as agreed.

(3) Trial of other models

The parties have agreed to trial other models. Furthermore, the NHPPD Steering Committee shall agree on the Terms of Reference dealing with the implementation and evaluation of any agreed trials of workload models. These should be implemented in areas which have been previously benchmarked to enable analysis. However, other areas may implement trials by mutual agreement.

In the event of the parties not reaching agreement regarding trials of other models the dispute may be raised through the Grievance Procedure commencing at Step 3.

Appendix 3

The ANF and HACSU shall not unreasonably oppose the best use being made of all available and appropriately skilled nursing staff without unnecessary conditions or task demarcations to bring about the most effective team for the optimal provision of health services to patients at general and ward level under the NHPPD model.

OPERATIVE DATE

This variation shall come into operation from the first full pay period on and after 1 December 2008.

