

ANMF NEWSFLASH

North West Regional Hospital (NWRH) Medical Ward

The Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF) met with members on Wednesday 23 August 2023 to discuss workload concerns on Medical Ward, Medical C (Med C) and AMU. Members concerns are essentially the same as those previously raised both at Step 2 meetings and in subsequent correspondence and meetings dating back to October 2022. The long standing issues that continue to be of concern include:

1. Medical Ward has only 1.0 FTE NUM for all 3 areas.
2. Medical Ward nurse in charge have clinical oversight for 3 areas that encompass up to 53 beds and 2 chairs.
3. Med C nurse in charge is often unfamiliar with the area and/or inexperienced.
4. Skill mix – staff report that at times the skill mix is inadequate to support graduates/early career nurses.
5. The 0.6 FTE Clinical Nurse Educator (CNE) has responsibility for all 3 areas.
6. The Clinical Facilitator roster only provides for 13 shifts per fortnight.
7. This year alone the CNE and the clinical facilitator have orientated 74 new staff.
8. Business Case for Med C – The NUM and CNE positions have recently been advertised, even best case scenario it is unlikely that Med C will be a stand-alone ward for weeks to months.



9. Medical Ward roster provides staff to 3 areas.
10. A change to the AMU medical oversight along with other service changes such as discharge lounge patients coming to AMU at end of day shift have seen a dramatic increase in workload in late afternoons and Saturdays. Along with the increase in workload, skill mix is often a concern in AMU as, at times the senior nurse on shift is redeployed to fill the gaps in Medical Ward.
11. There is a high percentage of casual, agency and junior nurses on shift, coupled with a high turnover of staff. NUM, ANUMs, and CNE workload leaves little room to expedite or oversee complicated discharges.
12. The majority of orientating nurse and/or new nurses commence on Monday day shift with no increase in senior staff to support the orientation process.
13. Increased fatigue due to double shifts and lack of senior staff.

ANMF members acknowledged the response from Maxine Wooler dated Thursday 3 August 2023 however requested further detail and/clear timeframes.

(Member comments in *italics*)

Response to potential staff concerns NWRH and questions raised by the ANMF.

- Meeting planned for mid-August to obtain the data from Medical Ward areas. Benchmarking to commence late August/early September as agreed between the EDONM and the ANMF *-meeting now booked.*
- Final stages of recruitment to the Medical Ward project CNE to develop and introduce the Transition to Medical Ward Nursing programme. This is a 12 month contract. This will assist hugely in the ability to recruit and retain nurses and provide the training and support that they require. *Time frame?*
- Job card submitted to recruit to the permanent NUM on Medical ward and a job card submitted for the permanent Med C CNE in progress. Following this recruitment, the Change Proposal to split Med C into a standalone ward will commence. *Members are aware that advertisements are live.*
- Approval to recruit to an increase of 0.63 FTE against the Medical NUM position to assist Max in the NUM role. *Progress as a matter of urgency – provide timeframe.*
- There has been 1.47 FTE fixed term approval which commenced in early 2022 for clinical facilitator positions in Medical, that position is currently filled to 1.84 FTE, with hopeful implementation of this role

permanently if the EA negotiations are successful. *Currently a crossover shift does not cover all 14 shifts is not replaced when an incumbent is on leave.*

- [There was an attached spreadsheet]. As can be seen there has been active recruitment pretty continuously with minimal success in the numbers of eligible applicants, but an ongoing commitment by the NUM and senior staff to continue the recruitment processes. *Acknowledged however see point 9 above.*
- There is active engagement with the nursing agencies to assist in filling the shortfalls with many excellent experienced agency staff on board to help fill the gaps. I acknowledge that there are a lot of agency staff, but unfortunately if we did not have them there would be more double shifts and potentially junior staff without any experience filling the holes. *Members agree; however, this also means that this 'churn' means there is an ongoing need for orientation.*
- Whenever possible there are in charges allocated to both Med C and AMU. I have caught up with staffing today and they reassure me that there is generally always an in charge allocated to both Med C and AMU. *Members acknowledge this however the skill mix remains a concern.*

The ANMF on behalf of its members are seeking a commitment from the Tasmanian Health Service to:

1. Progress the benchmarking as agreed.
2. Progress the proposed 0.63 FTE NUM as a matter of urgency; provide a timeline.
3. Review with staffing and after-hours management the process for short term leave replacement with a view to not just the shift in question but the impact on following shifts.
4. Replace “like” for “like” nurses, when possible, with targeted replacement of vacant ANUM positions.
5. As an interim measure consider the introduction of a senior “float” 7 days per week for a “cross over shift” i.e., 9-5.30 This role would assist with orientation help with flow of patients and/or staff, assist new or inexperienced staff with complicated discharges and/or expediate movement of patients to the discharge lounge.
6. Move the third day shift nurse Monday to Friday to a crossover shift (9-5.30) Monday to Saturday, or alternatively introduce a third nurse Monday to Saturday (a pm shift).
7. Closely monitor the skill mix of nurses on the Medical Ward, Med C and AMU; liaise with AHM and staffing with regards to short notice shift cover.



8. Members are of the opinion that unless there are a significant number of isolation patients, night shift on Med C could be reduced by 1 nurse, move the nurse to the Medical Ward to allow the nurse in charge of all 3 areas to not have a patient allocation.
9. Review the support staff; Medical Ward requires ward support on afternoon shifts 7 days and on weekend day shifts.
10. Identify strategies to safely staff the Medical Ward when the skill mix is inadequate.

The ANMF Tasmanian Branch is 8000 plus members strong! Supporting nurses, midwives, and care workers as the only union in Tasmania employing nurses, midwives, and care workers to represent members. This is why our Organisers and Member Support Team are uniquely positioned to understand your experiences, represent you in your workplace, and offer industrial advice that's relevant to you.

Authorised by Emily Shepherd, ANMF Tasmanian Branch Secretary
6 September 2023