

HPDO WORKFORCE WORKLOAD MANAGEMENT KIT

**For occupational groups covered by the *Health
Practitioner and Dental Officer (Queensland Health)
Certified Agreement (No. 2) 2016***

Introduction

The HPDO Workforce Workload Management Kit has been designed, in consultation with employees and unions, to provide a process for managing workload concerns.

Emphasis is placed on making documents user friendly and informative by providing appropriate guidance to stakeholders, accountability for those managing workload concerns and commitment to feedback to the staff member raising workload concerns. This is in line with commitments given in Part () of the *Health Practitioner and Dental Officer (Queensland Health) Certified Agreement (No. 2) 2016 clause()*.

The intention of the HP Workforce Workload Management Kit is to facilitate a process for resolving workload issues, if needed, beyond the informal dialogue which should take place between an employee and a manager in the first instance. This kit does not remove the obligation for a manager to respond appropriately to any workload concern raised verbally or informally by an employee.

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

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The kit consists in sequential order the following documents:

Part A

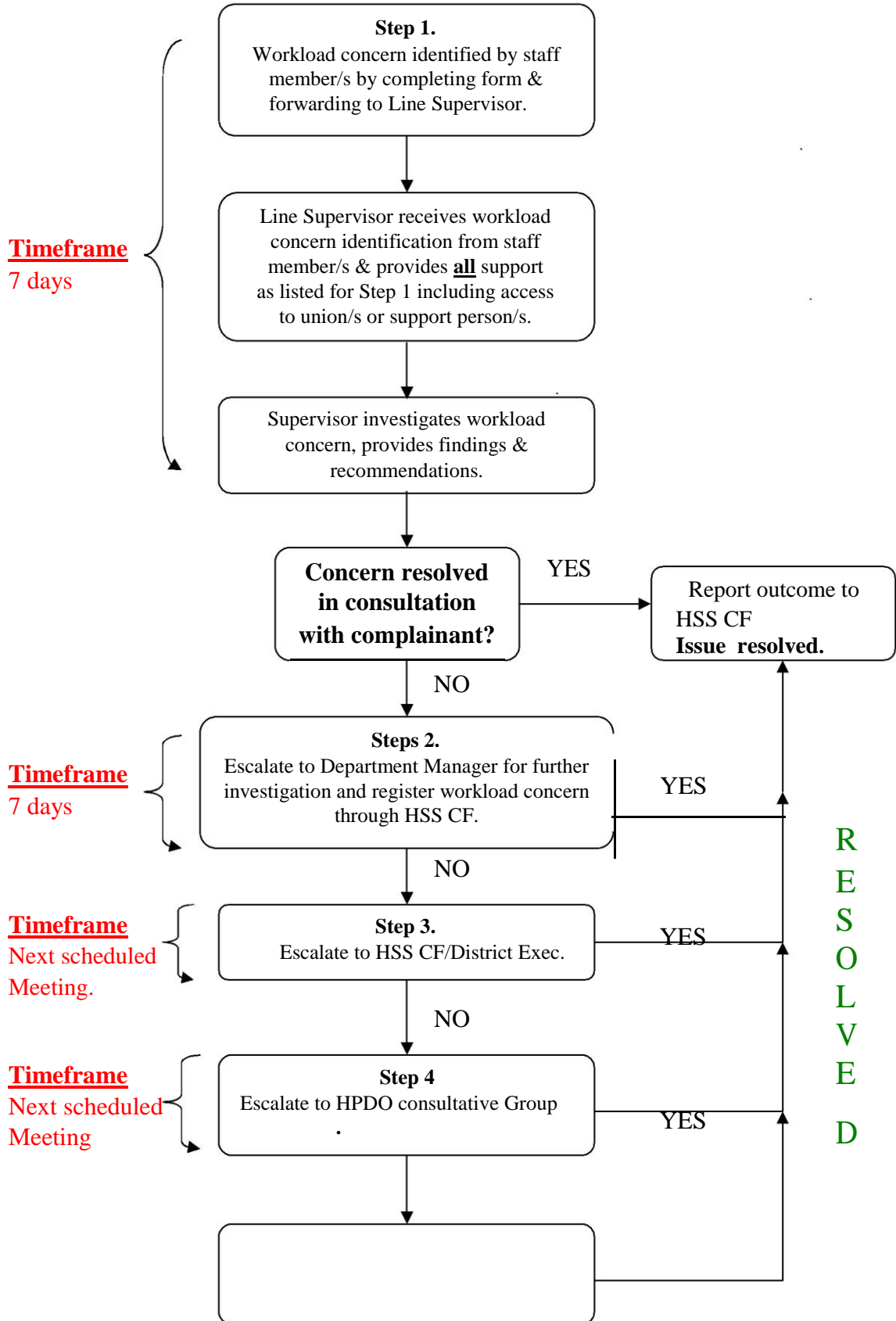
- Working Instructions**
-For all stakeholders in the use of the document
- Flow chart**
- The Workload Concern Form**
-To be initiated by the employee raising the concern

Part B

- Workload Management Guidance Tool for Supervisors/Managers**
- Supervisors/Managers Workload/Consultative Forums Findings/Recommendation Form**
- Workload Management Kit Tracking Record**

Step 2. (Issue not resolved)		
2.1 Escalate to Department Manager		
2.2 Further investigation required	Line Supervisor	
2.3 Complete report including findings & recommendations	Department Manager	7 days
2.4 Report outcome to HSS consultative forum or equivalent		
2.5 Feed back to complainant <i>If issue not resolved continue to Step 3</i>		
Step 3. (Issue still not resolved)		
3.1 Escalate to HSS Consultative Forum/ HSS Executive		
3.2 Further investigation required	Department Manager	
3.3 Complete report including findings & recommendations	Members of LCF/District Executive	Next Scheduled meeting
3.4 Report outcome to HSS consultative forum		
3.5 Feed back to complainant <i>If issue not resolved continue to Step 4</i>		
Step 4. (Further resolution required)		
4.1 Escalate to Health Practitioner Dental Officer Consultative Group		
4.2 Further investigation required	HSS Consultative Forum	Next Scheduled meeting
4.3 Complete report including findings & recommendations	HPDO Consultative forum	
4.4 Report outcome to HSS consultative forum		
4.5 Feed back to complainant <i>If issue not resolved continue to Step 5</i>		

WORKLOAD PROCESS FLOWCHART



**HPDO WORKFORCE WORKLOAD MANAGEMENT
KIT**

occupational groups covered by the *Health Practitioner & Dental Officer (Queensland Health) Certified Agreement (No. 2) 2016*

PART A

WORKLOAD CONCERN IDENTIFICATION FORM TO BE COMPLETED BY STAFF MEMBER

Name: _____ Work area/Department: _____

Classification/ Level: _____ Employment Type: Permanent Casual
 Employment Status: Part-time Full-time

How long have you been working in this role? _____ Date when workload issue occurred: ____/____/____

NOTE: Non-recurring causes (natural disasters etc) are to be managed within HHS Risk Management Plans and are not part of this process.

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

Staff not replaced	Increase in patient activity
Inexperience	Work not completed by previous shift
Equipment not available	Correct procedures not followed
Involved in training of new staff	Non availability of casual staff
Change of duties, procedure or policy	Duty lists inaccurate
Other:	

(Must be completed)

Please provide details, action and attach (if available) any supporting data of the workload issue you have identified:

Action Taken at Time of Incident

Did you report this issue to your Supervisor at the time? Yes No	Did you take your designated meal breaks? Yes No
Were all duties completed by the end of the shift? Yes No	Did an injury occur as a result of the increased workload? Yes No (if yes, please attached copy of incident form)
Did you ask for assistance from fellow workers? Yes No	Other (outline action taken):

(Please Note: each of the above questions is to be completed)

How did you manage this workload issue at the time?

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

ALL WORKLOAD ISSUES IDENTIFIED WILL BE INVESTIGATED AND FEEDBACK PROVIDED

.....Date.....

Employee Signature

To be completed by ___/___/___

.....Date.....

Supervisor Signature

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PART B

WORKLOAD MANAGEMENT GUIDANCE TOOL FOR SUPERVISORS & MANAGERS

Please Note: This document is a guide only -workload indicators may need to be amended depending on the work area.

District:		Facility:	
Branch/Unit/Ward:		Workload measure period / / to / /	Date Submitted to LCF / DCF:
Workload Indicator	Workload Indicator Outcome	Possible Cause and Effect (i.e. did work place change take place during this period which may or may not be a long term workload issue)	Workload Management Options (i.e. what strategy will be put in place if a prolonged workload management issue is identified)
Hours of Overtime worked per employee (Includes paid O/T and Time in Lieu)	Average of 5 hours per employee per week for the past 10 weeks	Implementation of LATTICE which will be completed in 3 weeks	<input type="checkbox"/> Review current work process for efficiency? <input type="checkbox"/> Work reduction strategy needs to be put in place? <input type="checkbox"/> Reallocate workload across team? <input type="checkbox"/> Increase establishment?
Employment of Casual and Temporary other than backfill	2 temporary staff above establishment for the past 6 months	Transfer of additional workload to workplace with no adjustment to permanent establishment or temp workload transfer for short period	<input type="checkbox"/> Review current work process for efficiency? <input type="checkbox"/> Work reduction strategy needs to be put in place? <input type="checkbox"/> Reallocate workload across team? <input type="checkbox"/> Increase establishment? <input type="checkbox"/> Are permanent vacancies filled in accordance with E.B. timeframes?
Workforce Attrition Rate	50% turnover over the past 12 months	Ascertain whether workload was an issue	Exit interview to explore workload issues?
Sick leave taken (other than certificated leave)	Average of 5 days uncertificated sick leave absence per employee	No workplace change during this period	Organisational Climate Survey (QPASS) of staff may assist in identifying causes other than workload.
Call Backs	Average of 4 call backs per staff member for each of the past 6 weekends	No workplace change during this period	Review roster arrangements?
Patient Adverse Incidents	Number of complaints related to service delivery	Higher than average in-patients during this period	Investigate reason for service complaints.

Workload Indicator	Workload Indicator Outcome	Possible Cause and Effect (i.e. did work place change take place during this period which may or may not be a long term workload issue)	Workload Management Options (i.e. what strategy will be put in place if a prolonged workload management issue is identified)
Resource measurement systems	Resource correctly allocated	Was measuring tool used correctly?	<input type="checkbox"/> Review current work process for efficiency? <input type="checkbox"/> Work reduction strategy needs to be put in place? <input type="checkbox"/> Reallocate workload across team? <input type="checkbox"/> Increase establishment?
Grievances lodged related to workload	Workload related grievance received	Position has had a steady increase in workload	<input type="checkbox"/> Review current work process for efficiency? <input type="checkbox"/> Work reduction strategy needs to be put in place? <input type="checkbox"/> Reallocate workload across team? <input type="checkbox"/> Increase establishment?
Accrual of ADO's/ Accrual of leave over 2 year limit	Accrual of ADO's/leave above guideline entitlement	Workload inhibits taking of ADO's/leave	<input type="checkbox"/> Review current work process for efficiency? <input type="checkbox"/> Work reduction strategy needs to be put in place? <input type="checkbox"/> Reallocate workload across team? <input type="checkbox"/> Increase establishment? <input type="checkbox"/> ADOs taken in line with policy
OH&S incidents	Incidents relating to workload (i.e. stress)	Increased activity	<input type="checkbox"/> Review current work process for efficiency? <input type="checkbox"/> Work reduction strategy needs to be put in place? <input type="checkbox"/> Reallocate workload across team? <input type="checkbox"/> Increase establishment?
Audit results not up to required standards	Environment not up to standards	Lack of suitable auditing tools and methods	<input type="checkbox"/> Assess current audit methods <input type="checkbox"/> Investigate use of electronic audit tools <input type="checkbox"/> Assess staff allocation to affected areas
Incomplete work at end of shift	Routine duties not completed in shift time	Inexperienced staff Lack of staff backfill Area not correctly allocated	<input type="checkbox"/> Is performance management required? <input type="checkbox"/> Further training? <input type="checkbox"/> Re-allocation of staff resource?

Workload Indicator	Workload Indicator Outcome	Possible Cause and Effect (i.e. did work place change take place during this period which may or may not be a long term workload issue)	Workload Management Options (i.e. what strategy will be put in place if a prolonged workload management issue is identified)
Communication issue	Insufficient communication between staff/Supervisor and/or between shifts	Lack of training. Lack of suitable communication methods	<input type="checkbox"/> Handovers? <input type="checkbox"/> Communication books <input type="checkbox"/> Pagers/radios?
Workload issue related to other streams	Completion of work relies upon other streams (Nursing/Medical/Admin completing their duties)	Reliance on duties of other streams being appropriately structured Dependent on patient care and treatment	<input type="checkbox"/> Liaise with management of other streams and where possible structure duties in accordance with other streams and/or patient care?
Unable to take breaks in accordance with Award conditions	Working through breaks to keep up with work	Breaks scheduled at inappropriate times in relation to patient activity	<input type="checkbox"/> Assess break times compared to operational need?
Task (Duties) lists inadequate	Lists difficult to follow and complete duties from	Lists do not provide enough detail	<input type="checkbox"/> Review Task Lists to include duties actually performed? <input type="checkbox"/> Provide training in use of Task Lists
Casual staff availability	Unable to contact available casual staff	Casual staff refusing shifts or not contactable when required	<input type="checkbox"/> Explain requirements to casual staff at interview? <input type="checkbox"/> Ensure contact lists are up to date? <input type="checkbox"/> Manage casual staff where required?

Interviewed Stakeholders**Findings****Action Recommended by Department Manager:****Feedback given to staff member raising Workload Issue?****Yes/No****Department Manager's Name & Signature:****Date:**

Action recommended by Chairperson HSS CF: (if applicable)

Chairperson HSS CF name & signature:

Date:

Staff member raising concern given feedback:

Staff member's name & signature:

Date:

