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<tr>
<td>SPONSOR</td>
<td>Kim Olesen, Director Nursing &amp; Midwifery</td>
</tr>
<tr>
<td>AUTHOR</td>
<td>Sharon White, Nurse Manager Nursing &amp;</td>
</tr>
<tr>
<td></td>
<td>Midwifery Workforce</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Sharon.white@sesiahs.health.nsw.gov.au">Sharon.white@sesiahs.health.nsw.gov.au</a></td>
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<td>Managers</td>
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<td>This Guideline aims to assist nursing</td>
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<td>and midwifery staff to understand the</td>
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<td>principles and award conditions that</td>
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<td>underpin the development of a roster</td>
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Nursing and Midwifery Roster Guidelines

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Appendix C Roster Election Form (Minimum break between shifts)
Section 1 - Background

The rostering principles and guidelines have been developed to ensure fair and equitable rostering is maintained and the unit/ward has adequate coverage across all shifts in accordance with NSW Public Health System Nurses’ and Midwives’ (State) Award. An effective rostering framework should ensure the correct staffing, skill mix is available to provide a safe, cost effective, high standard of care to our patients.

Section 2 - Principles

The guiding principles that underpin a rostering framework are:

1. Delivering services to patients is the first consideration in making rostering decisions
2. Rosters must ensure that there is sufficient and appropriately skilled staff rostered to work, in order to provide appropriate patient care and to meet anticipated service demands.
3. Conforming to relevant Award provisions
4. Taking into account the Health and Safety of staff
5. Ensuring employees are rostered in a fair, reasonable and equitable manner while balancing patient, employee and organisational needs.
6. Staff are guaranteed hours of work but not set days or shift patterns to ensure labour flexibility to meet service needs.
7. Rosters must make appropriate provision for adequate staff supervision, training and clinical handover.
8. Any On-Call requirements for the ward/unit are shared equitably amongst the appropriately skilled staff
Section 3 – Developing a Roster

Below is a brief summary of the stages involved in developing a roster for publication:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>First Stage</strong></td>
<td>Manager or delegate posts roster planner</td>
</tr>
<tr>
<td><strong>Second Stage</strong></td>
<td>Staff enter pre-determined number of requests. Staff may indicate other shift preferences</td>
</tr>
<tr>
<td><strong>Third Stage</strong></td>
<td>Manager or delegate works with staff requests and builds roster within the ward/unit contracted FTE to meet service delivery requirements.</td>
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<tr>
<td><strong>Fourth Stage</strong></td>
<td>Manager fills roster deficits by offering increased hours to part time employees. This should not be over full time hours or over and above budgeted FTE of the ward and should not be used as a permanent solution to filling vacancies.</td>
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<tr>
<td><strong>Fifth Stage</strong></td>
<td>Manager seeks approval from the Nursing/Midwifery Co-Director (or equivalent) to utilise casual pool. Casual pool utilisation is facilitated by facility specific processes.</td>
</tr>
<tr>
<td><strong>Sixth Stage</strong></td>
<td>Manager or delegate seeks approval and endorsement from Nursing/Midwifery Co-Director (or equivalent) of the roster prior to finalisation of the roster.</td>
</tr>
<tr>
<td><strong>Final Stage</strong></td>
<td>Manager or delegate publishes the final roster 2 weeks prior to the commencement of the roster as per NSW Public Health System Nurses and Midwives (State) Award.</td>
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</table>
Section 4 – Roster Planner

The roster planner is placed so that it can be easily viewed by all staff. It is the responsibility of each staff member to ensure that they have checked their own roster and indicate their requirements / special needs on each roster. Staff are advised to indicate shift preferences in order to avoid disappointment.

If individual circumstances are not indicated then the Manager or delegate is unable to make any consideration when finalising the roster. Please note that approved annual leave, study leave, conference leave or temporary individual roster arrangement also needs to be indicated in the roster planner.

Section 5 – Request Based Rostering

Request Based Rostering can be defined by the following:

- A new roster is created each 4 weeks (Roster Planner)
- Staff submit a pre-determined number of requests for the shifts they would like to work and the days they want to be rostered off (staff may indicate other requests if they choose)
- No set shifts / days are allocated unless staff are on a documented temporary individual roster arrangement
- Manager or delegate builds the roster around these requests

5.1 Requests

Staffs make requests as to the degree of importance that they have a particular day off. This process is part of the request based rostering system. They are not to be used for days that staff wish to work. This opportunity to have requests is a privilege offered to staff.

The manager of individual units/wards can determine the total number of requests or limit the number of requests each staff can make based on their Full Time Equivalent (FTE) hours. It is recommended that Full Time Equivalent staff should not have more than an average of 1 roster request per week; i.e. 4 roster request for 4 week roster or 6 roster request for a 6 week roster.

Annual leave, study leave, temporary individual roster arrangements and trade union duties are not counted as requests. Each unit/ward are to have this process as part of their agreement or unit/ward procedures if they use the request based rostering.

Where possible, requests will be honoured but cannot be guaranteed. During high demand periods such as school holidays, public holidays, Christmas and Easter, it may not be possible to honour all requests for all staff.

**NOTE:** Staff should not be asking for consecutive days off in addition to their days off unless previously negotiated with the Manager.
Section 6 – Roster Requests Management

Managers need to ensure that there are clear and consistent procedures in place for the management of ad hoc roster requests to achieve fairness to employees and maintain appropriate patient care.

The Manager is responsible for all decisions regarding roster requests with regard to their impact on staffing requirements and service delivery.

6.1 Approvals to Roster Request are subject to the following provisions:

- Delivering services to patients is the first consideration in making rostering decisions. However, it is expected that Managers will endeavour to meet individual requests where possible; and that employees are also made aware that patients are the first consideration in making rostering decisions, meaning requests may be or can be denied.

- There will be no breach of legislative requirements, Award provisions, contractual arrangements or Ministry of Health Policy requirements as a result of approval of roster

- All employees should have the same level of access to roster requests to meet their individual needs.

- The published roster should provide confidence to all employees that requests are considered in a consistent manner.

- There should be a fair and appropriate distribution of shifts amongst rostered employees.

- Rosters should maximise continuity of care where possible.

6.2 Factors that need to be considered prior to approving Roster Requests

- The classification and skills of the employees who will fill a shift as the result of a request (to ensure an appropriate skill mix is maintained on a shift).

- Roster requests should not result in under / over rostering of contractual hours for the employees involved or incur any overtime or additional payments for the employees involved.

- Care should be taken with the length and sequencing of shifts that occur as a result of the request.
Section 7 – Shift Swaps

Managers need to ensure that there are clear and consistent procedures in place for the management of shift swaps to achieve fairness to employees and maintain appropriate patient care with the skill mix of the shift. The Manager is responsible for all decisions regarding shift swaps with regard to their impact on staffing requirements and service delivery.

Where an employee requests a change to the published roster, the obligation to find replacement staff of equal skill level rests with the employee requesting the change. All shift swaps requests are to be submitted to Managers for consideration. These requests and approval must be clearly documented. (Refer to Appendix A - Sample Shift Swap Form).

7.1 Factors Managers need to consider or outline prior to approving Employee Requests for a Shift Swap:

- Employees are responsible for negotiating their own shift swaps once a roster has been published

- The recommended limit of the number of swaps is 6 shifts per roster period (e.g. part-time employees to be subject to pro rata calculations). If extensive number of shift swaps occurs, managers need to review the reasons.

- Deadlines for submission of shift swap requests are up to 48 hours prior to the commencement of the shift.

- Communication of the Manager’s decision to the employee as soon as possible, so that alternative solutions can be explored.

- Ensuring that records of all roster requests, shift swaps and their outcome are maintained.

- Ensuring that rosters, including those contained within rostering systems (e.g. Kronos) are amended and kept up to date with changes and that all changes are clearly marked for audit purposes and to ensure correct payment of employees.

- The classification and skills of the employees who are swapping (should be of equivalent classification and skills).

- Shift swaps should not result in under / over rostering of contractual hours for the employees involved or incur any overtime or additional payments for the employees involved.

- Where students or new employees on orientation to the ward are allocated to specific employees, shift swaps should not occur without ensuring that the individual either changes with the employee or is allocated to another suitable employee and that the individual is aware of the change.
Section 8 – Management and Recording of Clinical Skills

Managers need to ensure there are processes in place to record and monitor staff clinical skills into a database. These are based on clinical duties such as in charge of shift duties or skills required for specialty ward areas etc.

Managers need to ensure there is a recording and monitoring process in place for clinical skills. The process must address the management of staff swapping shifts. The above is to ensure appropriately skilled staff are rostered each shift.

Section 9 – Roster Priorities

Some shifts are difficult to fill and therefore Managers should ensure these shifts are covered by existing permanent full time / part time staff.

Some shifts have limited resources available and therefore it is an expectation for Managers to ensure these shifts are filled by existing permanent full time / part time staff and not junior, Casual or Agency staff that would require support.

Below outlined are shifts (in order of priority) that need to be filled by current permanent full time / part time staff:

9.1 Night Shifts

Manager or delegate needs to ensure that night shifts are staffed with current permanent part time / full time employees. Casual or Agency staff should be considered as the last option.

It is an expectation that all staff will work their share of night shifts. There is no minimum or maximum number that you may be required to work in a roster period with the exception of staff undertaking 12 hour shifts whereby they cannot work more than 50% of night shifts as per the Award. This will depend on the unit/ward to ensure a safe working environment. These are determined by the wards, keeping in mind skill mix and adequate staffing numbers. Managers should also abide by Clause 4 (xiv) (a) of the Award - Except in cases of emergency; an employee shall not be employed on night duty for a longer period than four consecutive weeks, unless agreed otherwise between an employee and local nursing management.

9.2 Weekend and Public Holiday

Manager or delegate needs to ensure that weekend and public holiday shifts (where possible) are staffed with current permanent part time / full time employees. Skill mix and the number of staff should be taken into consideration when determining the roster.

It is an expectation that all staff will work their share of weekend and public holiday shifts. Casual or Agency staff should be considered as the last option.
9.3 Evening Shifts

Manager or delegate needs to ensure that evening shifts (where possible) are staffed with current permanent part time / full time employees. Skill mix and the number of staff should be taken into consideration when determining the roster. Casual or Agency staff should be considered as the last option.

9.4 Day Shifts

Manager or delegate needs to ensure that day shifts (where possible) are staffed with current permanent part time / full time employees. Skill mix and the number of staff should be taken into consideration when determining the roster. Casual or Agency staff can be considered for day shifts as they would be supported during these shifts.

NOTE: Staff will work a rotating roster and not work set shifts e.g. weekend or night shifts. Staff are guaranteed hours of work but not set days or shift patterns to ensure labour flexibility to meet service needs.
Section 10 – Clinical Handover

Managers need to ensure that time has been allocated for handover in all rosters for safe handover process at each change of shift. These handover should occur within paid rostered hours. Staff members should not be expected to routinely perform clinical handover in their own time.

Managers need to evaluate clinical handover to determine if sufficient time has been allocated for handover processes.

Casual & agency staff at times work shorter shifts. Managers need to ensure they have processes in place in order for the casual or agency staff member to provide clinical handover to ensure that staff remaining on the unit can provide appropriate patient care.

Section 11 – Temporary Individual Roster Arrangements

Temporary individual roster arrangements is an agreed rostering arrangement for an individual to work (or not to work) specific shifts or specific days.

**NOTE: THIS IS ONLY FOR A TEMPORARY DEFINED PERIOD AND IS NOT A PERMANENT ARRANGEMENT.**

The ability to request temporary individual roster arrangements, outside of contractual arrangements, can assist staff by providing flexibility. This flexibility allows staff to effectively manage their work, life and family needs and assists in retaining staff, resulting in the provision of appropriate patient care.

Written records of agreement to and review of these temporary arrangements are expected to be completed and maintained. *(Refer Appendix B – Temporary Individual Request Form) OR Use SESLHD District Form F071 for circumstances that fit within the SESLHD PD126 - Flexible Work Practices*

11.1 Principles of Temporary Individual Roster Arrangements:

- Changes to contractual arrangements to facilitate short term needs may be considered on an individual basis; however operational requirements to deliver services to patients are the first consideration in making these decisions.

- All employees should be provided with the same level of access to request preferences for individual roster arrangements.

- It is preferable that the Manager is responsible for making a recommendation regarding the employee’s requested arrangement. This should then be submitted for final approval by their Nursing/Midwifery Co-Director (or equivalent).

- Approved individual roster arrangements should be regularly reviewed by the Manager. It is suggested that the length of an initial period be set at 6 months and only extended for another 3 month period with Nursing/Midwifery Co-Director (or equivalent) approval.
Managers are responsible to ensure the temporary individual roster arrangement is reviewed in a timely manner and no staff should have access to permanent roster arrangement. This should be placed on the employees’ personal file.

Managers should avoid rostering employees to work certain informal roster configurations over prolonged periods (i.e. longer than three to six months). Informal roster configurations should be reviewed regularly. Such arrangements might be interpreted as an agreed individual arrangement when such an individual arrangement has not been appropriately (formally) established.

Where individual roster arrangements have been agreed on a temporary basis, Managers may reasonably discuss and negotiate with staff an agreed variation to the arrangements during periods of short-term staff shortages or altered service demand.

Managers are responsible for reviewing all temporary adjustment to contractual arrangements via a temporary individual roster arrangement. All documentation regarding temporary individual roster arrangement requests should be maintained by Managers.

Section 12 – 12 Hour Rosters

12.1 Rostered 12 Hour-Shift (Pre-July 2008)

Pilot 12 hour shift systems in place within Facilities as at 1 July 2008 shall continue to operate in accordance with the provisions of the relevant pilot agreement. Hours of work and conditions are outlined in the 12 hour agreements. Please note that all pre-July 2008 agreements should be displayed in the Ward/Unit areas for staff to access.

12.2 Rostered 12 Hour-Shift (Post-July 2008)

From 1 July 2008, 12 hour shift systems may be implemented in a ward, unit or operational area according to the provisions without the requirement for a pilot roster. Approval to undertake these arrangements is required by the District Director of Nursing and Midwifery.

12.3 Hours of Work and Conditions

12.3.1 Full time employee: 4 week
The ordinary hours of work for each full time employee shall be 152 hours balanced over a four week period. The hours shall be worked as 12 x 12 hour shifts and one x eight hour shift.

12.3.2 Full time employee: 6 week
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.
12.3.3 Part time employee: 4 week
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.

12.3.4 Part time employee: 6 week
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.

12.4 The following Award Clauses are mandatory when constructing a roster

- The minimum break between shifts shall be 11.5 hours.

- Rosters should reflect an equitable distribution of day, night and weekend shifts among employees participating in the 12 hour shift system.

- No overtime shall be worked in conjunction with a 12 hour shift.

12.5 At the Request of the Employee, the following Award Clauses can be applied when constructing a roster

- The maximum number of consecutive shifts shall be three. Except that an employee may be rostered for four consecutive shifts once in each six week cycle at the request of the employee.

- Employees shall not be rostered on single days off unless it is at the request of the employee.

- No more than 50% of shifts in the roster cycle should be night shift unless otherwise agreed between the employee and the unit manager.
Section 13 – Rostered 8 and 10 Hour-Shift

13.1 Hours of work and conditions as per the Award

13.1.1 Full time employee: 4 weeks

- 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.

- Provided that employees who work 8 hour shifts are entitled to 12 additional days off duty per annum and employees working 10 hour shifts are entitled to one additional day off duty each five weeks; and employees working other combinations of shifts are entitled to such number of additional days off duty per annum as will ensure that their ordinary hours of work do not exceed an average of 38 hours per week.

- The employee’s additional day off duty shall be determined by mutual agreement between the employee and the employer having regard to the service requirements of the latter. Where practicable such additional day off duty shall be consecutive with the rostered days off duty.

13.1.2 Part time employee: 4 weeks

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.

13.2 Award Clauses that require mandatory compliance when constructing a roster

- Except in cases of emergency, an employee changing from night duty to day duty or from day duty to night duty shall be free from duty during the 20 hours immediately preceding the commencement of the changed duty.

- An employee at his or her request, may be given time free from duty in one or more periods but no period shall be less than one full day.

- Where 10 hour night shifts are in operation in any health facility, at the commencement date of this award or subsequent thereto, the length of these shifts must not be altered without the consent of the Head Office of the Association.
13.3 The following Award Clauses may apply when constructing a roster that reflects an employee’s request

13.3.1 Less than 10 hour break:

- 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 agreement for less than a 10 hour break should be managed on employment. In order to ensure compliance with Clause 4, Subclause (iv)(a), each nurse is required to complete a nomination form (Appendix 3) the will be kept on file.

- This nomination may be reviewed six (6) monthly at the request of the nurse but should be reviewed annually by the NUM with any changes being the completion of a new form.

13.3.2 Number of Consecutive Shifts

- 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 is permitted to work more than 10 consecutive shifts.

- In the case of working more than 7 consecutive shifts, managers should review the Fatigue Management Policy against the employee’s request.

13.3.3 Number of Quick Shifts

- In any fortnightly pay period an employee shall not be rostered for more than three quick shifts, i.e. an evening shift followed by a morning shift, unless agreed otherwise between an employee and local nursing management.

13.3.4 Shifts less than 8 hours over 20 out of 28 days

- Notwithstanding the provisions of paragraph (a) of this subclause, employees may, with the agreement of the employer work shifts of less than 8 hours each over 20 days in each cycle of 28 days.

- An agreement for number of consecutive shifts, number of quick shifts and shifts less than 8 hours should be managed on a roster by roster basis. Evidence is required to substantiate the request from the employee in the form of a request roster or other written communication e.g. an email. These agreements should not form part of an informal temporary individual arrangement.
Section 14 – Staffing Requirements

If requirements change for a shift or a number of shifts due to an increase or decrease in staff numbers, skill mix and/or patient load, managers should make a determination as to whether the current patient load can be managed within the staff available.

With the approval from their Nursing/Midwifery Co-Director (or equivalent), managers may determine:

a. The current staff availability does match the requirements of the unit / ward. For example, there is an appropriate number of staff and the ward has a full complement of patients or any ad-hoc and urgent leave does not affect the skill mix or patient workload. In these situations, there is no change required.

b. There is more staff than workload available. For example, there are more staff rostered on than workload available due to a down turn in patient numbers. In this situation the manager should advise their Nursing/Midwifery Co-Director (or equivalent) and make the staff available to other wards / units to provide service delivery prior to offering leave.

c. The current staff availability does not match the requirements of the unit / ward. For example: the workload is greater than normal with inadequate staffing. In this situation managers should utilise the Additional Staffing Requirement process outlined in section 13.1. If casual staffs are required, managers should refer to the information listed in section 13.2.

If Manager (or delegate) is unable to source additional staffing requirements they need to review if whether or not they are able to transfer patients to other wards. Manager needs to consult with their Nursing/Midwifery Co-Director/Patient Flow Manager (or equivalent) to see if there are any alternatives available.

NOTE: Managers are required to follow the facility escalation process to seek approval to temporarily cap beds for the ward as their last option.
Section 15 – Additional Staffing Requirement Process

Additional staff should complement the skill mix required to undertake the allocated tasks within the ward and utilised in a cost effective manner. Time in Lieu (TIL) or Overtime (which is in general a last option) should be negotiated with staff.

Managers who have determined a roster shortfall requires replacement should be sourcing extra staff (by calling or checking):

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<th>After the publication of the roster</th>
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<tr>
<td><strong>Step 1</strong></td>
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<tr>
<td>Check if In Charge of Shift can take patient load</td>
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<tr>
<td><strong>Step 2</strong></td>
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<tr>
<td>Check if AHNM/Bed Manager can provide meal relief</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
</tr>
<tr>
<td>Call Part-time staff who have listed themselves as available</td>
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<tr>
<td><strong>Step 4</strong></td>
</tr>
<tr>
<td>Check if staff can swap a shift so that the shortfall occurs on a future shift allowing more time to fill the vacancy</td>
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<tr>
<td><strong>Step 5</strong></td>
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<tr>
<td>Utilise the facility specific staffing request process to organise a casual/agency staff member</td>
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Only if the above does not address the staffing requirements will overtime/ time in lieu be approved

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<tr>
<th>Overtime / Time in Lieu - Step 1</th>
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<tr>
<td>Asking other staff on the previous shift to stay back for part of the shift (this does not include staff on 12 hour shifts)</td>
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<tr>
<th>Overtime / Time in Lieu - Step 2</th>
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<tbody>
<tr>
<td>Calling full time staff who have listed themselves as available for overtime</td>
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To assist with the management of Health and Safety for staff, it is recommended to keep overtime to a minimum and staff should not be required to undertake more than 2 shifts of overtime per fortnight unless with prior approval.
Section 16 – Utilisation of Casual and Agency Staff

16.1 Definitions

- **Casual employees** – Casual employment is defined as an employee, other than a part-time employee, who is engaged as such and is paid on an hourly basis. Employees who are employed by a facility for the purpose of filling relief shifts.

- **Temporary employees** – Means a person who is engaged as an employee for a set period not exceeding 13 weeks, provided that fixed term contracts of employment, whether for periods greater or lesser than 13 weeks, must not be offered in preference to ongoing contracts.

- **Agency staff** – Agency staff are engaged through a private agency and allocated to hospitals on request.

16.2 Matters Managers need to consider when using casual staff

- Under the Public Health System Nurses’ and Midwives’ (State) Award, when an unplanned absence occurs (e.g. due to unexpected sick leave) the NUM (or delegate) is required to immediately review the roster to determine the effect of the absence on workload.

- Where the NUM (or delegate) determines to backfill the absence, the default position is to fill the absence with a nurse of the same classification as the absent nurse.

- If all avenues to backfill the absence with a nurse at the same classification are exhausted and the only remaining option is to backfill the absence with a nurse of a lower classification, the NUM (or delegate) must consider how the functions performed in the ward/unit can be safely and appropriately performed by a nurse of another nursing classification.

- In some circumstances it may be possible to backfill with a nurse of a lower classification. Where it is determined to backfill with a nurse of a lower classification, a record of this, together with the reasons, must be made.

- The Nurses’ and Midwives’ Award provides for two hours’ notice of a cancelled shift for nursing casual and agency staff is required to avoid financial compensation. If less than two hours’ notice is given of a cancellation than two hours payment at the appropriate penalty rate applies.

- The Nurses’ and Midwives’ Award provides that a casual employee must not be required to work more than 12 consecutive hours unless the casual employee consents to do so.

- Any 12 hour shift being replaced by either casual or agency staff should cover the full span of the shift.
16.3 Casual and Agency Staff

Casual and agency staff at times work shorter shifts. Processes must be in place in order for the casual or agency staff member to provide handover to ensure that staff remaining on the unit can provide appropriate patient care.

Ensure casual and agency staff have the appropriate skills required to fill the shift vacancy. Managers need to verify that casual / agency staffs that appear on roster are actually those that work the shift.

Managers need to keep track of nurse casuals who work regular and systematic shifts on an ongoing basis for periods up to six months. Under the Public Health Nurses’ and Midwives’ (State) Award a casual employee engaged by a particular employer on a regular and systematic basis for a period of six months shall thereafter have the right to elect to have his or her ongoing contract of employment converted to permanent full-time or part-time employment (if the employment is to continue).

Discussions with Human Resources need to occur in relation to permanent offers of work in line with their established work pattern, within four weeks after the six month period.

16.4 Managers and need to ensure or be aware when utilising Casuals or Agency Staff

- Casual staff have completed their mandatory training and skills.
- Staff are allocated to meet unit/ward requirements and staffing requirements.
- Casual staff attends organisational orientation.
- Identification is checked prior to commencement of each shift (where appropriate).
- Provide support and assistance to casual and agency staff as required.
Section 17 – Leave Management

17.1 Unplanned Leave (Sick Leave, FaCS Leave, etc.)

For managing unplanned leave, refer to section 14 – Staffing Requirements for the additional staffing requirement process

17.2 Planned Leave (Annual Leave, Long Service Leave, Study Leave, etc.)

For managing planned leave, managers need to consider the following:

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

- Leave provision should conform to relevant Award provisions and Ministry or SESLHD policy directives, guidelines and / or circulars.

- Leave is to be allocated and rostered in a fair, reasonable and equitable manner while balancing patient, employee and organisational needs.

- Each Ward or Unit should advise employees the number of FTE that can be on leave at any one period on a leave planner

- It is not an appropriate use of resources to utilise casual staff to replace planned leave.

- For Annual Leave, Managers need to ensure that a leave plan is scheduled for each employee. Managers should ensure employees are taking leave regularly and upon leave falling due.

- The rosters should accommodate the planned approved annual leave and annual leave should not be backfilled with Casual or Agency staff.
Section 18 – Other General Rostering Guidelines

- Staff are to note that rosters are considered as an official document.

- Units/Wards should have their specific roster guidelines and procedures that outline the expectations and direction for staff when developing a fair and equitable roster.

- Staff with unsatisfactory sick leave records may not be offered overtime shifts unless they can demonstrate an immediate and sustained improvement in sick leave levels. This is to ensure SESLHD does not adversely affect the health and wellbeing of our staff and also to exercise our duty of care obligations towards our staff.

- Managers are required to:
  
a. Ensure the next roster will be made available two (2) weeks before its commencement date as stated in the NSW Public Health System Nurses’ and Midwives’ (State) Award 2011.

b. Refer to 12 hour shift agreements or clause 5 of the NSW Public Health System Nurses’ and Midwives’ (State) Award 2011.

c. Refer to Clause 4 of the NSW Public Health System Nurses’ and Midwives’ (State) Award 2011 for all other roster issues.

d. Consider a shift rotation that minimises risk associated with work related fatigue.

e. Any shift changes must be with a staff member of the same competency/skill level and organised by the individual requesting the change. This change must be approved by the Managers or delegate.

f. Maximising breaks between shifts and before rotating staff to a new shift.

g. Minimising the number of night shifts.

h. Ensuring that periods of extended work hours are followed by an appropriate recovery time prior to resuming work.

i. Avoiding overtime allocation after an afternoon or night shift. No overtime should be offered after a 12 hour shift.

j. Ensuring staff establishments are sufficient to keep overtime to a minimum and to carry out the workload required.

k. Rosters should work towards the achievement in the reduction of accumulated annual leave both excess and accrued annual leave for the roster cost centre

l. Adhere to clause 53 (Staffing Arrangements) of the NSW Public Health System Nurses’ and Midwives’ (State) Award 2011 (where applicable) Adhere to relevant policies relating to retention of records
Section 19 – Documentation, References, Revision and Approval History

Documentation

Information about rostering is available in the Public Hospital Nurses (State) Award available at:


Other relevant information is available in the NSW Health Fatigue - Preventing & Managing Work Related Fatigue Guideline available at:


Should you have any queries regarding rostering practice, please discuss with your manager or relevant Nursing Co-Director (or equivalent).

References


**Acknowledgement – This document has been developed based on the Sydney Children’s’ Hospital Network Nursing Roster Guidelines, 2013

Revision and Approval History

<table>
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<tr>
<th>Date</th>
<th>Revision no</th>
<th>Author and approval</th>
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<tr>
<td>April 2014</td>
<td>0</td>
<td>Sharon White, Nurse Manager Nursing &amp; Midwifery Workforce</td>
</tr>
<tr>
<td>May 2014</td>
<td>0</td>
<td>Re-formatted by District Policy Officer</td>
</tr>
<tr>
<td>Jun 2014</td>
<td>0</td>
<td>Approved by DET</td>
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### APPENDIX A: 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 NUMBER:** ________________________________________________

---

**EXISTING ROSTER:**

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Position</th>
<th>Date</th>
<th>Day</th>
<th>Shift</th>
</tr>
</thead>
</table>

**SWAP RECOMMENDED WITH THE FOLLOWING EMPLOYEE:**

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Position</th>
<th>Date</th>
<th>Day</th>
<th>Shift</th>
</tr>
</thead>
</table>

**REASON FOR THE SWAP:** ________________________________________________

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**CURRENT EMPLOYEE SCHEDULED FOR THE SHIFT:**

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**PROPOSED EMPLOYEE AGREEING FOR THE SWAP:**

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**MANAGER APPROVAL (Please circle):**

- [ ] YES
- [ ] NO

**IF ‘NO’ OUTLINE REASON:** ________________________________________________

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<table>
<thead>
<tr>
<th>Manager</th>
<th>Manager Signature</th>
<th>Date</th>
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APPENDIX B - INDIVIDUAL ROSTER ARRANGEMENT FORM

This form is designed to record any staff working temporary restrictions or temporary individual roster patterns

NAME:___________________________________________________________

UNIT / WARD:______________________________________________________

CLASSIFICATION:__________________________________________________

DATE:____________________________________________________________

WORKING RESTRICTIONS: Specific shifts that cannot be worked

Please circle relevant shifts:

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<tr>
<th></th>
<th>Day</th>
<th>Evening</th>
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<tr>
<td>MONDAY</td>
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<td>TUESDAY</td>
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<td>SATURDAY</td>
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<tr>
<td>SUNDAY</td>
<td>Day</td>
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REASON FOR RESTRICTION: _____________________________________________

REQUESTED COMMENCEMENT DATE: ______________________________________

INDIVIDUAL ROSTER PATTERN: A set sequence of shifts and/or days requested. Specify preferred roster pattern listing the shifts and days staff member is available to work and a detailed reason for this roster pattern:

_________________________________________________________________

___________________________________________________________

MANAGER TO COMPLETE

REQUEST APPROVED: YES  /  NO  MANAGER SIGNATURE:_____________________

REASON FOR NON APPROVAL: __________________________________________

_________________________________________________________________

APPROVED REQUEST COMMENCEMENT DATE: ________________________________

LENGTH OF TEMPORARY ARRANGEMENT (MAXIMUM 6 MONTHS AT TIME OF REQUEST):

_________________________________________________________________

REVIEW DATE:_______________________________________________________

It is an expectation that staff will remain flexible to ensure service provision and that whilst temporary individual roster arrangements may be agreed to, managers can reasonably request an alteration to agreed arrangements during periods of staff shortages or altered service demand.
APPENDIX C – 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

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<th>Employee Name</th>
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<tr>
<th>Employee Signature</th>
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I approve the above employee’s roster election.

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