Rostering Best Practice

The Sydney Children’s Hospitals Network

Rostering Guidelines

April 2016
Version Control


Approvals

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<th>Date</th>
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<tr>
<td>SCHN Rostering Steering Committee</td>
<td>8th April 2016</td>
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<tr>
<td>SCHN Rostering Steering Committee Executive Sponsor, Ian Fuller (Director of Workforce)</td>
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<td>Employee Related Expenses Working Group</td>
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- **Rostering Best Practice**
Introduction

Rosters are crucial to the functioning of any healthcare service as they ensure that staffing resources are allocated appropriately to provide high quality and efficient patient care and support services. The Rostering Best Practice program of work takes into consideration factors such as: patient needs; staff needs; organisational needs; the workforce and skills required to deliver services; and, workforce availability, with the overarching principle of delivering services to patients as the first consideration.

Rosters must conform to relevant regulatory frameworks, including: anti-discrimination; Work, Health and Safety legislation; Industrial Awards; and, NSW Health and LHD / SHN policies.

In line with the NSW Health Rostering Principles within the *NSW Health Rostering Resource Manual*, Sydney Children’s Hospitals Network (SCHN) has developed the following rostering guidelines in order to assist roster managers in achieving Rostering Best Practice. All rostering approvals are as per the delegations manual.

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**OVERARCHING PRINCIPLE**

Delivering services to patients is the first consideration.

**THE PRINCIPLES THAT GUIDE ROSTERING IN NSW ARE:**

**PRINCIPLE 1:**

Rosters must ensure that there are sufficient and appropriately skilled staff rostered to work, in order to provide appropriate patient care and to meet anticipated service demands.

**PRINCIPLE 2:**

Rosters must conform to relevant regulatory frameworks, including antidiscrimination, work health and safety legislation, industrial awards, and NSW Ministry of Health and LHD/SHN policies.

**PRINCIPLE 3:**

Rostering processes should ensure staff are rostered fairly, while still providing appropriate flexibility to facilitate meeting unit staffing needs.

**PRINCIPLE 4:**

Rosters must make appropriate provision for adequate staff supervision, training and clinical handover.

**PRINCIPLE 5:**

The organisation must have appropriate governance structures in place to oversee roster planning, creation, approval, monitoring and reporting.

**PRINCIPLE 6:**

Rostering practices in NSW Health are based on co-operation between rostering managers and staff, in order to promote fairness in rostering and to deliver appropriate care to patients.

Source: *NSW Health Rostering Resource Manual, 2014*
Additional Rostering Principles for Junior Medical Staff

- Rosters should adhere to safe working hours minimising overtime and include sufficient staff to allow this.
- Un-rostered overtime should be minimised by rostering to match times of peak workload while maintaining supervised training opportunities.
- Non-urgent activities such as ward rounds and planned surgery should be planned for daylight hours to reduce activity out of hours.

Source: MWAC project report, JMO Rostering and Overtime, Dec 2015

The SCHN Rostering Guidelines cover the following key areas:
The following definitions apply throughout this document:

**Roster Creator**

The person responsible for developing the roster. This is usually the Manager, Deputy Manager, Second In-Charge or a senior member of the team with delegated responsibility, therefore the Roster Creator and Manager may be the same person.

**Roster Manager**

The person responsible for managing the implementation and outcomes of the roster. This is usually the Department / Unit Manager.

**Roster Approver**

The person responsible for approving the roster prior to publication. This is a Senior Manager within the organisation. The Roster Manager and the Roster Approver are different people as this allows for an independent review of a roster providing visibility of rostering issues at a higher level within an organisation. For example this might be the Clinical Program Director, Department Head or other senior manager.

Helpful hint

Only an approved and published roster can be seen by employees online, unapproved rosters are not visible.
Roster Governance

SCHN strives to ensure flexible, fair and equitable rosters to all staff within service delivery provisions. All roster managers must review rosters prior to publication to ensure:

- Staff members have been rostered in compliance with the relevant award
- The roster meets demand template to ensure service delivery within approved budgeted Full Time Equivalent (FTE)
- The applicable skill set is covered by the roster
- The correct number of FTE are rostered on annual leave to achieve the annual leave requirements
- Roster requests have been accommodated wherever possible as per the guideline for roster request management
- The pattern of shifts rostered and shift length duration is cognisant with minimising and managing work related fatigue (as per GL2007 023 Fatigue - Preventing & Managing Work Related Fatigue: Guidelines for the NSW Public Health System and SCHN Fatigue Management Policy 2016)
- For Nursing, appropriate signed documentation has been received and kept on record where the staff member elects to waive their entitlement as per the Public Health System Nurses’ and Midwives’ (State) Award 2015 Clause 4(iv)(a) in relation to breaks between shifts (Appendix A)
- It is recommended best practice for Roster Managers in areas providing a 24/7 service to review and update rosters daily including the daily finalisation in HealthRoster, this is also advisable in all other areas

Rosters are created and published in HealthRoster. These are required at least two weeks prior to the commencement date of the first working period in any roster and can be printed from the system if necessary.

Roster managers should be aware of their obligation to finalise HealthRoster prior to submission for payroll processing. As per the Auditor General’s Report to Parliament 2014, the absence of approved rostered hours increases the risk of staff claiming, and being paid for hours they have not worked.

Generally roster managers are required to keep roster related records for a period of seven years. For further information please refer to State Records: The General Retention and Disposal Authority (GA28) or your local Workforce Services representative.

Secondary Approval

Secondary approval is performed by the Roster Approver.

In areas with 24/7 shifts, secondary approval of rosters is required, prior to publication, by the Clinical Program Director, Department Head or other Senior Manager. This is to ensure rostering best practice principles have been applied.

The following is a list of considerations for the Secondary Approver:

- Roster completed in accordance to award and Roster Guidelines
• All weekend and public holiday shifts are covered
• All night shifts covered
• Skill mix balanced across all shifts
• Shift vacancies balanced
• Annual leave FTE target*
• Study leave included*
• Workers compensation included*
• Maternity leave included*
• Unpaid maternity leave included*
• Long term sick leave included*
• Excessive leave included*

In standard rosters the considerations indicated above with * are to be reviewed every 6 – 12 months by Clinical Program Director, Department Head or other Senior Manager

Junior Medical Roster Business Rules

Junior Medical Staff have some specific requirements to consider because of the rotation between different terms and the training component of their roles.

• Rostering follows the National Code Of Practice: Hours of Work, Shift work and Rostering for Hospital Doctors. This gives guidance on shift length, the length of break between shifts (avoiding a late then early shift), forward rotation of shifts through days, evenings and nights and avoiding excessive numbers of shifts without days off

• ADOs are included in the roster to enable them to be taken regularly

• The last night of a term is not allocated to JMOs rotating to a different organisation as days off may not be able to be rostered

• Rostering a night shift just prior to an educational day or annual leave is avoided

• The fair allocation of shifts between staff in the same role is transparent

• Requests for training needs and interests are considered if possible

• Flexibility for personal issues is available using family and carer’s leave

• The creation of the roster is an open process and there is capacity to request urgent changes
The Rostering Process Flowchart

The Rostering Process Flowchart is designed to provide an outline of the necessary steps involved in developing a roster. Each step outlines factors to be considered, from receipt of budget information through to roster creation, maintenance and finalisation for transfer to payroll.

<table>
<thead>
<tr>
<th>Rostering Process</th>
<th>Key Tasks and Responsibilities</th>
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| **Roster Template Build + Development of Rostering Measures of Success** | **Task:** Roster template build + development of Measures of Success  
**Responsibility:** Roster Creator/Manager |
| • Develop roster template in line with FTE, budget allocated and agreed skill requirements within approved staffing profile  
• Roster templates must be responsive to known workload variations, service provision, seasonal fluctuations and special events  
• Factor work, health and safety and industrial award provisions  
• Consider leave planning when developing roster templates e.g., maximum number of staff on leave at one time  
• Determine roster structure e.g., shift work, staggered shifts, on call  
• Ensure locally developed rostering rules are incorporated into the roster template including temporary individual Roster arrangements  
• Ensure adequate time for patient handover is built into shifts  
• Ensure adequate supervision is available for shifts  
• Determine the number, classifications and skills of staff required per shift  
• Build in training and education requirements and provide cover where necessary  
• Develop and agree on rostering measures of success | **Task:** Determination of staffing availability  
**Responsibility:** Roster Creator/Manager |
| **Staffing Availability** | **Task:** Roster creation  
**Responsibility:** Roster Creator/Manager |
| • Ensure there is a process for review and approval of the following:  
  - Staff roster requests and Temporary Individual Roster Arrangements  
  - Annual leave requests and leave schedule  
  - High leave balances  
  - ADO balances  
  - Identify part-time staff available for additional shifts to assist with vacancy management | **Task:** Reconciliation of roster to agreed measures of success  
**Responsibility:** Roster Creator/Manager  
**Task:** Roster approval for publishing  
**Responsibility:** Authorised Roster Approver (for publishing)  
**Task:** Publish roster  
**Responsibility:** Roster Creator/Manager |
| **Roster Creation** | **Task:** Roster maintenance  
**Responsibility:** Roster Creator/Manager  
**Responsibility:** ANHVA/Operational Manager |
| • Ensure all approved Temporary Individual Roster Arrangements, roster requests, ADOs and leave are entered into roster  
• Allocate staff to remaining shifts according to roster template build requirements and staffing availability  
• Fill vacancies according to locally developed vacancy management processes | **Task:** Authorisation and approval for payroll transfer  
**Responsibility:** Authorised Roster Approver (for payroll transfer) |
| **Approved for Publishing Roster** | **Task:** Entry of retrospective roster adjustments  
**Responsibility:** Roster Creator/Manager  
**Task:** Authorisation and approval for payroll transfer  
**Responsibility:** Authorised Roster Approver (for payroll transfer) |
| **Maintenance** | **Task:** | **Responsibility:** |
| • Prior to sign off ensure all appropriate steps in the roster process have been completed and agreed rostering measures of success have been met  
• Ensure local processes are in place for sign-off and approval prior to publishing roster  
• Following approval, publish roster according to Industrial Award requirements | **Task:** | **Responsibility:** |
| **Finalisation for Payroll** | **Task:** | **Responsibility:** |
| • Ensure rosters are updated daily to record time worked, unplanned leave, shift swaps and any other changes to the published roster | **Task:** | **Responsibility:** |
| **Retrospective Adjustments** | **Task:** | **Responsibility:** |
| • Ensure there is a process for approval by the manager for payroll transfer  
• Ensure there is a process to print timesheets for staff review and signing at the end of the roster period | **Task:** | **Responsibility:** |
| **Source:** NSW Health Rostering Resource Manual, 2014 | **Task:** Authorisation and approval for payroll transfer  
**Responsibility:** Authorised Roster Approver (for payroll transfer) | **Task:** | **Responsibility:** |

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Rostering Best Practice
The Rostering Roles and Responsibilities Tool

The Rostering Roles and Responsibilities Tool outlines the assigning of tasks and responsibilities in the rostering process and is intended to provide transparent governance to ensure the needs of patients, staff and the organisation are met. This will also facilitate early troubleshooting of rostering issues and provide visibility of those at a more senior level within the organisation.

Roster Request Management

Delivering health services is the first consideration in making rostering decisions. However, it is expected that roster managers will endeavour to meet individual requests where possible; and that staff are also made aware that patients and service needs are the first consideration in making rostering decisions, meaning requests may be denied.

To assist with a consistent and transparent approach to rostering, each roster unit will establish a process for the management of ad hoc roster requests and shift swaps.

The process includes:

- A standardised process for documentation of the request (for example; request book, template roster or email)
- The timeframe within which requests can be made, and when they can no longer be made in relation to publication of the roster
- The manager of individual units/wards can determine or limit the total number of requests each staff can make based on their Full Time Equivalent (FTE) hours. It is recommended that full time staff should not have more than an average of 1 roster request per week; i.e. 4 roster requests for 4 week roster. Staff working a 12 hour shift pattern should not have more than an average of 1 roster request per fortnight. For part time staff it is negotiated on a pro-rata basis.

In reviewing requests the roster manager must consider:

- The ability to meet service delivery demands
- The applicable skill sets required to meet service delivery
- Roster cost minimisation

When more staff request to work or not to work a particular day / shift than is required, the roster manager must consider:

- The reason for the request
- The number of requests that a staff member has made
- The number of requests the staff member has had approved / denied in the past
- Staffing requirements for service delivery

If roster requests are unable to be accommodated open communication between staff and managers is encouraged. Reasons for non-approval should be recorded by the roster manager.

Shift swaps

Following publication of the roster, shift swaps are the responsibility of the individual staff members. The staff member wishing to swap a shift must ensure documentation via the SCHN Shift Swap Form (Appendix B) and undertake the following 4 steps:

1. Identify an appropriate staff member to swap the shift with, based on the skill set of the staff member
2. Obtain approval from the staff member they wish to swap with
3. Identify if the swap will incur overtime for either party
4. Obtain approval from the roster manager, who will update the roster once approval is granted. In addition, JMOs require the approval of the Department Head / CRMO.
Shift swaps must be done in hours and approved by your roster manager or their delegate. Only by exception can out of hours ad hoc shift swaps be approved by the After-Hours Manager, for JMO’s this is done by the CRMO.

Following a shift swap request, managers must consider the following factors:

- The classification and skills of the employees who are requesting to swap a shift
- Shift swaps should not result in under / over rostering of contract hours for employees or incur any overtime or additional payments for the employees involved unless under exceptional circumstances
- The length and sequencing of shifts that occur as a result of the shift swap to ensure no award breaches
- The length of shift being swapped, ensuring no gaps in coverage
- Shift swaps must occur within the same pay period
Management of ADOs

ADO entitlement is calculated by StaffLink. ADOs must be rostered according to the relevant award for all staff that are entitled when they are due. As an exception, staff who want to accrue their ADOs, must request prior approval to do so.

Roster managers must keep a record of staff members who have requested to accrue ADOs. The maximum allowable accrual is as stipulated in the relevant associated Award, generally this is three ADO’s. Roster managers are required to check ADO balances in StaffLink when preparing the roster for publication. Once three ADOs have accrued the next ADO will normally be rostered.

Consideration should be given for exhaustion of ADO’s when staff member changes from full-time to part time or full time to 12 hour shifts.

If a staff member requests an ADO on a specific day, or a number of accrued ADOs then the process for roster request management must be adhered to.

Please refer to the Rostering Best Practice ADO Factsheet for further information.

Junior Medical Staff

As per Medical Officers - Employment Arrangements in the NSW Health Service PD2015_034 ADOs for eligible medical officers are an Award entitlement and rosters should make provision for them to be taken. At the end of a rotation period, where it has not proved possible for medical officers to take all their ADOs, medical officers can elect to be paid out any ADOs accumulated but not taken during the rotation period and should be encouraged to do so. ADOs should only accrue to a maximum of three. Once three ADOs have accrued an ADO will normally be rostered by the Department Head.

For JMOs, ADOs are to be requested through the CRMO / Department Head. Prior to approving a request for an ADO, the CRMO / Department Head will ensure adequate cover has been arranged, and the team is not the admitting team on the day. When approved by the Department Head the CRMO needs to be notified. The CRMO is responsible for ensuring all ADOs are accounted for.
Annual Leave Management

Managers must comply with legislative and Industrial Award obligations in relation to annual leave management, auditing and reporting of annual leave usage. The purpose of annual leave is to give employees a period of rest and recreation for the year, so that they return to work refreshed and reinvigorated. This purpose cannot be achieved if leave is not taken.

Annual Leave Planning

Roster managers within SCHN must develop a 12 month financial year annual leave plan for their staff and staff should be made aware of when requests for annual leave can be submitted for consideration. All departments should be leave planning for all their staff three months prior to commencement of the financial year. All requests outside of this time period should be reasonably requested with the manager and approval will be pending service requirements. Management of EAL should occur more frequently.

There are times of the year when more leave is requested than is available, this includes peak times such as Christmas, New Year and school holidays. This needs to be taken into consideration.

For JMOs each year the CRMO allocates leave which will be accrued at SCHN. Periods around the speciality exams are generally kept free of other leave requests.

Requesting Annual Leave

Staff members must formally request annual leave via the SCHN application process and receive approval from their delegated roster manager, prior to planning for or undertaking annual leave. In addition, staff should not make non-refundable bookings prior to leave being formally approved. Failure to obtain formal approval prior to making any annual leave arrangements or non-refundable bookings is at the staff member’s own risk.

Roster managers should endeavour to approve requests for annual leave in a timely manner so that staff can progress their leave plans.

If a request for annual leave is unable to be accommodated open communication between staff and managers is encouraged. Reasons for non-approval should be recorded by the roster manager.

Roster managers must be aware of the annual leave FTE target that is required to be on annual leave in any one roster period and ensure that this is achieved. This must take into consideration variation in periods of activity, in which the annual leave FTE target may be altered to ensure service delivery. Consideration to rebalance annual leave FTE target and have times when more staff will need to take leave to lesson leave liability. Where appropriate, consideration should be given for deployment of staff to other areas during closure periods.

If a lower FTE target request annual leave than is required for the roster period, then the roster manager should review reports and identify staff members with excess accrued leave liability. Managers can reasonably direct staff to take annual leave by following the processes outlined in the SCHN Annual Leave information for Managers infosheet.

If a greater FTE target of staff request annual leave than is allowable in any one roster period, the roster manager should consider:

- The reason that leave is being requested, e.g. personal circumstances or special event that cannot be rescheduled
The Sydney Children’s Hospitals Network Rostering Guidelines

- The amount / frequency of requests that a staff member has made previously
- Whether a staff member has had a request for leave denied previously
- The amount of leave liability that a staff member has (the higher the liability the higher the priority for annual leave)
- The skill set that the staff member has and is rostered to

Approval of Annual Leave

Administrative staff may have responsibility for processing annual leave request forms, however all annual leave forms require approval by the roster manager prior to processing. Staff wishing to make changes to approved planned leave must negotiate this with the roster manager. Requests for one-off annual leave days must be discussed and approved in advance by the roster manager.

Excessive Annual Leave

Industrial Awards and Leave Matters for NSW Health Service (PD2014_029) provide guidance on the management of annual leave to prevent the accumulation of excessive annual leave. In addition, all LHDs / SHNs, as per the NSW Treasury Circular 14/11 are to make reasonable attempts to reduce their excessive annual leave balances. For financial year 2015-16, 30 days or more of annual leave is considered to be excessive. For further information please see the SCHN Annual Leave information for Managers infosheet.

Roster managers are accountable for:

- Managing their workforce, including ensuring appropriate numbers of employees are off on leave at applicable times given activity and service requirements
- Monitoring and supporting the wellbeing of employees by encouraging employees to utilise accrued leave appropriately
- Monitoring excessive annual leave reports and developing and implementing strategies for individual employees in order to reduce their accrued leave liability
- Providing feedback and reports to Workforce Directorate on the strategies for reducing accrued leave liability
- Ongoing monitoring of all employees’ accrued leave to minimise future excessive accrued leave liability

Where a full time employee with excessive annual leave transfers to part time hours, they will be rostered their part time hours plus annual leave up to 76 hours per fortnight until their leave balance is reduced. Any annual leave that an employee accrues as a full time employee is paid out at the full time rate, regardless of the employees work pattern at the time the leave is taken. For example, a full time employee reduces their hours to three days per week. Annual leave should be taken on the two days not worked until the employee’s annual leave balance is reduced. Annual leave liability also needs to be considered when staff are promoted to a more senior position.

For further information please see Leave Matters for NSW Health Service (PD2014_029).
Junior Medical Staff

JMO Roster managers within SCHN must develop a 12 month clinical year annual leave plan for their staff and staff should be made aware of when requests for annual leave can be submitted for consideration. For JMOs on rotating terms sufficient leave must be requested or otherwise allocated.

Allocation of annual leave for JMOs must take into consideration training and accreditation of term requirements to ensure that leave is taken and not accrued and that training requirements are met.

JMOs on rotation should be offered the leave they will accrue while working within SCHN.

Cash Out of Additional Leave

Eligible employees with accrued additional leave may elect to have their leave paid out. For further information including eligibility please see the StaffLink Leave Election Fact Sheet.

Long Service Leave

Long service leave is required to be taken at a mutually arranged time between the employer and the employee and has no priority over annual leave. For an employee with excessive annual leave, this leave must be taken prior to long service leave being taken.

Provided that an employee has accrued an entitlement to long service leave, then where an employee and the relevant manager agree, a minimum period of seven days long service leave may be taken by an employee. For further information please see Leave Matters for NSW Health Service (PD2014_029).

Transferring Annual Leave

Roster managers should refer to Leave Matters for the NSW Health Service (PD2014_029) when recruiting new staff to review the recommended leave entitlement that is acceptable to be transferred within the public sector service.

Staff members with excessive leave should be directed to take annual leave before commencing with SCHN.
Roster Template Development

The development of and approval for a roster template will occur annually as part of budget and service delivery planning and / or as required.

The HealthRoster template will include:

- Roster name and cost centre number
- Roster shift type
- Roster hours and length of shift including meal break
- Roster shift location (if applicable)
- Number of staff requirements per shift
- Staff skills requirements to be rostered to
- 24 hour rosters are demand based and annual leave FTE target will be incorporated into the demand

**Helpful hint**

Multiple demand templates can be created and extracted as required. For example: a special winter demand template can be developed and extracted for the winter pay periods. Then when winter is over the regular demand template can be used once again.

Junior Medical Staff

For JMOs, a roster template includes the differing levels of training matched to the service needs of the area. This is developed by the Department Head or CRMO. In addition an annual roster of term allocations is developed by the CRMO and Medical Administration to comply with training needs of JMOs as identified by the specialist college.

Additional Considerations for Creation of Nursing Rosters

**Hours of work and conditions as per the award**

**4 week roster**

- **Full time employee**
  
  The ordinary hours of work for each full time employee shall be 152 hours balanced over a four week period.

  The hours of work shall, where possible, be arranged in such a manner that in each roster cycle of 28 calendar days each employee shall not work his / her ordinary hours of work on more than nineteen days in the cycle. For 12 hour shifts it shall be worked as 12 x 12 hour shifts and 1 x 8 hour shift.
- Part time employee
  The ordinary guaranteed hours of work for each part time employee shall be balanced over a four week period. The hours shall be worked as 12, 10 or eight hour shifts as agreed between the employee and the employer.

6 week roster

- Full time employee
  The ordinary hours of work for each full time employee shall be 228 hours balanced over a six week period. The hours shall be worked as 19 x 12 hour shifts.

- Part time employee
  The ordinary guaranteed hours of work for each part time employee shall be balanced over a six week period. The hours shall be worked as 12, 10 or eight hour shifts as agreed between the employee and the employer.

Examples of appropriate rostering patterns:

12 hour shifts

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12 hour shifts (at employees request and after undertaking a risk assessment in relation to fatigue)

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8 and 10 hour shifts

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<td></td>
<td>Day shift</td>
<td>ADO</td>
<td>Day off</td>
<td>Evening shift</td>
</tr>
<tr>
<td></td>
<td>Day shift</td>
<td>ADO</td>
<td>Day off</td>
<td>Night shift</td>
</tr>
</tbody>
</table>
8 and 10 hour shifts (at employees request and after undertaking a risk assessment in relation to fatigue)

<table>
<thead>
<tr>
<th>Employee B</th>
<th>Night shift</th>
<th>Day off</th>
<th>Day off</th>
<th>Evening shift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Night shift</td>
<td>Day off</td>
<td>ADO</td>
<td>Evening shift</td>
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<td>Evening shift</td>
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<td></td>
<td>Day shift</td>
<td>Day off</td>
<td>Evening shift</td>
<td>Evening shift</td>
</tr>
</tbody>
</table>

**Helpful hint**

Remember to utilise the ‘contracted hours’ column when creating or updating a roster. The entire four or six week roster period should be visible when creating the initial roster to ensure contracted hours are correctly allocated. Once balanced any adjustments to shifts worked should also be made whilst viewing the full roster period. This will ensure that any eligible overtime is correctly assigned and balanced across the entire roster period, and employees are not over or under paid.
Management & Recording of Staff Skills

As part of the roster template development and approval, roster managers must identify the minimum skill set required per shift in order to maintain service delivery. Roster managers are required to develop and maintain a list of the skills that are essential in order to staff a unit; this may include the requirement for direct supervision of an individual staff member.

The tracking of individual staff skills that are not essential to staff a unit should be managed as a separate process.

The required skills must accommodate periods of altered service delivery.
Temporary Individual Roster Arrangements/ Flexible Work Practices

Temporary Individual Roster Arrangements (TIRAs) are an option under Flexible Work Practices (FWPs) and are an agreed rostering arrangement for an individual to work (or not to work) specific shifts or specific days. These are one of the options under the NSW Public Service Commission’s Flexible Work Practices Policy (G1995_001) and Leave Matters for the NSW Health Service (PD2014_029). Changes to ordinary working hours to facilitate short term needs should be considered on an individual basis. SCHN strives to ensure flexible, fair and equitable rosters to all staff within service delivery provisions, please see the SCHN Flexible Work Practices Policy.

Supporting employees requesting to return to work on reduced hours is allowed and documented in the various awards and Leave Matters for the NSW Health Service (PD2014_029) and should be requested on the applicable form. However, if an employee returning to work from maternity leave is requesting to work a set shift pattern because of childcare arrangements this is a TIRA / FWP and it is recommended these go through an approval process.

Managers must ensure that there are clear and consistent procedures in place for the management and review of requests for a TIRA / FWP. This will ensure the provision of a fair process for all staff while ensuring adequate numbers of skilled staff are available for service delivery.

All TIRA / FWPs are considered on a case by case basis and require secondary approval and Human Resources advice. For all staff, the TIRA / FWP must be submitted for approval in accordance with the delegation manual and should be regularly reviewed by the roster manager.

All staff wishing to enter one of these arrangements must discuss it with the roster manager in the first instance. Where approval is given and the request falls within an individual roster period, this should be dealt with in line with the rostering guideline for roster request management. If the request is for longer than one roster period, then it should be dealt with under the SCHN Flexible Work Practices Policy.

The SCHN Flexible Work Practices Decision Making Checklist for Managers infosheet provides a comprehensive list of considerations when reviewing a request, including:

- total impact on the role
- capabilities of the employee
- supporting information
- risks and challenges

All arrangements are to be for a maximum of 12 months. The initial trial period should be a 28 day roster period and regular reviews every three months thereafter.

The details are to be recorded in the Flexible Work Practices Application process documented in the SCHN Flexible Work Practices Policy.

The arrangement can be revoked by the employee / employer with adequate notice in accordance with the applicable award.

Roster managers will need to manage the review of TIRA / FWP and should keep a log of all staff and review dates due as well as providing a copy to the staff member.
Roster Vacancy Management

During roster creation, roster managers must ensure that anticipated operational needs are met, including the number and placement of vacant shifts to ensure that skill mix, patient safety and cost effectiveness are addressed. In addition, roster managers should consider shifts that are known to be hard to fill in the context of casual pool availability.

Roster managers are to ensure that hard to fill shifts are rostered to prior to consideration of the use of contingent labour. Examples of hard to fill shifts are: Night duty (particularly Sunday night), Monday morning shifts, Thursday and Friday afternoon / evening shifts and Weekend shifts in some instances. Hard to fill shifts can vary between units / facilities and over a period of time.

Nursing roster vacancies should be managed in the following order:

1. Review of activity to determine if a replacement is required
2. Deployment of permanent staff from one unit to another
3. Additional hours for part time staff (up to 76 hours per fortnight)
4. Use of SCH/CHW ward staff
5. Engagement of casual staff
6. Approved reasonable overtime if necessary
7. Approved engagement of agency staff (for specified areas only with DON approval)
8. Service modification

JMO roster vacancies should be managed in the following order:

1. Sick relief oncall shift (if immediate need)
2. Part time employees staff working extra shifts (up to 76 hours per fortnight)
3. Full time staff completing reasonable (unrostered or rostered) approved overtime

Allied Health roster vacancies should be managed in the following order:

1. Additional hours for part time staff
2. Service modification
3. Approved engagement of locum staff / up to 13 week temporary contract
4. Approved reasonable overtime if necessary for approved areas
5. Engagement of casual staff (if available)

Admin and Support Staff roster vacancies should be managed in the following order

1. Additional hours for part time staff
2. Engagement of casual staff
3. Service modification
4. Approved reasonable overtime if necessary
5. Approved engagement of locum staff

Consideration should be given to the utilisation of temporary contracts for casual staff when back filling a longer term vacancy, for up to 13 weeks.
Management of Casual Staff

Prior to engaging a casual staff member the rostering guideline for roster vacancy management must be reviewed.

Nursing

In managing the staffing needs priority should be given to the operational needs of the organisation. Casual staff should be acknowledged as valuable members of the team. The site Casual Pool Nurse Manager is responsible for managing the recruitment, professional registration, professional development and mandatory training needs of casual nursing staff. Other casual staff are managed by the relevant delegated manager in their respective service / department.

Casual staff should inform the Casual Pool Nurse Manager of their shift availability at least two weeks prior to commencement of the roster period. Any changes to a casual staff members availability must be notified to the Casual Pool Nurse Manager in a timely manner.

Booking of shifts for casual staff must be done after the publication of a department / unit’s roster. When booking a casual staff member a review of cost efficiency and patient safety must be undertaken. This review must include consideration of the casual staff members’ applicable skill sets and locations of work. Industrial award notice of at least two hours must be given when cancelling a casual staff member.

If less than 2 hours notice is provided the casual employee must be paid a minimum payment of two hours calculated at the rate which would have applied, had the cancellation not occurred.

Other areas

Casual pools in areas other than nursing are managed independently and may have their own business rules.

Management of Agency Staff

Utilisation of agency staff is to be minimised and in non patient care areas requires approval by the Chief Executive. In patient care areas secondary approval is required by the relevant director as per the delegations manual.

Nursing

Agency staff utilisation is considered for speciality units only. When engaging agency staff a preferred agency must be used and appropriate credentialing and check of currency of skills must have been undertaken. Utilisation of agency at SCH needs to be approved by the Director of Nursing.
Overtime & Time in Lieu of Overtime

Wherever possible, the use of premium labour should be limited in SCHN. However, it is recognised that situations will arise in which overtime and time in lieu of overtime (TIL) will be necessary. In these situations managers must follow the below approval processes.

Overtime and TIL is only to be considered after all attempts to utilise casuals or additional hours for part time staff have been exhausted. See the Roster Vacancy Management guideline of this document.

All overtime and TIL must be approved prior to it being worked and should be fairly distributed among all staff. In emergent situations, prior approval may not always be possible and should be discussed with the After Hours Manager, Clinical Program Director or delegate as soon as practicable. For all overtime approval delegation refer to SCHN delegation manual.

The option of taking TIL will not be possible in all settings and circumstances. The accruing and taking of TIL is conditional on the prior mutual agreement of the employee and manager. Normally TIL will be taken within the pay period in which it occurred, or if this is not possible, within three months. For further information about TIL please refer to Leave Matters for the NSW Health Service (PD2014_029).

The minimum amount of TIL that can be accrued is 30 minutes.

All TIL is subject to the following requirements:

- Roster managers are responsible for managing and recording TIL balances
- Employees cannot be forced to take time off in lieu of overtime
- Taking of TIL should not impact on service delivery
- TIL is taken by way of equal time off in lieu of actual overtime hours worked; i.e. one hour off for one hour overtime worked

Roster managers are required to review TIL balances on a weekly basis in order to monitor and manage TIL balances.

Managers must roster any accrued TIL within three months. Staff requesting to take accrued TIL must seek approval from the manager or delegate who has the appropriate approval authority.

The approval of overtime and TIL is as follows:

Nursing

TIL is only to be approved by the manager or delegate who has the appropriate approval authority. Managers seeking to use TIL rather than overtime should discuss with the facility DON / Clinical Program Director to ensure it meets operational requirements, that it is recorded accurately and that the service can expend any accrued TIL within three months.

As per the Public Hospital Nurses (State) Award 2015 clause 5, staff on 12 hour rosters are not permitted to work overtime in conjunction with a 12 hour shift and the minimum break between shifts is 11.5 hours.
Junior Medical Staff

For guidance on the management of administration of unrostered overtime and recall for Junior Medical Staff please refer to *SCHN Junior Medical Officers – On-call and Callback Policy and Procedure*. Approval is required by the manager or delegate who has the appropriate approval authority.

Administration Staff

All TIL and overtime must have prior approval from the manager or delegate who has the appropriate approval authority.

TIL and overtime is not to be undertaken without approval.
Appendix A: 10 Hour Waiver Form

Public Health System Nurses’ & Midwives (State) Award
Clause 4. (iv)(a)
Each shift shall consist of no more than 10 hours on a day shift or 11 hours on a night shift with not less than 10 hours break between each rostered shift, unless agreed otherwise between an employee and local nursing management. An employee shall not work more than 7 consecutive shifts unless the employee so requests and local nursing management agrees but in no case shall an employee be permitted to work more than 10 consecutive shifts. In any fortnightly pay period an employee shall not be rostered for more than three quick shifts, ie. An evening shift followed by a morning shift, unless agreed otherwise between an employee and local nursing management.

I, ________________________________ (print name) currently employed to / working on ______________________ (print ward) request to forgo my award entitlement relating to Clause 4. (iv)(a). (Please tick your request in the box provided and sign)

When electing these changes, I agree to abide by Health and Safety Legislation 2012.
www.workcover.nsw.gov.au

Request to Give Up 10 Hour Break and agree to an 8 hour break (not applicable to those working 12 hour shifts)

Signature: ____________________________ Date: ……………….. □

Request to Work More Than 7 Consecutive Shifts
Roster cycle commencing date ……. / ……. / …. to ……. / ……. / …..

Signature: ____________________________ Date: ……………….. □

Request to do More Than 3 Quick Shifts in a Fortnight
Roster cycle commencing date ……. / ……. / …. to ……. / ……. / …..

Signature: ____________________________ Date: ……………….. □

Approved by:_________________________________ Date:………. / ……. / …..

To be reviewed: Date:………. / ……. / …..
Appendix B: Shift Swap Form

This form is used to be utilised for requesting Shift Swaps after a roster has been published. This Form must be submitted to the Manager 48 hours prior to commencement of the shift.

NAME: ____________________________________________

DATE: ____________________________________________

EMPLOYEE REQUESTING SHIFT SWAP

<table>
<thead>
<tr>
<th>Employee Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Will this result in overtime?</td>
<td></td>
</tr>
</tbody>
</table>

EMPLOYEE AGREEING SHIFT SWAP

<table>
<thead>
<tr>
<th>Employee Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Will this result in overtime?</td>
<td></td>
</tr>
</tbody>
</table>

Proposed roster changes to read

| Date |  |
| Name |  |
| Name |  |

MANAGER APPROVAL (Please circle) : YES  NO

IF ‘NO’ OUTLINE REASON:

<table>
<thead>
<tr>
<th>Manager</th>
<th>Manager Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
References


The Sydney Children’s Hospitals Network (2015) MWAC project report: JMO Rostering and Overtime


The Sydney Children’s Hospitals Network (2013), Nursing Roster Guidelines