



## ANMF NEWSFLASH

# Benchmarking Progress Update for Wards and Units at the LGH

Since Monday 22 April 2024, the Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF) has been actively meeting with Launceston General Hospital (LGH) Management and members to advance benchmarking efforts for wards and units across the hospital. The areas involved include 6D, 5D, ICU, AMU, 4D, 3D, ED, NCCU, 5B, SSSU, and 5A.

### **\*\*Summary of Benchmarking Progress:\*\***

**6D:** The proposed 2024 6D benchmark did not produce and increase in FTE. The ANMF met with members to discuss, and members have not endorsed the benchmarking due to; the complexity of patients needing specialised medical or behavioural support necessitates nursing staff involvement beyond PSA or AIN duties. Tasks like meal break coverage, leading emergency codes, and admission/discharge planning required by ANUMs reduce direct care hours. Managing patients with challenging behaviours, those in negative pressure rooms, and COVID-positive patients, along with time-consuming nursing escorts and bedside education for early career nurses, further strain resources. Intensive 1:1 nursing care for acute stroke patients within the first 24 hours is critical. Benchmarking data from units such as 5D and AMU show higher allocations of Category A patients compared to 6D. The ANMF suggested reviewing the allocation of Category A patients for 6D, as higher category DRGs often translate to high care needs, justifying an NHpPD category allocation increase. The ANMF is waiting on THS North to complete this review.

**5D:** Proposed fillable increase of 0.45 FTE, currently staffing to AM 10, PM, 9 and ND 5. Increased FTE could allow for an AM 10, PM 10 and ND 5 or a 1000 to 1830hrs shift. Members expressed that need for clinical coach FTE remains critical, as the additional benchmarked FTE is insufficient to manage the skill mix deficiency. Members have requested that the ANMF escalate the outstanding 2023 step 2 grievance to step 3. As a result, the ANMF urgently sought confirmation of THS management of the following: immediate addition of the 2024 benchmarked FTE to the baseline roster on a fixed term while developing a permanent FTE business case, a date for approval of the 2023 step 2 specialist panel recommendations and associated business cases,



strategies to mitigate member workload if recommendations are not approved, including potential service reductions, and a response to these points by close of business Monday May 27 2024. The ANMF is yet to receive a response.

**Regarding 6D and 5D, the ANMF has informed the Deputy Secretary that last year's step 2 specialist panel recommendations on workloads have not been actioned. The ANMF will escalate if a satisfactory response is not received.**

**ICU:** 2.29 FTE additional fillable was secured by the benchmarking. The ANMF met with members to discuss the proposal. Members endorsed the proposed ICU benchmarking calculations for 2024. Members preferred this FTE to be used for clinical coaches to assist new learners in the ICU. Subsequently, the ANMF has articulated to THS management that benchmarked FTE is typically Grade 3/4, achieving clinical coaches should be possible. The application of FTE should be discussed at the unit level, considering nursing team capabilities, patient mix, service requirements, and nursing skill mix. If clinical coaches cannot be implemented or a suitable alternative is not found, the ANMF has indicated to the THS that we will reconvene with members to explore industrial options for progressing this matter.

**AMU:** The proposed benchmarking will move clinical coaches from direct care hours to indirect, applying the relief factor. The additional FTE increase for 25 beds will be 1.82 FTE. Members endorsed the proposed benchmark, pending clarification on current rostering. The proposed staffing with the new FTE would be AM 9, PM 9, and ND 6, while the current staffing is AM 10, PM 9, and ND 6.

**The ANMF has now sought clarification from the THS on this matter, and the 1.48 FTE of clinical coach being moved to indirect hours will allow for a coach on one shift 7 days a week, staffing can be maintained at the current of AM 10, PM 9 and ND 6.**

**4D:** There was no change to 4D benchmarking for 2024 other than clinical coaches will move from direct care hours to indirect, applying the relief factor. Noting that 4D remains capped at 21 beds but benchmarked to 24. This is as per *Tasmanian Industrial Commission (reference T14613 of 2018) and Business Case Agreement 2020*, agreed ANUMs would be considered direct but would not take a patient load and staffing would remain at 24 beds for benchmarking. Members endorsed the proposed benchmark subject to clarification on the current ward



staffing numbers in comparison to the staffing numbers that can be applied with the proposed benchmark, these would be AM 7, PM 7 and ND 4.

**The ANMF has now sought clarification from THS on this matter, and the 1.48 FTE of clinical coach being moved to indirect hours staffing would be AM 7, PM 7 and ND 4 plus a clinical coach on 7 days a week on either a AM or PM shift (not both) or a through shift like a 1000 to 1800hrs.**

**3D:** Has now moved to 32 beds, as a result benchmarking has resulted in an increase of FTE for 3D to 2.50. Members endorsed this benchmark at a meeting held on 3 June 2024.

**ED:** Proposed benchmarking via the NHpPD formula has produced a required total current fillable FTE of 123.15. An increase from the current fillable of 3.71, minus the additional pool fillable if -1.09 (noting under the new statewide business rules relief is only calculated on direct care hours, whereby in the north relief was calculated on both direct and indirect hours). So total additional fillable required is 2.62 FTE.

Of concern to the ANMF is that the total FTE required of 123.15 FTE is significantly less than the total FTE that was required from the previous benchmark that included the additional 21.3 FTE from the 2021 Tasmanian Industrial Commission (TIC) Record of Outcome. Previous total (2020 Benchmark) FTE 110.20 plus 21.3 FTE, combined total of 131.5 FTE plus the nurse navigator position that was agreed to be converted to a CNC quality and safety, which is now redundant.

There has been no improvement in the key indicators that required this additional FTE. One of which is, the percentage of patients who depart the emergency department within four hours of arrival; 14%, This is 64% worse than 2020-2021 period (23%), this does not consider the impact of TOC, for which the department have provided no nursing solutions as promised via the consultation process back in March. As a result, the ANMF has now written to the Deputy Secretary of Hospitals and Primary Care.

**NCCU:** Benchmarking completed on 8 beds resulted in no increase in FTE for 2024 benchmarking. Proposed staffing across the shift pattern, including rostering for in direct telemetry 4.79 FTE, would be AM 6, PM 6, ND 4.



Members advised this was below current staffing of AM 6, PM 6, ND 6. ANMF has advised THS of this discrepancy, further information to follow.

**5B:** Benchmarking was completed on 32 beds, 20 Category A beds and 12 Category B beds. Existing clinical coaches have been moved out of direct care hours. The result is for an additional 1.91 of permanent FTE for the 5B roster. Staffing under this arrangement could allow for AM 10, PM 11 and ND 6 across 13 days a fortnight, with one day in each fortnight being staffed at AM 10, PM 10 and ND 6.

**SSSU:** There has been no change to SSSU benchmarking for 2024, input data from the 2022 benchmark has not changed. Members noted the benchmarking, if workloads arise during the current benchmarking period members will consider industrial solutions at that time.

**5A:** Benchmarking was completed on 32 beds, 23 Category A beds and 9 Category B beds. Existing clinical coaches have been moved out of direct care hours which result in an increase 2.94 permanent FTE for 2024. Members endorsed this benchmarking at a meeting held on Wednesday 3 July 2024.

**ORS:** Benchmarking scheduled for Wednesday 31 July 2024. Member meeting and updates to follow after this date.

Further updates will be provided as we receive more information. In the interim, if you have any queries, please feel free to contact our Member Support Team on 1800 001 241. Alternatively, email [membersupport@anmftas.org.au](mailto:membersupport@anmftas.org.au).

**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.**

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Authorised by Emily Shepherd, ANMF Tasmanian Branch Secretary  
10 July 2024