Appendix 4 – Summary of Review of the Nurse Manager role at The Park and IMHS and Afterhours Nurse Managers at The Park.

EXHIBIT 1243 WMS.0012.0001.10088



TURNAROUND PLAN SERVICE REVIEW PROPOSAL

Nurse Manager Role at The Park and IMHS And Afterhours Nurse Managers, The Park -Service Review

15 November 2012

DOCUMENT HISTORY

Version	Date	Prepared by	Comments
1.0	26 October	Chris Thorburn, Director Service Redesign	Consultation and review, feedback considered
2.0	15 November 2012	Chris Thorburn, Director Service Redesign	Submitted to Sharon Kelly

THE PROPOSAL

1. Proposal Details

1.1 Background (including current functions and structure)

Briefly describe the background to arriving at this point. Define the current functions/ roles of the service, the resources and model. Define any current problems, issues to be addressed/ gaps within the service area.

<Provide copy of current structure>

1.2 Proposed Initiative

On 26 October 2012, the Executive Director Mental Health & Specialised Services advised the Nurse Managers and Afterhours Nurse Managers via email that she had requested the director of Service Redesign, Mental Health & Specialised Services to meet with staff to develop a fuller understanding of the Nurse Manager roles and functions.

1.3 Scope of Initiative

Staff were advised the review of the Nurse Manager roles and functions was to occur within the context of potential organisational changes to ensure integration, sustainability and efficiency across the Division of Mental Health & Specialised Services.

Organisational change was also flagged to involve the addition of Offender Health Services to the division.

Staff were interviewed as follows:

- Michael Schilling 30 October 2012
- Lynette Glub and Janet Dryley 30 October 2012
- Kathryn Tinning 31 October 2012
- Peter Howard 31 October 2012
- Chris Young 2 November 2012
- Graham Dyer 9 November 2012

NB: Unfortunately time constraints did not allow Debbie Fullelove to be interviewed prior to her commencement of leave.

1.2.1 Portfolios of Work:

"Business Hours" Nurse Managers, The Park:

In summary, the work of the "business hours" Nurse Managers at The Park consists of the following duties:

- Filling of roster vacancies at The Park created through emergent leave relief;
- Filling of roster vacancies at The Park created through "gaps" in the original posted roster:
- Maintaining an availability sheet for casuals to work at The Park;
- Clerical duties (data entry and filing) associated with roster changes etc;
- HR management of nurses undertaking post-graduate mental health study at The Park;
- HR management of casual and temporary staff;
- Management of centralized recruitment processes for nursing staff; and
- Periodic HR reports generated for unit based Nurse Unit Managers.

"Afterhours" Nurse Managers, The Park:

In summary, the work of the "afterhours" Nurse Managers at The Park consists of the following duties:

- Filling of roster vacancies at The Park created through emergent leave relief;
- Being the Nurse in Charge of The Park Afterhours eg this role coordinates emergency responses etc; and

Mentor/management support to clinical nurses and inpatient areas afterhours.

"Business Hours" Nurse Manager, IMHS:

In summary, the work of the "business hours" Nurse Manager at IMHS includes:

- Rostering for both inpatient units;
- Managing payroll issues, HR paperwork, movement forms;
- Filling emergent leave (during business hours); and
- Managing a casual pool of staff.

1.2.2 Issues Raised During the Review:

A number of issues were raised during the review. These include:

- The need to generally improve the quality of the final rosters at The Park
 ie fewer roster gaps. The NUMs attached to the inpatient units at The Park generate a roster.
 Opinion was that greater scrutiny should be applied to the roster prior to it being approved as "final".
- The need to improve the process for staff to "call in sick" ie it is suggested that staff should directly call the nurse managers rather than the ward to allow additional time to find emergent leave relief (ie casuals rather than overtime).
- The need to improve communication processes between the inpatient areas and nurse managers, particularly the after hours nurse managers eg in relation to AWOPs or patient escorts.
- The need to improve succession planning for the nurse manager role(s).
- There is belief that there is scope to increase the coverage of program areas for the provision of emergent leave relief (eg to include Offender Health and IMHS).
- There is a view that there may be professional benefits of a rotating roster for Nurse Managers, ie after hours nurse managers working business hours and visa versa.
- There is no current approved job description for the Nurse Manager role.
- No Nurse Manager has a current PAD.

1.2.3 Current Staffing:

At The Park there are currently 5.8 FTEs allocated to Nurse Managers and After Hours Nurse Managers (plus leave relief and ADOs). The inpatient units at The Park generally have a shared CNC role (0.5FTE) and a shared Nurse Unit Manager role (0.5FTE).

At IMHS 1 FTE Nurse Manager supports the 2 inpatient Nurse Unit Managers Monday – Friday. There is no dedicated after hours Nurse Manager support to IMHS.

At The Park, out of hours, ie Monday – Friday 4pm – 6am and Saturday and Sunday- there is 1 Nurse Manger per shift.

At The Park Monday to Friday 8am – 4pm there can be 2-3 Nurse Managers rostered on at one time, depending upon the day of the week and whether an ADO is rostered.

1.4 Deliverables

Include the staging of key milestones and cost benefit. <*Provide copy of Turnaround Plan Spreadsheet>*

1.5 Potential Dependencies

Describe any potential dependencies relating to the proposed initiative, both internal and external dependencies (e.g. Broader Service Impacts, Partner initiatives).

1.6 Potential Impact of Initiative

Describe the potential impact of the initiative on customers/ consumers, services, public relations, regulatory/legislative compliance, people, processes, quality and safety.

<Provide workload impact assessment>
<Provide copy of proposed structure>

2. Business Benefits

2.1 Business Benefits and Outcomes

Provide a concise description in one to two paragraphs of the benefits (outcomes) that will be enabled by the proposal.

2.2 Non-Financial Benefits

Dot point key non-financial benefits

2.3 Financial Benefits

Dot point key financial benefits

3. Evaluation

Outline the Key performance Indicators (KPI's) that will measure the success of the proposal, and the timelines for evaluating the change benefits realisation and impact

4. Risk Management

Provide a Statement of the overall risk of the proposal considering the Integrated Risk Management Analysis Matrix.

5. Communication and Consultation

Provide a brief summary of internal and external stakeholders consulted and their commitment to the proposal.

<Include strategies for communication/consultation with staff, unions and individual employees>

6. Recommendation

It is recommended that:

- Monday Friday 8am 4pm there be 1 Nurse Manager rostered on to cover IMHS, The Park and Offender Health Services.
- Monday Friday 8am 4.30pm there be 1 A03 rostered on to provide administrative support to the Nurse Manager.
- In consultation with the Director of Nursing, that between these two roles appropriate duties are identified and allocated to cover requirements of IMHS, The Park and Offender Health Services.
- Out of hours the roster of 1 Nurse Manager per shift continue and provide management and support across The Park and emergent leave relief also to IMHS and Offender Health as required.
- A rotating roster be developed to support the revised Nurse Manager FTEs and the need for succession planning.
- The HR Management of nurses undertaking post graduate mental health study at The Park be delegated to the School of Mental Health.
- The remainder of the workload attached to HR Management of temporary and casual staff across IMHS, The Park and Offender Health be better quantified (ie volume and frequency) and allocated to distinct portfolios of existing Nurse Unit Managers and the Monday – Friday Nurse Manager.
- Current rostering practices by Nurse Unit Managers attached to inpatient units at The Park be reviewed and tightened to lessen the frequency of roster gaps.
- Consideration be given to capacity for the Nurse Unit Managers at IMHS to develop their own rosters in the absence of a IMHS Nurse Manager.
- A revised Division wide consistent process for "calling in sick" be developed and widely communicated to all nursing staff.
- A revised Role Description be developed as soon as possible and associated PADs commence for the Nurse Manager role.
- The industrial implications of these recommendations be examined and appropriate processes followed.

- Staff affected by acceptance of these recommendations be consulted.
- A transition plan developed to implement these recommendations.

RISK ANALYSIS

Risk Analysis

Describe the risks in the table below, noting that risks with a rating of high and above should be fully considered and included. Please refer to the Integrated Queensland Health Risk Management Framework and Policy: http://qheps.health.qld.gov.au/audit/IRM_Stream/policies.htm

An analysis of the proposal risk exposure against the Integrated Risk Management Framework identifies the following risk profile for the proposal.

No	Risk Event (what could go wrong)	Inherent Risk Rating	Mitigating Action (what are you going to do about it)	Owner
1				
2				
3				

Insert brief comment and identify any key assumptions relating to risks (Max – 10 lines)

			(CONSEQUENCE	S	
۵		N egligible	M inor	M oderate	M ajor	Extreme
00	R are	Low	Low	Low	Medium	High
l ≝ l	U nlikely	Low	Medium	Medium	High	Very High
KE	Possible	Low	Medium	High	Very High	Very High
=	L ikely	Medium	High	Very High	Very High	Extreme
	Almost Certain	Medium	Very High	Very High	Extreme	Extreme

COMMUNICATION

Stakeholder Engagement

State the Primary or Key stakeholders consulted and their commitment to the proposal.

Name of Group/Person and Position	Consultation and communication method	Date	Comments on the proposal and key messages
<enter here="" text=""></enter>			<enter here="" text=""></enter>
<enter here="" text=""></enter>			<enter here="" text=""></enter>
<enter here="" text=""></enter>			<enter here="" text=""></enter>

SAVINGS WORKSHEET

Total Saving Summary							
Direct Labour Savings (On-costs should include overtime if applicable)							
		Sala	ry Costs (including On	-Costs)			
Position Title/ Classification	FTEs	Cost Year 1	Cost Year 2	Cost Year 3			
		\$					
		\$					
(A) Total Direct Labour Savings	•	\$	\$	\$			
Associated Labour Savings (Lis	st any oth	ner interconnected po	ositions)				
		Sala	ry Costs (including On	-Costs)			
Position Title/ Classification	FTEs	Cost Year 1	Cost Year 2	Cost Year 3			
		\$					
		\$					
(B) Total Associated Labour Savings \$ \$							

Non-Labour Savings (List any costs currently incurred ie PC levy, RAS, travel, fleet reductions)						
Type of Expenditure	Cost Year 1	Cost Year 2	Cost Year 3			
	\$					
	\$					
(C) Total Non-Labour Savings	\$	\$	\$			
Total Summary Savings	\$	\$	\$			
*Costings are calculated using corporate costing template						

Individual Position Impact Analysis							
Cost Centre	Position ID	Position Title	Position Level	Budget	Incumbent	Change Management Plan	

ENDORSEMENT AND VALIDATION

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Signature:

Comments:

Endorsement confirms the workload impact and saving/ cost estimates are appropriate to the proposal given its scope and risk profile, and the benefits are realistic and can be delivered as outlined.

Name:	Signature:
Position: Executive Director <insert title=""></insert>	Date: / /
Division:	Contact No:
Comment:	
Validation	
Validation Stage confirms the robustness of the Bu	usiness Proposal.
Chief Finance Officer- West Moreton Hospital a	and Health Service
Name:	Date: / /
Contact No:	Signature:
Endorsed	Not Endorsed
Comments:	·
Approval	
Chief Executive	
Name:	West Moreton Hospital and Health Service
Date: / /	Contact No:
Approved	Not Approved

SUPORTING DOCUMENTS AND ATTACHMENTS

The following documents support this business change proposal and assist in reducing proposal risk					
Document Number/ Version	Document Title				

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