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SAVE LIVES**

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Newsflash

ANMF NEWSFLASH

Launceston General Hospital Emergency Department Member Win

Australian Nursing and Midwifery Federation Tasmanian Branch (ANMF) members at the Launceston General Hospital (LGH) Emergency Department (ED) have achieved a significant win as a part of their ongoing Code Yellow action. Members have successfully secured the 2021 additional 21.3 Full Time Equivalent (FTE) positions on top of the 2024 benchmarked hours. Previously THS North would not agree to this proposal.

The ANMF will be holding a meeting with members on **Monday 30 September 2024** to discuss how the additional FTE is proposed to be allocated within the department. This proposal was developed through two working group meetings that included ANMF, ANMF Delegates, and ED representatives. The ANMF has given in-principle support for the proposal, which allowed for a briefing paper to be submitted to the Chief Executive of Hospitals North for approval.

Despite this positive development, ANMF members are encouraged to continue calling “Code Yellows” when the department reaches critical staffing or workload thresholds. The staffing secured in this agreement represents baseline staffing levels, but the Government must still deliver on its commitment to provide the necessary additional resources as a part of the introduction of the Transfer of Care (TOC) procedure. Noting at the time of the TOC introduction the Government promised that **"what the nurses need, the nurses will get,"** and we will continue holding them to that promise.





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To date the items in *'italics' and 'bold'* are outcomes **yet to be achieved** as part of the Code Yellow campaign, the other outcomes are provided for in the above proposal for the 21.3 FTE, or the broader *Safe Hospitals Save Lives Campaign*, and will be further discussed at the ED ANMF member meeting:

- ***That the code yellow and code brown policies are changed to allow for the calling of these codes once the department has reached an agreed critical mass and an agreed external disaster scenario. Both policies need to be updated to reflect demands of a contemporary hospital that consistently operates at higher demand escalation and that the DEM MOIC/Director and NUM/Delegate assume authority of initial activation.***
- ***That once the ED goes above capacity the department of health will, each time, issue a public warning and request in line with this previous example:***
<https://www.health.tas.gov.au/news/media-releases/demand-pressures-royal-hobart-hospital-and-launceston-general-hospital>.
- That LGH ED is exempt from current cumbersome and delayed recruitment approval process for a minimum period of 12 months. Including continuing to use agency when specialist nurses are required, for example having resus/triage trained agency nurses helps release local staff into the clinical coach role to support early career learners. This will be utilised to help maintain recruitment, upskilling and progression through the department and retention to prevent burnout of existing staff.
- HR and executive approval processes to be an absolute priority for a when ED staffing deficient are being filled, i.e Proposal to Vary Establishment (PTVE), SOD and business case approvals.
- ***Existing Transition to Practice (TtP) nurses are given permanent contracts immediately. Further that people working in positions for greater than 12 months, providing backfill, are immediately given permanency without the need for interview.***
- ***A "Return to ED bonus" is established, by way of a one of payment, for previous staff who return to ED and stay for a minimum of a 2 years.***



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- Agreement is reached to staff the LGH ED to a baseline roster of 123.15 FTE plus the additional 21.3 FTE from the TIC outcome of 2021. That from this staffing the zones are allocated 1:3 and resus 1:1.
- That a clinical coach is rostered and quarantined for each shift.
- That the Quality and Safety Clinical Nurse Consultant (CNC), as previously agreed, is reinstated as per the requirements from the TIC record of outcome 2021. That this is offered as an Expression of Interest (EOI) internally for an expedited recruitment process.
- ***Further to the above additional nurses are supplied to cover the waiting room, general float, ambulance triage, transfers to wards and radiology.***
- ***That all measures are taken to fill vacant shifts and allocators. That baseline rosters must be urgently recruited. That recruitment progress and information is shared with the ANMF, including baseline roster gaps, what the agreed establishment is, position out to advertisement, future projected deficits. Further consideration to be given to the requirements for pending and existing staff leave, maternity cover and long service leave.***
- ***That the Code Yellow and or Code Brown policies are changed to allow for the calling of these codes once the department has reached an agreed critical mass.***
- ***That the Insync survey results, for the last 5 years, are shared with staff.***
- ***The report completed into Nurse Unit Manger (NUM) workloads in 2023 is released to the ANMF.***
- ***Current vacancies are shared with the ANMF, both permanent and fixed term.***
- ***ANUM, CNE and CNC positions are backfilled for planned leave relief.***





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- Supernumerary ANUMs, and supernumerary protected non-clinical time, including for CNCs, off the floor is rostered to assist with administrative tasks to assist the NUMs. Including to assist with PDAs and SLRS reviews.
- ***NUM FTE increases from 1 FTE to 2 FTE.***
- ***That a nurse navigator role is supported and staffed to provide flow to wards during peak periods of transfer.***
- ***That CNE and CNC workloads be considered, and staffing provided in line with demands and ratios of 1:30 or 1:50 head of staff for each. Particularly given the roles breadth in covering deliverables to hospital aides, support officers, clericals staff as well as nurses.***
- ***CNC FTE increased to cover night shifts***

These and other issues will be discussed in more detail during our upcoming member meeting. Further updates will be provided as we continue advocating for safe staffing levels and improved working conditions in the ED.

ANMF members of the LGH ED will maintain this action indefinitely until the government listens to the needs facing ED nurses and the broader nursing and midwifery workforce at the LGH. Further updates to follow.

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
24 September 2024



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