# SESLHD PROCEDURE COVER SHEET

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| SUMMARY | In line with the NSW Health Rostering Principles within the NSW Health Rostering Resource Manual, South Eastern Sydney Local Health District (SESLHD) has developed the following Rostering Procedure in order to assist roster managers in achieving Rostering Best Practice. |

# Rostering Best Practice

South Eastern Sydney Local Health District

Rostering Procedure

September 2023

## Contents

## 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](#), South Eastern Sydney Local Health District (SESLHD) has developed the following Rostering Procedure in order to assist roster managers in achieving Rostering Best Practice. All rostering approvals are as per the delegations manual.

## 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:

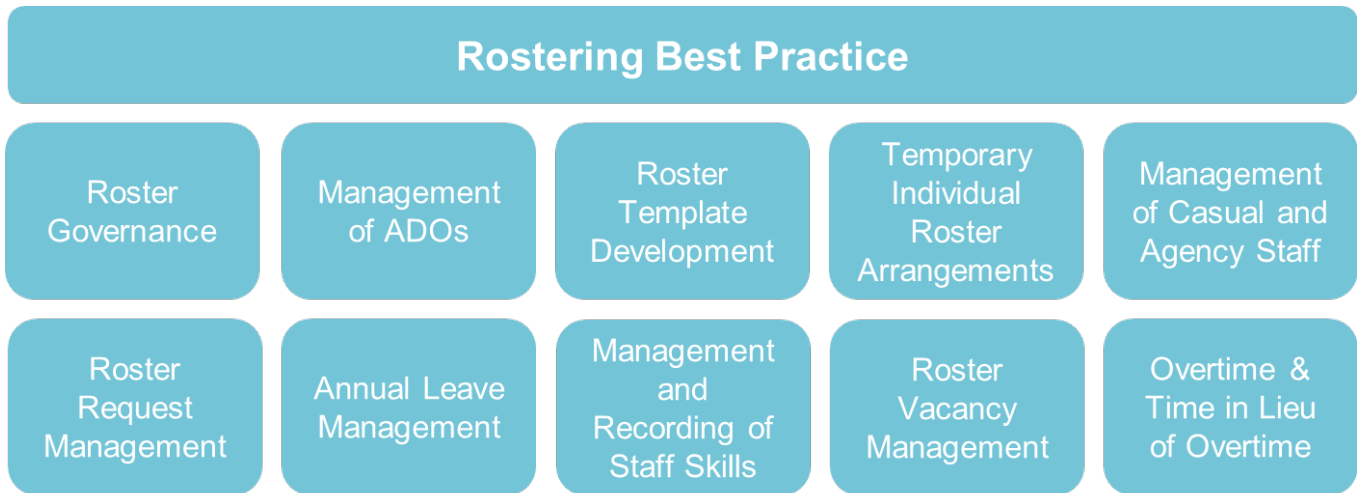The organisation must have appropriate governance structures in place to oversee roster planning, creation, approval, monitoring and reporting.

#### 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, 2019

The SESLHD Rostering Procedure covers the following key areas:

## Rostering Best Practice

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|---|---|---|---|---|
| Roster Governance | Management of ADOs | Roster Template Development | Temporary Individual Roster Arrangements | Management of Casual and Agency Staff |
| Roster Request Management | Annual Leave Management | Management and Recording of Staff Skills | Roster Vacancy Management | Overtime & Time in Lieu of Overtime |

## Definitions

The following definitions apply throughout this document:

### Roster Creator

The person responsible for developing the roster or entering developed rosters that are award compliant following the rostering process. This role is also available to maintain a roster with changes as it is worked, however does not hold financial responsibility or have direct reports.

### Roster Manager

Responsible for managing the implementation and outcomes of the roster including risk mitigation and identifying opportunities. Accountable for associated costs in a roster, efficiency, and safety. This role has direct reports in the roster and financial responsibilities of the roster budget to finalise the roster for payment. This is usually the Department / Unit Manager.

### Roster Approver

The person responsible for approving the roster prior to publication. This role includes risk mitigation and identifying opportunities to associated rostering costs, efficiency, and safety with oversight for enhanced performance outcomes over a number of rosters. 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.

### Roster Requests

Process whereby employees are able to submit 'ad hoc' requests to their Roster Manager in advance of roster development. These may be either a request to work or not to work certain shifts within a specific roster period.

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# Roster Governance

SESLHD 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 SESLHDPR/714 - Workplace Health and Safety - Fatigue Prevention and Risk Management). For Nursing and midwifery, 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 2022 Clause 4(iv)(a) in relation to breaks between shifts (Appendix A)

Following publication, all roster managers must ensure:
- Staff attendance is verified prior to sign off for payroll

It is recommended best practice for Roster Managers in areas providing a 24 hour / 7 day service to review and update rosters the next working day, 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 2022, 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 People & Culture representative.

## Secondary Approval

Secondary approval is performed by the Roster Approver as per the date matrix.

In all areas secondary approval of rosters is required, prior to publication by the 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 Rostering Procedure

- All weekend, public holiday and on call 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*
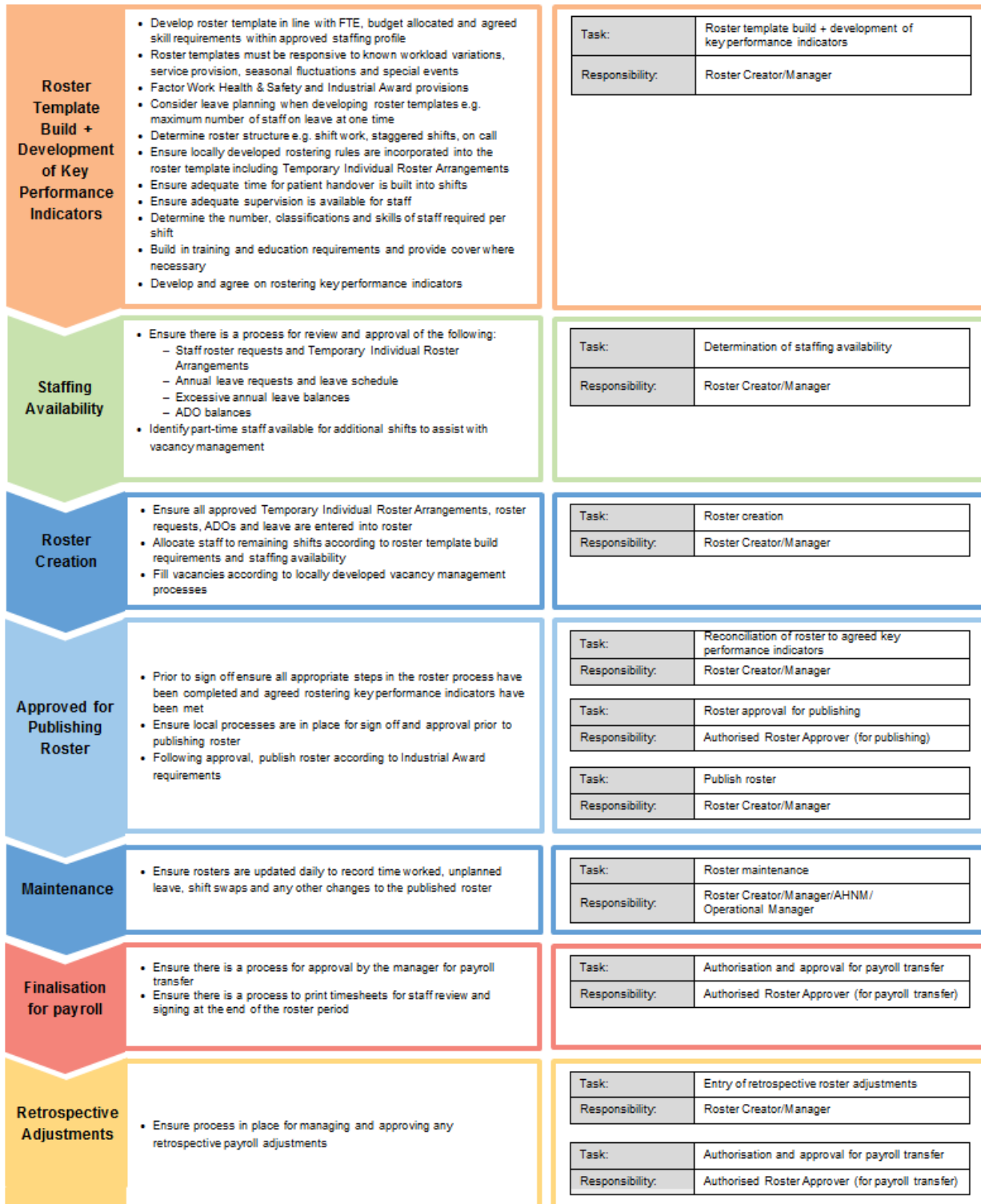- Long term sick leave included*
- Excessive annual leave monitored*

In standard rosters the considerations indicated above with * are to be reviewed every six – 12 months by Senior Manager

## 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.

### Rostering Process

**Roster Template Build + Development of Key Performance Indicators**

- 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 & 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 staff
- 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 key performance indicators

**Staffing Availability**

- 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
  - Excessive annual leave balances
  - ADO balances
- Identify part-time staff available for additional shifts to assist with vacancy management

**Roster Creation**

- 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

**Approved for Publishing Roster**

- Prior to sign off ensure all appropriate steps in the roster process have been completed and agreed rostering key performance indicators 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

**Maintenance**

- Ensure rosters are updated daily to record time worked, unplanned leave, shift swaps and any other changes to the published roster

**Finalisation for payroll**

- 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

**Retrospective Adjustments**

- Ensure process in place for managing and approving any retrospective payroll adjustments

### Key Tasks and Responsibilities

| Task: | Roster template build + development of key performance indicators |
|---|---|
| Responsibility: | Roster Creator/Manager |

| Task: | Determination of staffing availability |
|---|---|
| Responsibility: | Roster Creator/Manager |

| Task: | Roster creation |
|---|---|
| Responsibility: | Roster Creator/Manager |

| Task: | Reconciliation of roster to agreed key performance indicators |
|---|---|
| Responsibility: | Roster Creator/Manager |

| Task: | Roster approval for publishing |
|---|---|
| Responsibility: | Authorised Roster Approver (for publishing) |

| Task: | Publish roster |
|---|---|
| Responsibility: | Roster Creator/Manager |

| Task: | Roster maintenance |
|---|---|
| Responsibility: | Roster Creator/Manager/AHNM/ Operational Manager |

| Task: | Authorisation and approval for payroll transfer |
|---|---|
| Responsibility: | Authorised Roster Approver (for payroll transfer) |

| Task: | Entry of retrospective roster adjustments |
|---|---|
| Responsibility: | Roster Creator/Manager |

| Task: | Authorisation and approval for payroll transfer |
|---|---|
| Responsibility: | Authorised Roster Approver (for payroll transfer) |

Source: NSW Health Rostering Resource Manual, 2019

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## 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.



Source: NSW Health Rostering Resource Manual, 2019
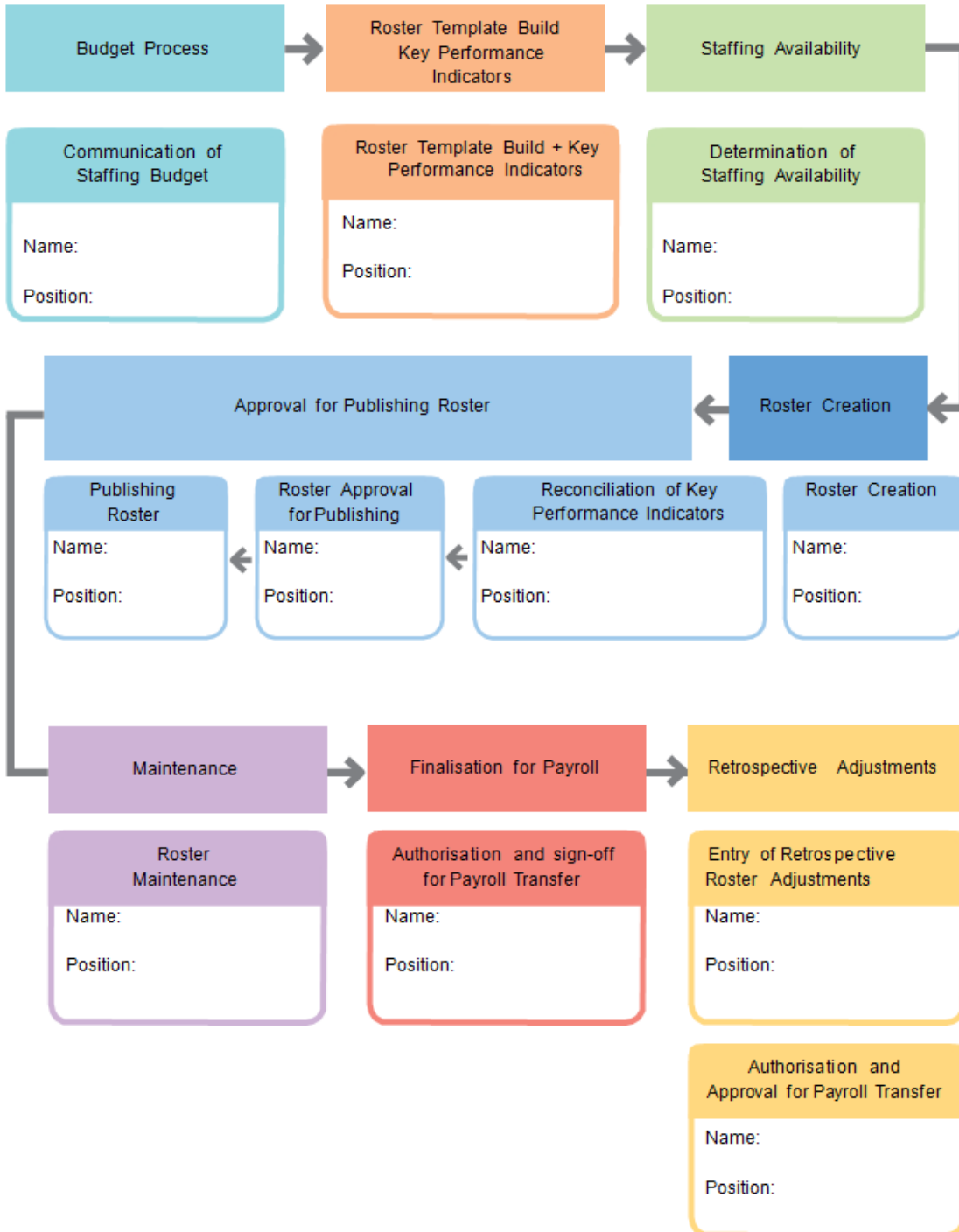
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# Roster Request Management

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 not be approved.

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 time frame in which requests can be made as per the date matrix, and when they can no longer be made so as not to delay the publication of the roster
- The number of requests that can be made within a roster period; default to be four requests per full time staff member and pro rata for part time staff member or as otherwise agreed at a unit level, in a 28 day roster period
- For junior medical officers (JMOs) on a five term year it is three requests per term. For four term year it is four requests per term.

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 not approved, then the roster manager must speak to the staff member in the first instance. 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 an approved applicable Shift Swap Form and undertake the following four 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

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Shift swaps are to be submitted at least 24 hours (for JMOs at least 48 hours) in advance of the commencement of the shift to be swapped and approved during business hours by the roster manager or their delegate.

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 or unsafe work hours for either staff member
- The length of shift being swapped, ensuring no gaps in coverage
- Shift swaps must occur within the same pay period where staff are not pay averaged.

## 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 ADOs. 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 be rostered. The roster manager will roster ADOs to ensure that maximum accrual is not exceeded.

ADOs for HSM 5 and above are not cumulative and if not taken, are forfeited.

Consideration should be given for exhaustion of ADOs when the 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.

Junior Medical Officers must be rostered their ADOs within their allocated rotation. SESLHD will pay out a maximum of three accrued ADOs within the organisation in accordance with the Public Hospital Medical Officers Award and the Leave Matters for the NSW Health Service PD2023_006 prior to moving to their next rotation.

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

# 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 SESLHD must develop a 12 month 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 12 month period. All requests outside of this time period should be reasonably requested with the manager and approval will be pending service requirements. Management of excessive annual leave (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.

Ideally, 80% of annual leave for each staff member should be planned and scheduled in advance over a 12 month period. The remaining 20% of annual leave should be scheduled during the course of the year. This increases flexibility for staff and can reduce cancellation of annual leave scheduled 12 months in advance.

For JMOs each year the Director of Medical Services or delegate allocates leave which will be accrued at SESLHD.  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 HealthShare Annual Leave Form 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 low activity / closure periods.

If a lower FTE target of staff 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 SESLHDPR/436 -

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Annual Leave and Excessive Annual Leave and Leave Matters for the NSW Health Service PD2023_006.

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 amount / frequency of requests that a staff member has made previously
- Whether a staff member has had a request for leave not approved previously
- The amount of leave liability that a staff member has (the higher the liability the higher the priority for annual leave)
- The ability to maintain the service.

## 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 (PD2023_006) provide guidance on the management of annual leave to prevent the accumulation of excessive annual leave. In addition, all Health Services as per the NSW Treasury Circular 16-03 are to make reasonable attempts to reduce their excessive annual leave balances. At present, 30 days or more of annual leave is considered to be excessive and staff should be managed in accordance with SESLHDPR/436 - Annual Leave and Excessive Annual Leave.

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 their General Manager / Service Director 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 staff member 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 a staff member accrues when they are full time is paid out at the full time rate, regardless of the staff members work pattern at the time the leave is taken. For example, a full time staff member reduces their hours to three days per week. Annual leave should be taken on the two days not worked until the staff members 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 (PD2023_006).](#)

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## 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 (PD2023_006).](#) For periods longer than one month refer to the delegations manual for approval.

## Transferring Annual Leave

Roster managers should refer to [Leave Matters for the NSW Health Service (PD2023_006)](#) 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, where possible, be directed to take annual leave before commencing with SESLHD. Refer to *Convenors Checklist, Interview Template, Leave Paid and Annual Leave and Excessive Annual Leave (EAL) Management Procedure*.

## Leave Without Pay (LWOP)

Clinical and service requirements are first consideration and all requests will be considered on an individual basis. All LWOP should be approved by senior management.

Applications for LWOP should be considered after review of ADO, TIL and annual leave balances are reviewed along with organisational demand and any additional costs to the organisation.

# 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 where applicable 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. E.g. triage skills for emergency, in charge or equivalent for other disciplines.

# 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. For JMOs, this needs to take into consideration the number of PGY1 and PGY2 allocated and in addition, the specialist training terms agreement made by the LHD.

The Roster 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 e.g. in charge of shift, triage skills for nursing staff or equivalent for other disciplines
- 24 hour rosters are demand based and annual leave FTE target will be incorporated into the demand

The roster template must also take in to consideration changes in occupancy rates that occur throughout the year. An altered service delivery template may also be required, e.g. service closures during Christmas period. Senior managers must ensure that the minimum roster requirements are clearly defined in the roster template.

## 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 JMO Unit. In addition an annual roster of term allocations is developed by Medical Administration to comply with training needs of JMOs as identified by the specialist college.

## Additional Considerations for Creation of Nursing & Midwifery Rosters

Refer to Clause 53 of the Public Health System Nurses' and Midwives' (State) Award for further information on staffing arrangements and the Pilot Model Annualised Salary Agreement for Midwifery Group Practices (IB2014_050) for further information on annualised salary agreement.

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# Temporary Individual Roster Arrangements / Flexible Work Practices

Temporary Individual Roster Arrangements (TIRAs) are an agreed rostering arrangement for an individual to work (or not to work) specific hours, specific shifts or specific days. TIRAs are one of the options under the NSW Public Service Commission's Flexible Work Practices and Leave Matters for the NSW Health Service (PD2023_006) and SESLHDPR/435 - Flexible Work Practices. Changes to ordinary working hours to facilitate short term needs should be considered on an individual basis. SESLHD strives to ensure flexible, fair and equitable rosters to all staff however provision for service delivery is the first priority.

Supporting employees requesting to return to work from maternity leave on reduced hours is allowed and documented in the various awards and Leave Matters for the NSW Health Service (PD2023_006) 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 and it is recommended these go through the TIRA approval process.

Managers must apply the SESLHD procedure in a fair and equitable process whilst ensuring adequate numbers of skilled staff are available for service delivery.

All TIRAs are considered on a case by case basis and require secondary approval. Human Resources Business Partners can provide advice on appropriate TIRAs. For all staff, the TIRA must be submitted for approval in accordance with the delegation manual.

The roster manager must consider:

- NSW Public Service Commission's Flexible Work Practices
- SESLHDPR/435 - Flexible Work Practices
- The reasons for the TIRA
- The implications on service delivery and other staff members
- The skills set and competencies of the staff member requesting the TIRA
- If TIRAs are unable to be accommodated then consideration should be given to alternate work arrangements / locations / whether the TIRA could be accommodated in another setting
- And if this TIRA will impact leave accrual. If so StaffLink needs to be amended accordingly.

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.

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 NSW Public Service Commission's Flexible Work Practices Policy (G1995_001) and SESLHDPR/435 - Flexible Work Practices

The details of the TIRA are to be recorded on the SESLHD Flexible Work Practices Application for Temporary Individual Roster Arrangement (TIRA) form (Appendix C):

- The details of the TIRA
- The reasons the TIRA is being requested and the strategies the staff member will put in place to resolve this long term
- The date for revision of the TIRA
- Signature from the staff member, roster manager and secondary approver

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

Roster managers will need to manage the review of the TIRA 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. Hard to fill shifts can vary between units / facilities and over a period of time.

If using casual staff, consideration should be given to the utilisation of temporary contracts when back filling a longer term vacancy, for up to 13 weeks.

Following publication of the roster, ad hoc roster vacancies should be managed in the following order:

Nursing & Midwifery roster vacancies:

1. Review of agreed shifts and activity prior to determining if a replacement is required
2. Additional hours for part time staff (up to 76 hours per fortnight)
3. Deployment of permanent staff from one unit to another
4. Engagement of casual staff
5. Approved reasonable overtime* (if necessary) or approved engagement of agency staff (for specified areas only with Director of Nursing approval)
6. Service modification with senior manager approval

JMO roster vacancies:
1. Relief roster
2. Part time employees staff working extra shifts (up to 76 hours per fortnight)
3. Full time staff completing reasonable (unrostered and rostered) approved overtime*
4. Approved engagement of locum staff

Allied Health roster vacancies:

1. Additional hours for part time staff (in accordance with the relevant award)
2. Engagement of casual staff (if available)
3. Service modification with senior manager approval
4. Approved engagement of locum staff / up to 13 week temporary contract
5. Approved reasonable overtime* from senior manager

Admin and Support Staff roster vacancies:

1. Additional hours for part time staff (up to 76 hours per fortnight)
2. Engagement of casual staff
3. Service modification with senior manager approval
4. Approved reasonable overtime* from senior manager
5. Approved engagement of locum staff

The above order of vacancy management is best practice. It is at the manager's discretion (with secondary approval, where required) to manage shift vacancies in accordance to clinical need, budget and unit requirements.

*There are many factors to consider when determining whether additional hours are reasonable.  For further information please refer to [Overtime on the Fair Work Ombudsman website](Overtime on the Fair Work Ombudsman website).

## Management of Casual Staff

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

### Nursing and Midwifery

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. Each facility has a delegate for managing casual pool staff and are responsible for managing the recruitment, monitoring of professional registration and mandatory training needs of casual nursing and midwifery staff. Other casual staff are managed by the relevant delegated manager in their respective service / department.

Casual staff should inform the relevant Facility / Service Manager of their shift availability at least two weeks prior to commencement of the roster period. Any changes to a casual staff member's availability must be notified to the relevant facility / service Manager in a timely manner.

Consideration should be given to the block booking of casual staff for the backfilling of a short term vacancy.

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 or a cost will be incurred.

If less than two 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 General Manager / Director. In patient care areas secondary approval may be required by the relevant director as per the local protocol.

# Overtime & Time in Lieu of Overtime

Wherever possible, the use of premium labour should be limited in SESLHD. 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, Senior Manager or delegate as soon as practicable. For all overtime approval delegation refer to SESLHD 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 (PD2023_006)](#).

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

Roster managers are required to document and review TIL balances on a weekly basis in order to monitor and manage TIL balances (see appendix D for sample TIL spread sheet).

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.

All TIL is subject to the following requirements:

- Roster managers are responsible for managing and recording TIL balances
- TIL must be taken within three months of it being accrued at ordinary rates
- Where a staff member cannot take the TIL within three months it will be paid out at the overtime rate
- 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
- For TIL to be taken as a full shift a leave form must be completed

The taking of TIL is to be approved by the manager or delegate who has the appropriate approval authority.

In addition the approval of overtime and TIL is as follows:

## Nursing and Midwifery

As per the [Public Hospital Nurses (State) Award 2022](#) 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.

## Medical

For guidance on the management of administration of unrostered overtime and recall for Junior Medical Staff please refer to *SESLHD Junior Medical Staff Payroll Process*. Approval is required by the manager or delegate who has the appropriate approval authority.

## Make up time

Make up time (MUT) is another option within the [NSW Public Service Commission's Flexible Work Practices](#) and [Leave Matters for the NSW Health Service (PD2023_006)](#).

MUT is an agreement for the employee to take time off and make the time up. MUT occurs when an employee and a manager mutually agree to the use of MUT prior to the employee undertaking approved time off. This would generally be in situations where the employee does not have TIL.

In these instances, if a staff member asks to leave early and make up the time in the roster cycle the roster manager can approve this arrangement up to two hours at any one time. MUT must be taken and made up in the same pay period or within one week, whichever is the greater.

Managers are responsible for managing and monitoring the use of MUT.

Use of MUT must not affect service delivery.

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**ROSTERING**
BEST PRACTICE

## Document Control

| Date | Version | Author | Description |
|------|---------|--------|-------------|
| 19 July 2016 | 0.1 | Sandra Eckstein | First Draft – Introduction, Definitions, Roster Governance, Roster Request Management (except Shift Swaps), Appendix A |
| 2 August 2016 | 0.2 | Sandra Eckstein | Roster Request Management (Shift Swaps), Appendix B (shift swap form), Management of ADOs, Annual Leave Management |
| 16 August 2016 | 0.3 | Sandra Eckstein | Roster Template Development, Management and Recording of Skills, Temporary Individual Roster Arrangements, Roster Vacancy Management, Management of Casual Staff |
| 30 August 2016 | 0.4 | Sandra Eckstein | Management of Agency Staff, Overtime, TIL, Make up time, Shift Swap Forms |
| 16 September 2016 | 0.5 | Sandra Eckstein | Final review by Steering Committee |
| 25 November 2017 | 0.6 | Kelly Crawford | Links Updated |
| November 2018 | 0.7 | Kelly Crawford | Minor change to Section: Overtime & Time in Lieu of Overtime. Links updated. |
| August 2023 | 0.8 | Kelly Crawford | Links updated, Appendix C: TIRA form updated |

## Circulation for review

| Date | Version | Name | Section for Review |
|------|---------|------|--------------------|
| 20 July 2016 | 0.1 | Steering Committee | Introduction, Definitions, Roster Governance, Roster Request Management (except Shift Swaps), Appendix A |
| 3 August 2016 | 0.2 | Steering Committee | Roster Request Management (Shift Swaps), Appendix B (shift swap form), Management of ADOs, Annual Leave Management |
| 17 August 2016 | 0.3 | Steering Committee | Roster Template Development, Management and Recording of Skills, Temporary Individual Roster Arrangements, Roster Vacancy Management, Management of Casual Staff |
| 2 September 2016 | 0.4 | Steering Committee | Management of Agency Staff, Overtime, TIL, Make up time, Shift Swap Forms |
| 19 September 2016 | 0.5 | Project Sponsor | Complete document |

## Endorsement

The SESLHD Rostering Procedure (2016) replaces the SESLHD Nursing & Midwifery Roster Guidelines (2014).

| Approved by | Date |
|-------------|------|
| SESLHD Rostering Steering Committee | 16 September 2016 |
| SESLHD Rostering Steering Committee Executive Sponsor, Peggy Pollock, A/Director Workforce Services | 21 September 2016 |
| SESLHD District Executive Team | 13 October 2016 |

## Appendix A: Roster Election Form (Minimum Break Between shifts)

According to Clause 4, Subclause (IV) (a) of the NSW Public Hospital Nurses' (State) Award states:

*"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 otherwise agreed between an employee and local nursing management."*

I have read and understood the above clause.

Please tick whichever is applicable:

☐  I elect to take a minimum 10 hour break between each rostered shift

☐  I do not elect to take a minimum 10 hour break between each rostered shift

| | |
|---|---|
| Employee Name | |
| Employee Signature | |
| Date | |

I approve the above employee's roster election.

| | |
|---|---|
| Manager Name | |
| Manager Signature | |
| Date | |

## Appendix B: Shift Swap Forms

### Corporate 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**

| | |
|---|---|
| Employee Name | |
| Employee Signature | |
| Date | |
| Will this result in overtime? | |

**EMPLOYEE AGREEING SHIFT SWAP**

| | |
|---|---|
| Employee Name | |
| Employee Signature | |
| Date | |
| Will this result in overtime? | |

**PROPOSED ROSTER CHANGES TO READ**

| Date | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name | | | | | | | |
| Name | | | | | | | |

**MANAGER APPROVAL** (Please circle):                    YES                    NO

If 'no' outline reason:

_____

| Manager | Manager Signature | Date |
|---|---|---|
| | | |

## Medical Shift Swap form

**NSW Health** — South Eastern Sydney Local Health District

# Medical Shift Swap Form

Name: _____  Job Title: _____  Payroll No: _____

Department: _____  Contact Number: _____

*This form is to be completed for all shift swaps. Please note that the change is not approved until confirmed by the Roster Manager.*

| Shift Details | | | | Original Roster | | New Roster | | | Approver Notes |
|---|---|---|---|---|---|---|---|---|---|
| Date of Shift | Shift Name | Start Time | Finish Time | Doctor Allocated | Signature of Dr allocated | Doctor Covering | Signature of Dr covering | Date of Request | |
| | | | | | | | | | |
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**DEPARTMENT MANAGER SIGNATURE (or delegate)**

Signature _____  Name _____  Date _____

**Rules:**

1. JMOs can only swap with someone of equal seniority. Interns cannot do RMO shifts.
2. Swaps for JMO after hour shifts resulting in back to back shifts won't be approved.
3. For unusual changes, eg swapping a whole week of night duty, please speak to the roster manager
4. You must ensure that any swap does not result in either doctor being rostered less than 80 hours or doing excesive hours for the pay period
5. Shift Swap has to occur in the same payperiod

**ROSTERING BEST PRACTICE**

## Nursing and Midwives Shift Swap Form

### Nursing and Midwives Shift Swap Form

This form is used to be utilised for requested 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 Number:** _____

**Existing Roster:**

| | |
|---|---|
| Employee Name | |
| Position | |
| Date | |
| Day | |
| Shift | |

**Swap recommended with the following employee:**

| | |
|---|---|
| Employee Name | |
| Position | |
| Date | |
| Day | |
| Shift | |

**Reason for the swap:** _____
_____

**Current employee scheduled for the shift:**

| | |
|---|---|
| Employee name | |
| Employee signature | |
| Date | |

**Proposed Employee agreeing for the swap:**

| | |
|---|---|
| Employee name | |
| Employee signature | |
| Date | |

**Manager approval (please circle):**      yes      No

**If 'NO' outline reason:** _____
_____

| Manager | Manager Signature | Date |
|---|---|---|
| | | |

## Allied Health Shift Swap Form

**NSW Health — South Eastern Sydney Local Health District**

### Allied Health Shift Swap Form

Name: _____  Job Title: _____  Payroll No: _____

Department: _____  Contact Number: _____

*This form is to be completed for all shift swaps.*

| | Original Roster | | | | | New Roster | | |
|---|---|---|---|---|---|---|---|---|
| Date of Shift | Shift Area | Start Time | Finish Time | Staff member rostered | Signature of staff member | Staff member covered | Signature of staff member | Date of Request |
| | | | | | | | | |
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**DEPARTMENT MANAGER SIGNATURE (or delegate)**

Signature _____  Name _____  Date _____

Please ensure when swapping shifts, the staff member you are swapping with has skills to work in that area. Please speak to your manager if you are unsure.

For unusual changes, please speak to your manager first.

The change is not approved until confirmed by the manager.

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## Appendix C: Application for Flexible Work Practice (FWP)/Temporary Individual Rostering Arrangement (TIRA) Request

It is strongly encouraged that you discuss your FWP/TIRA request with you line manager before submission.

Requests will be reviewed in accordance with the South Eastern Sydney Local Health District (SESLHD) Flexible Work Practices and Rostering Best Practice procedures.

| Is this a request for a FWP, TIRA or both? | ☐ FWP (Complete Part A) | ☐ TIRA (Complete Part B) |
|---|---|---|

| | |
|---|---|
| **Name:** | |
| **Position:** | |
| **Department and facility:** | |
| **Employee number:** | |
| **Direct line manager:** | |

**Part A – Flexible Work Practices request**

| | |
|---|---|
| **Type of FWP requested:** Please detail your proposed work hours and locations over a fortnight | |
| **Reason for the request:** You can attach supporting documentation | |
| **Anticipated duration:** The maximum request is 12 months, unless you are requesting a permanent reduction in work hours | |
| **Proposed commencement date:** Minimum is 1 month from date of written application | |

| **How is the request mutually beneficial?** How is service delivery maintained or improved? Is the request cost neutral? | |
|---|---|
| **Will the request impact the team and your colleagues?** Will there be impact on how work is distributed? Will there be impact on team member's supporting each other? | |

I acknowledge and agree that if my FWP request is approved, my Approving Manager can temporarily suspend my FWP where work health and safety is compromised, if required due to an emergency situation or in response to performance or misconduct matters.

| **Signed:** | |
|---|---|
| **Name:** | |
| **Date:** | |

### Part B – Temporary Individual Roster Adjustment request

| **Details of TIRA** Specific shifts/dates and times you are requesting to not work | |
|---|---|
| **Reason for the request:** You can attach supporting documentation | |
| **Anticipated duration:** The maximum request is 12 months | |
| **Proposed commencement date:** Minimum is 1 month from date of written application | |

I acknowledge and agree that if my TIRA request is approved, my Approving Manager can temporarily suspend my TIRA where work health and safety is compromised, if required due to an emergency and can reasonably request an alteration to agreed arrangements during periods of staff shortages and altered service demand.

I also acknowledge and agree that my TIRA is for an initial trial period of a 28-day roster and subject to regular reviews every three months thereafter.

| Signed: | |
|---|---|
| Name: | |
| Date: | |

## Part C – Application Outcome

| Decision | ☐ Application Supported | ☐ Application Not Supported |
|---|---|---|
| Reason for decision: | | |
| Signed | | |
| Name: | | |
| Date: | | |

## Part D – Final Actions

| | |
|---|---|
| Copy of completed form to applicant | ☐ |
| Copy of completed form to line manager | ☐ |
| Electronic assignment change form (if applicable) completed in StaffLink to adjust employee's details as per request | ☐ |
| Copy of completed form to Workforce Operations team SESLHD-EmployeeRecords@health.nsw.gov.au | ☐ |

## Appendix D: Sample Time in Lieu Spread Sheet

**TIME IN LIEU**

**NAME:**

| Date of TIL worked | Approved by Dept. Mgr/Supervisor (Signature) (Prior to working TIL) | Reason for Working TIL | Hours (eg. 4.30 – 5.00pm) | Amount of TIL worked | Approved by Dept. Mgr prior to Taking TIL | Date Leave Taken | How much TIL Taken? (eg: ½ hr) | Total of TIL Hours Owing |
|---|---|---|---|---|---|---|---|---|
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