

Workforce Workload Management Kit

Medical Officers' (Queensland Health) Certified Agreement (No 6) 2022 (MOCA6)

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The Workforce Workload Management Kit provides a process for raising, investigating and resolving workload concerns, if needed, beyond the informal dialogue which should first take place between employee/s and their supervisor, or direct line manager. Every effort should be made to resolve issues at the local level. Escalation of a workload issue may only occur once the preceding step of the process has been completed (i.e. escalation to the MOCA6 oversight committee may only occur after the matter has been raised and investigated at the Health Consultative Forum or equivalent).

Management must consider any workload concerns. Union members may contact their local delegate or organiser for assistance. All parties should be working together to resolve any concerns.

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;
- Provide 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 of the following, in sequential order:

- 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).
- Contact List

Workload Concern Form

To be completed by employee/s

Note: all questions are to be answered on this form

Name/s: _____

Work area / Department: _____

Consultant / Team: _____

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 _____

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

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

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

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Action taken at time of incident:

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

Describe what actions were taken after the issue was reported to your supervisor/line manager:

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Describe how you managed this workload issue at the time:

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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:

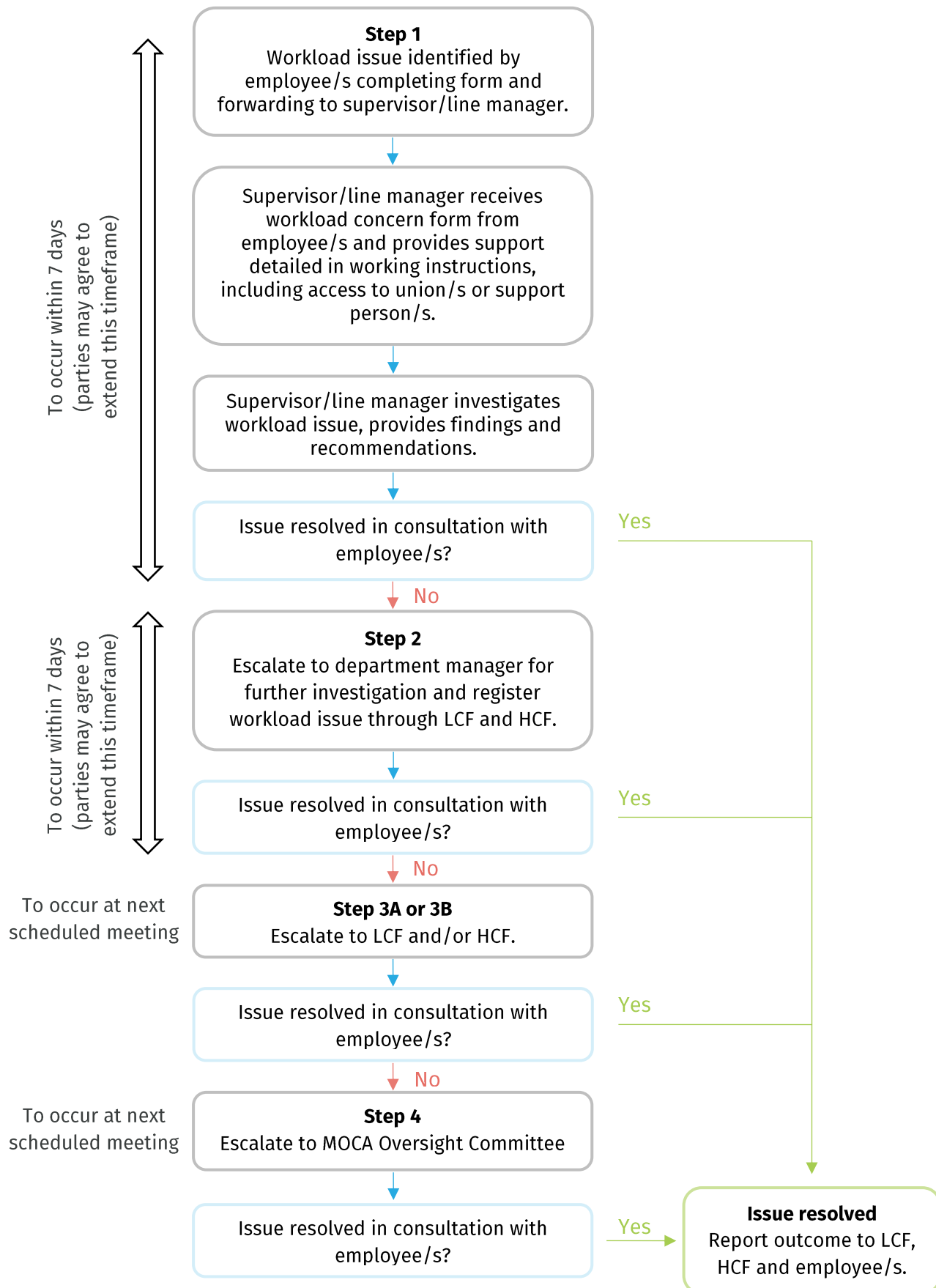
Employee/s name and signature/s		Date form submitted:
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Please ensure all questions have been completed before submitting this form.

To be completed by supervisor

Supervisor name and signature		Date form received:
Did you remind the employee/s that support is available? eg: EAP, union, etc	Yes	No
Investigation and feedback to be completed by (7 days after form received, or if parties agree to an extension, the later date)	Date:	
Outcome: RESOLVED – report outcome to LCF, HCF and employee/s NOT RESOLVED – escalate forms to department manager	Date:	
Note: <ul style="list-style-type: none"> - 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
1.1 Employee/s and manager/s are encouraged to resolve workload concerns verbally 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>	Employee/s and their supervisor or direct line manager
1.2 Employee/s wishing to formally raise a workload concern complete the Workload Concern Form and forward to the supervisor/line manager. The form must contain details of impact on individual and/or service delivery.	Employee/s raising workload concern
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. <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)
1.4 Investigate workload concern. Complete within 7 days unless parties agree to extend this timeframe. Agreement should be obtained in writing. 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).	Supervisor/line manager
1.5 Complete workload investigation form. Include findings and recommendations.	Supervisor/line manager
1.6 Report outcome through department manager to Health Consultative Forum or equivalent (HCF) and Local Consultative Forum (LCF) where formed or existing.	Supervisor/line manager
1.7 Feedback to employee/s raising concern including supporting evidence.	Supervisor/line manager
If issue not addressed/resolved continue to Step 2	

Step 2. Issue not resolved	
Action Required	Person responsible
1. Escalate Workload Concern Form and supporting documents to department manager.	Supervisor/line manager and Department Manager
2. Further investigation required.	
3. Complete report including findings and recommendations.	
4. Report outcome to LCF and HCF.	
5. Feedback to employee/s raising concern including supporting evidence.	
All steps must be completed within 7 days unless parties agree to extend this timeframe. Agreement should be obtained in writing.	
If issue not resolved continue to Step 3A or 3B	
Step 3A. Issue not resolved	
Use where an LCF is formed or existing.	
Action Required - next Scheduled meeting	Person responsible
1. Escalate Workload Concern form and supporting documents to LCF/HHS executive.	Department Manager and Members of LCF/HHS executive
2. Further investigation required.	
3. Complete report including findings and recommendations.	
4. Report outcome noted by LCF to HCF.	
5. Feedback to employee/s raising concern including supporting evidence.	
If issue not resolved continue to Step 4	
Step 3B. Issue not resolved	
Use where a LCF does not exist, or at election of either party to expedite resolution.	
Action Required - next Scheduled meeting	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 to MOCA Oversight Committee.	
5. Feedback to employee/s raising concern including supporting evidence.	
If issue not resolved continue to Step 4	
Step 4. Further resolution required	
Action Required - next Scheduled meeting	Person responsible
1. Escalate Workload Concern Form and supporting documents to MOCA Oversight Committee.	Members of HCF Members of MOCA Oversight Committee
2. Further investigation required.	
3. Report outcome noted by HCF to MOCA Oversight Committee.	
4. Feedback to employee/s raising concern including supporting evidence.	

Workload Investigation Form

To be completed by supervisor / line manager

Name/s: _____

Work area / Department: _____

Classification / Level: _____

How long have you been working in this position? _____

Date/s when workload concern was received: _____ to _____

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? Yes No

Ongoing? Yes No

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:

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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	Yes	No
Investigation and feedback to be completed by (7 days after Workload Concern Form received, or if parties agree to an extension, the later date):	Date:	
RESOLVED – report outcome to LCF, HCF and employee/s NOT RESOLVED – escalate all forms to Department Manager	Date:	
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

To be completed by supervisor / line manager

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

Workload Indicator	Workload Indicator Outcome	Possible Cause & Effect	Workload Management Options

Note: Department Manager has 7 days to complete further investigation into workload concern and report to LCF/HCF and employee, unless an extended period is agreed to between parties.

Investigated action recommended by department manager:

Resolved - report outcome to LCF, HCF and employee/s

Not resolved - escalate to LCF/HCF or HHS Exec

Department manager's name and signature:

Date:

Investigated action recommended by LCF/HCF or HHS Exec:

Resolved - report outcome to LCF, HCF and employee/s

Not resolved - escalate to MOCA Oversight Committee

Name and signature:

Date:

Investigated action recommended by MOCA Oversight Committee:

Resolved - report outcome to MOCA Oversight Committee and employee/s

Not resolved

Name and signature:

Date:

Contact List

If I have further questions, who should I contact?

In the first instance employees should bring the matter to the attention of their line manager. If additional assistance is required, please use the contact details listed below.

Queensland Health Human Resources contacts:

<https://qheps.health.qld.gov.au/hr/contacts/local-hr-units>

Union contacts:

Australian Salaried Medical Officers' Federation Queensland (ASMOFQ)	asmofqld@asmof.org.au
Together Union Queensland (TQ)	health@together.org.au

As the line manager, who do I contact for tabling the workload concern at the Consultative Forum?

Ensure resolved or unresolved workload concerns are tabled at your Local Consultative Forum (LCF) or Health Consultative Forum (HCF) using your local HHS contact details below. If you need assistance, contact your local HR team.

Cairns and Hinterland HHS	CHHHSConsultativeForums@health.qld.gov.au
Central Queensland HHS	CQHHS_HR@health.qld.gov.au
Central West HHS	kathy_hartland@health.qld.gov.au
Children's Health Queensland	CHQ_CFO@health.qld.gov.au
Darling Downs HHS	Darling_Downs_Human_Resources@health.qld.gov.au
Department of Health	DOH-HRAS-HROperations@health.qld.gov.au
Gold Coast HHS	GCAshHR@health.qld.gov.au
Mackay HHS	Mackay_HR_Services@health.qld.gov.au
Metro North HHS	Metro_North_HR_Services@health.qld.gov.au
Metro South HHS	metrosouthHR@health.qld.gov.au
North West HHS	mtisa_HR@health.qld.gov.au
South West HHS	SWHHS_DCF@health.qld.gov.au
Sunshine Coast HHS	SC-Secretariat-CF@health.qld.gov.au
Torres and Cape HHS	TCHHS-HSCF@health.qld.gov.au
Townsville HHS	TSV-HR-Enquiry@health.qld.gov.au
West Moreton HHS	WM_HR_Services@health.qld.gov.au
Wide Bay HHS	WideBay-HSD-HR@health.qld.gov.au