



## ANMF NEWSFLASH

# Update for Launceston General Hospital Nurse Unit Manager Members

The Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF) has formally provided correspondence to the Executive Director Nursing and Midwifery Services (EDNM) following the concerns raised by ANMF NUM members during the meeting held on Monday 26 August 2024.

### Concerns Raised:

- Delays in Recruitment Processes:** NUMs are experiencing significant delays in the recruitment process, exacerbated by an additional two-week delay for job card approvals that are going through vacancy control, even when these positions are FTE replacement for benchmarked positions. These delays are compounded by prolonged periods, up to and beyond four months for PTVE approvals. The inability to fill positions in the short term due to these delays further intensifies the issue. NUMs are concerned about the ongoing expense of filling shifts with overtime, double shifts and agency due to the delays in recruitment.
- Rostering Challenges, Proact:** NUMs are cognisant of the benefits that increased access to Proact and the implementation of BOSS to roster, manage and respond to staffing requirements, access live data on staffing, reduce manual processes and increase efficiency of timesheet processes will provide. A clear plan for the rollout of this and the resources that will be made available to support the implementation is required.
- Inconsistent Support Across the Hospital:** There is a lack of consistent support for NUMs across different areas of the hospital. While some NUMs have access to additional FTE or Executive Assistant (EA) support, others receive none. Additionally, the concepts brief on NUM workloads, which includes strategies to mitigate these pressures, continues to be ignored by the executive. There is also a

noticeable disparity in the support provided to LGH NUMs compared to their counterparts in the South, despite them holding the same roles.

4. **Lack of Representation:** NUMs report difficulties in getting their concerns on the agenda at the NUM/HR executive meetings.
5. **CNC Quality and Safety:** This role was ‘promised’ as part of the increased CNC FTE achieved in QPSS through the GAP funding. There were discussions that these newly funded and created positions would be attached to clinical units and there was hope that they would assist with activities such as auditing, action plans, SRLSs, compliments/complaints management, QI activities. This has not eventuated, and instead the positions have been absorbed into QPSS and no real benefit has been realised in clinical areas.
6. **Poor In-Sync Results:** Despite poor In-Sync results, the executive has failed to address the underlying issues, further diminishing the NUMs’ confidence in the organisation.
7. **Lack of ANUM Support:** The lack of Associate Nurse Unit Manager (ANUM) support, as ANUMs are required to manage patient flow and the clinical shifts, further exacerbates the situation. NUMs are advocating for ANUM FTE to be rostered as indirect, with their hours returned to the direct care roster.

### Solutions Sought:

1. The release of the concepts brief on NUM workloads to the ANMF, as agreed in the 5D and 6D Step 2 Specialist Panel meetings.
2. Roster ANUMs as indirect FTE, with their hours reintegrated into the baseline rosters.
3. An audit of paid and unpaid NUM overtime, missed meal breaks, and TOIL, with the results shared with the ANMF.
4. Implementation of a nursing structure at the LGH that aligns with that of the Royal Hobart Hospital (RHH), including but not limited to an Assistant Director of Nursing (ADON) structure, EA supports, and increased HR supports. Noting with HR the new People and Culture Hub has created delays in getting a response as well varying answers to the same question.



5. An increase in Clinical Nurse Educator (CNE) FTE on each ward and unit.
6. Consideration should be given to increasing the NUM FTE on each ward, with the flexibility for each area to assess their specific needs. This could include options such as:
  - Optional double rostering of NUMs for two days a week, or
  - Ensuring seven days a week of NUM cover.
7. Recruitment delays are assessed in collaboration with the NUMs and against standards in other industries and a timeline for recruitment is developed and adhered to. Members noted an immediate solution, while other delays were being assessed, would be to have a maximum two-week window from job card to advertisement, with all approvals required within this timeframe met.

In addition, the ANMF has informed the EDNM that these matters will be tabled alongside further concerns raised in the ANMFs' correspondence dated Thursday 15 August 2024. This includes the broader systemic issues affecting the Launceston General Hospital (LGH). We are urgently seeking resolutions to these concerns.

It was also flagged that ANMF NUM members at the LGH are considering their ongoing participation in planned Industrial Action, including any potential strike action.

The ANMF will continue to keep you informed as these discussions progress.

**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  
17 September 2024