Lack of effective workload management processes a critical concern for QNU members across all sectors – public, private and aged care

Implementation of existing industrially mandated tools (e.g. BPF in public sector since 2001) extremely problematic – especially since election on conservative state government in 2012

Massive job losses since 2012 - almost 5000 in total in public sector, 1800 of these nursing and midwifery – along with cuts to services and privatisation

Election of a minority Labor government on 31 January 2015 – committed to legislating minimum ratios

Intensive work underway now to ensure delivery of Nursing Policy Platform (NPP)
“RATIOS SAVES LIVES” CAMPAIGN

- Campaign launched in context of state election - Jan 2015
- Aim is to make visible what is current invisible – the value of nursing and midwifery work
- Applies to all sectors – but establish precedent in public sector first via legislating minimum ratios and proper application of BPF
- Long term campaign – complexities given difficulties legislating in private sector and aged care (federally regulated)
- Campaign focus on staffing AND skill mix
- Key element is also aim to establish standardised public reporting framework or dataset across all sectors
- Evidence based campaign – reliant on Prof Linda Aiken’s international research – funding for research a key component of NPP budget submission
- Member and community education critical – next phase to be launched in conjunction with QNU annual conference in July
- Building member/activist hope critical – especially given recent hostile political experience – organising strategy central element
CURRENT STATE OF PLAY

- Intensive NPP work underway – first cabinet submission and initial budget submission made – two more Cabinet submissions pending in June and July

- Context of unanticipated change in government – small no of policy commitments by Labor – Ratios commitment the most ambitious

- Treasury catastrophising the budget situation (as they do the world over) and in need of a reframing away from short term “cashable savings” mindset

- Challenge is how to make visible the invisible and seek to quantify the worth of our work – not be afraid of the evidence and becoming more economically literate

- Timeframe for legislation – starting work now with aim for 1 July 2016 implementation – though new grad employment to commence from July 2015
Cost of implementing ratios not insignificant ($180 million to $294 million per year) – not including savings from decreased adverse events and litigation and improved outcomes

Staffing deficit significant – over 2,300FTE shortfall

Highlights significant non-compliance with existing industrially mandated tool

Staging of implementation required – agreement required on this (QNU position is to start with regional, rural and remote and areas of identified need)

Focus and speed is of the essence given uncertain political context and tensions

Other priorities also at play – e.g. addressing other unfair legislation of previous government – e.g. industrial relations
KISS principle and repetition critical – Keep it Simple Stupid

Not easy to translate complex nuanced ideas into simple messages – why we are holding this workshop

No matter what approach taken it is hard work – never ending struggle

Different narratives and ways of thinking/preferences at play – “caring” versus economic also professional and industrial frames

Need both easy to understand simple messages AND sophisticated and robust tools/methodologies – hence ratios the floor and BPF the tool to build above that

Nobody has all the answers – need to be prepared to learn from each other by sharing successes and failures

Community and member based campaigning will be central to our success – alignment of interests around patient safety
THE CAMPAIGN CONTINUES