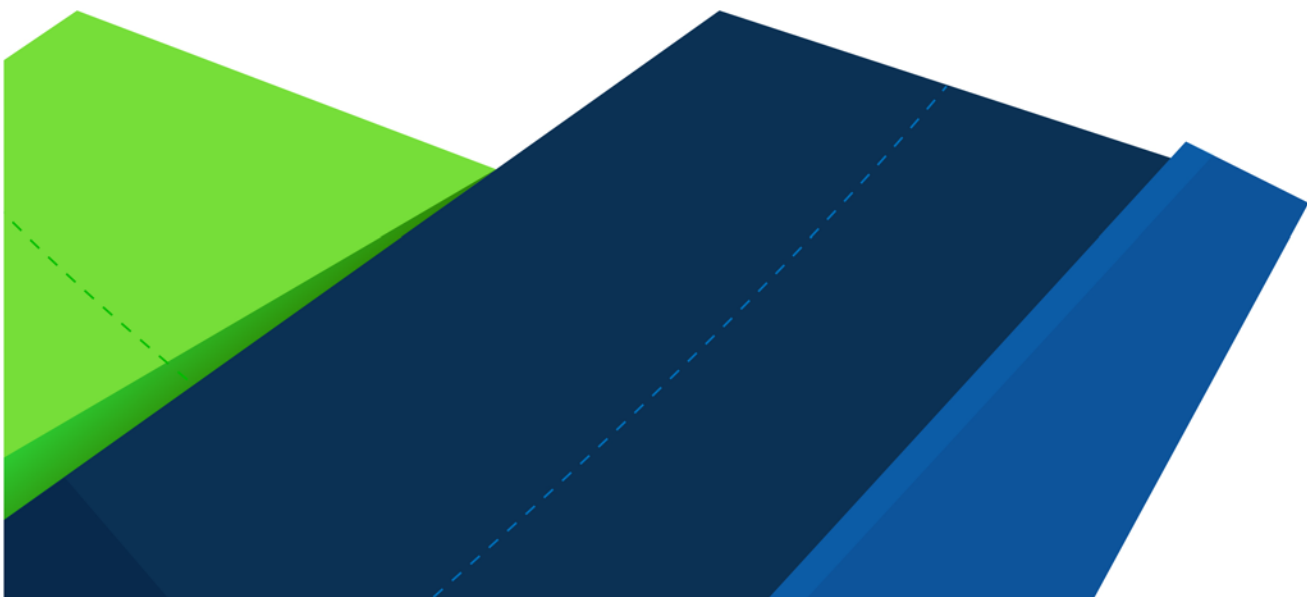


Workforce Workload Management Kit

Queensland Public Health Sector Certified Agreement (No.9) 2016 (EB9)

Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2016 (HPDO2)

ENDORSED



Workforce Workload Management Kit

The EB9 and HPDO2 Workforce Workload Management Kit was developed in consultation with employees, unions and Employment Relations, Human Resources Branch (CSD). This is in line with commitments given in Part 5 of the *Queensland Public Health Sector Certified Agreement (No. 9) 2016* (EB9) and clause 47 of the *Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2016* (HPDO2).

The Workforce Workload Management Kit provides a process for raising, investigating and resolving workload concerns, if needed, beyond the informal dialogue which should take place between an employee/s and their supervisor, or direct line manager in the first instance.

This kit,

- will assist with the development and implementation of strategies to improve immediate and long-term workload issues from a workplace, health and safety perspective.
- provides appropriate guidance to employees, stakeholders and accountability for those managing workload concerns and a commitment to providing feedback to the employee/s raising workload concerns.
- does not remove the obligation for a supervisor, or direct line manager to respond appropriately to any workload concern raised verbally or informally by an employee.

Emphasis has been placed on making documents within this kit user friendly, informative and ensuring workload issues are investigated and resolved.

Note: *This kit is not intended to override obligations provided for under relevant industrial instruments.*

The kit consists in sequential order the following:

- Workload Concern Form (employee/s raising the concern).
- Workload Management Process Flowchart.
- Working Instructions for all stakeholders.
- Workload Investigation Form (supervisor / line manager).
- Workload Concern Investigation Form (department manager).

Workload Concern Form - to be completed by employee/s

Name/s: _____

Work area / Department: _____

Classification / Level: _____

Employment Type: Permanent Temporary Casual

Employment Status: Part-time Full-time

How long have you been working in this position? _____

Date/s when workload issue occurred: ___/___/___ to ___/___/___

Note: all questions are to be answered on this form.

Indicate below what you understand to be the cause of the workload issue:

<input type="checkbox"/> Employee not replaced Reason:	<input type="checkbox"/> Increase in patient activity Reason:
<input type="checkbox"/> Inexperience Reason:	<input type="checkbox"/> Work incomplete by previous shift Reason:
<input type="checkbox"/> Equipment not available Reason:	<input type="checkbox"/> Correct procedures not followed Reason:
<input type="checkbox"/> Involved in training of new staff Reason:	<input type="checkbox"/> Duty lists and/or role description inaccurate Reason:
<input type="checkbox"/> Change of duties, procedure or policy Reason:	<input type="checkbox"/> Other Reason:

Please provide details of the workload concern. Attach (if available) any supporting evidence or data to support your claim:

Action taken at time of incident:

Did you report this issue to your supervisor/line manager at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	Did a physical and/or psychological injury occur because of the increased workload? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach copy of incident form)
Were all duties completed by the end of the shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you take your designated meal breaks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ask for assistance from fellow workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other (outline action taken)

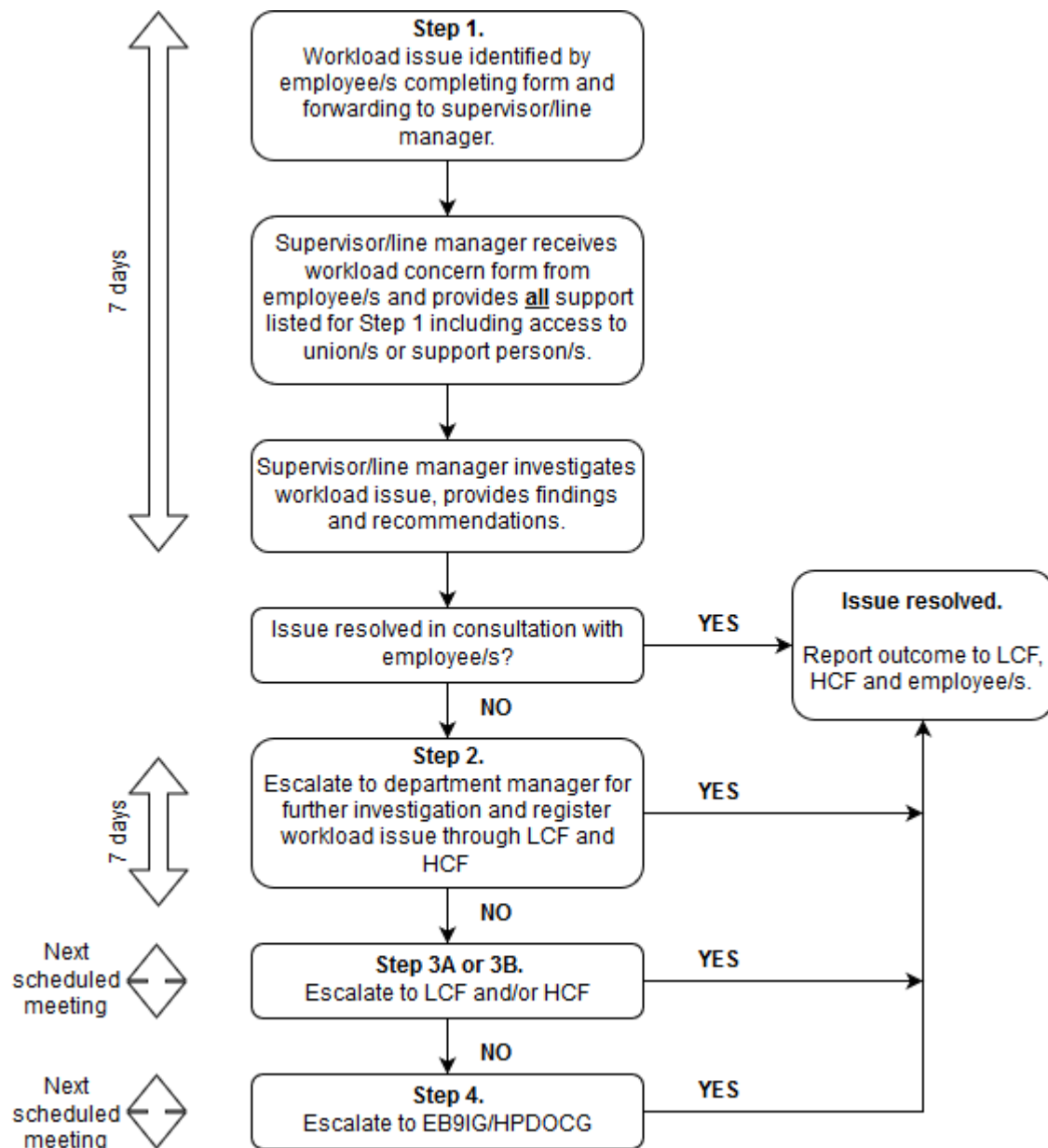
Describe how you managed this workload issue at the time:

Describe the impact your workload issue had on the service that you were providing at the time:

Please provide details on how you think this workload issue could be rectified:

Employee/s name and signature/s		
Date submitted		_/_/___
Supervisor name and signature		
Date received		_/_/___
Did you remind the employee/s that support is available? eg: EAP, union, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Investigation and feedback to be completed by (7 days):		_/_/___
<input type="checkbox"/> RESOLVED – report outcome to LCF, HCF and employee/s		_/_/___
<input type="checkbox"/> NOT RESOLVED – escalate forms to department manager		_/_/___
Note: <ul style="list-style-type: none"> - Please check all questions have been answered before submitting this form. - All workload issues identified will be investigated and feedback provided. - If additional time is required to investigate the concern, this should be noted and reason recorded. - Ensure <u>all</u> parties are working together to resolve issues. 		

Workload Management Process Flowchart



Working Instructions

Step 1. Workload issue identified	
Action Required	Person responsible
<p>1.1 Employee/s and manager/s are encouraged to resolve workload concerns verbally and informally in the first instance. Note: <i>The fact that an employee does not utilise this kit will not be used as a reason for a manager to not respond to a workload concern raised informally.</i></p>	Employee/s and their supervisor or direct line manager
<p>1.2 Employee/s wishing to formally raise a workload concern completes the Workload Concern form and forwards to the Supervisor/line manager. The form must contain details of impact on individual and/or service delivery.</p>	Employee/s raising workload concern
<p>1.3 Supervisor/line manager must provide any reasonable assistance requested at Step 1.2, such as assistance in completing the form and explanation of the process and rights, e.g.</p> <ul style="list-style-type: none"> • Access to union representative and/or support person/s • Access to HR support for advice should the person feel intimidated or harassed in submitting the concern • Access to relevant Employee Assistance Schemes • Response within time frames specified in attached flowchart unless otherwise agreed • Provide supporting data that may be required. 	Supervisor or direct line manager (assistance)
<p>1.4 Investigate workload concern. Complete within 7 days</p> <p>You may consider using the following, but not limited to; service organisational chart, funded FTE, establishment management report, current vacancy report, past/present and/or future rosters, etc. (attach any relevant supporting data).</p>	Supervisor/line manager
<p>1.5 Complete workload investigation form. Include findings and recommendations.</p>	Supervisor/line manager
<p>1.6 Report outcome through department manager to HCF¹ and LCF²</p>	Supervisor/line manager
<p>1.7 Feedback to employee/s raising concern including supporting evidence.</p>	Supervisor/line manager
If issue not addressed/resolved continue to Step 2	

¹Health Consultative Forum (HCF) or equivalent. ²Where an LCF is formed or existing.

Step 2. Issue not resolved	
Action Required - within 7 days	Person responsible
1. Escalate Workload Concern form and supporting documents to department manager.	Supervisor/line manager
2. Further investigation required.	Department Manager
3. Complete report including findings and recommendations.	
4. Report outcome to HCF ¹ .	
5. Feedback to employee/s raising concern including supporting evidence.	
If issue not resolved continue to Step 3A or 3B	
Step 3A. Issue not resolved - next Scheduled meeting	
Use where an LCF is formed or existing.	
Action Required	Person responsible
1. Escalate Workload Concern form and supporting documents to LCF ² /HHS executive.	Department Manager
2. Further investigation required.	Members of LCF/HHS executive
3. Complete report including findings and recommendations.	
4. Report outcome noted by LCF ² to HCF ¹ .	
5. Feedback to employee/s raising concern including supporting evidence.	
If issue not resolved continue to Step 4	
Step 3B. Issue not resolved - next Scheduled meeting	
Use where a LCF does not exist, or at election of either party to expedite resolution.	
Action Required	Person responsible
1. Escalate Workload Concern form and supporting documents to HCF.	Members of HCF/HHS executive
2. Further investigation required.	
3. Complete report including findings and recommendations.	
4. Report outcome noted by HCF ¹ to EB9IG/HPDOCG.	
5. Feedback to employee/s raising concern including supporting evidence.	
If issue not resolved continue to Step 4	
Step 4. Further resolution required - next Scheduled meeting	
Action Required	Person responsible
1. Escalate Workload Concern form and supporting documents to Consultative Forum (EB9IG/HPDOCG).	Members of HCF
2. Further investigation required.	Members of EB9IG/HPDOCG
3. Report outcome noted by HCF to EB9IG/HPDOCG.	
4. Feedback to employee/s raising concern including supporting evidence.	

¹Health Consultative Forum (HCF) or equivalent. ²Where an LCF is formed or existing.

Workload Investigation Form - to be completed by supervisor / line manager

Name: _____

Work area / Department: _____

Classification / Level: _____

How long have you been working in this position? _____

Date/s when workload concern was received: ___/___/___

Are you the direct line report to the staff member: Yes No

If 'No' what is your involvement in reviewing the concern?

Outline the discussion held with the employee/s to investigate the workload concern:

Was the workload concern:

One off? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ongoing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Action/s taken at time of incident:

Please provide information and evidence to support your action/s:

If considered ongoing, please provide details of your recommendations to resolve this matter:

If the recommendation/s are outside of your delegations, please forward all relevant information to your immediate line manager for escalation if applicable.

Supervisor name and signature		
Date		__/__/__
Did you remind the employee/s that support is available? eg: EAP, union, etc		<input type="checkbox"/> Yes <input type="checkbox"/> No
Investigation and feedback to be completed by (7 days):		__/__/__
<input type="checkbox"/> RESOLVED – report outcome to LCF, HCF and employee/s		__/__/__
<input type="checkbox"/> NOT RESOLVED – escalate all forms to Department Manager		__/__/__
Note: <ul style="list-style-type: none">- Please check all relevant sections have been completed before submitting this form.- Have all workload issues been identified, investigated and feedback provided?- Was additional time required to investigate the concern? If so this should be noted and reason recorded.- Ensure <u>all</u> parties are working together to resolve issues.		

Department Manager Workload Concern Investigation form

Department name, unit or HHS:		Facility:	
Branch/Unit/Ward:		Workload measure period: __/__/__ to __/__/__	Investigation commenced: __/__/__
Workload Indicator	Workload Indicator Outcome	Possible Cause & Effect	Workload Management Options



Investigated action recommended by department manager:	
<input type="checkbox"/> Resolved - report outcome to LCF, HCF and employee/s <input type="checkbox"/> Not resolved - escalate to LCF/HCF or HHS Exec	
Department managers name and signature:	Date: __/__/__
Investigated action recommended by LCF/HCF or HHS Exec:	
<input type="checkbox"/> Resolved - report outcome to LCF, HCF and employee/s <input type="checkbox"/> Not resolved - escalate to EB9IG/HPDOCG	
Name and signature:	Date: __/__/__
Investigated action recommended by EB9IG/HPDOCG:	
<input type="checkbox"/> Resolved - report outcome to EB9IG/HPDOCG and employee/s <input type="checkbox"/> Not resolved	
Name and signature:	Date: __/__/__

WORKGROUP ENDORSED