

# Rostering Best Practice



Health

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## Case for change

Rostering is considered a crucial element to ensure an environment that provides good quality care. In NSW Health, labour costs are estimated to make up approximately 70% of a Local Health District (LHD) budget. To date there has been very little in the way of documented roosting guidelines, training or education for staff with roosting responsibilities.

Rostering Best Practice takes into consideration factors such as: patient needs; organisational needs; staff needs; the workforce and skills required to deliver services; and, workforce availability.

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

## Rostering Best Practice Principles

### \*Overarching principle:

#### Delivering services to patients is the first consideration

**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 service demands.

**Principle 2:** Rosters must conform to relevant regulatory frameworks, including work health and safety legislation, anti-discrimination, industrial awards and NSW Ministry of Health and LHD 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.

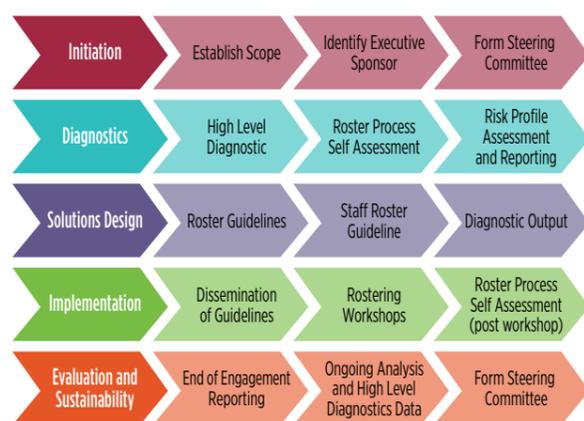
**Principle 5:** The organisation must have appropriate governance structures in place to oversee roster planning, creation, approval, monitoring and reporting.

**Principle 6:** Rostering practices in NSW Health are based on cooperation between roosting managers and staff, in order to promote fairness in roosting and to deliver appropriate care to patients.

\*NSW Health Rostering Resource Manual

## Study Design

The LHDs engaged over 6-12 months through the five phases discussed below with the Rostering Best Practice Team (the team).



## Phase 1: Initiation

### Establish Program Scope

Every LHD is challenged by a different aspects of roosting. Therefore each LHD is consulted to determine the scope of the program.

### Identify Executive Sponsor and Steering Committee

The districts nominate a key local lead for the program; with responsibility for sponsorship, communication, and day-to-day management. The Steering Committee is a central feature of the program and consists of senior managers in workforce with responsibilities over roosting processes and staff allocation.

## Phase 2: Diagnostics

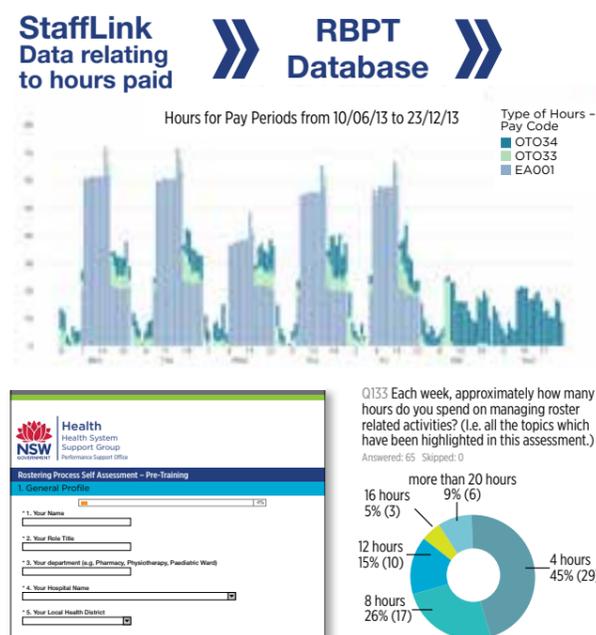
### Risk Profile

Face-to-face discussions with multi-disciplinary staff, non-clinical staff, and the Steering Committee. The semi-structured meetings provide the team with an understanding of the current process and practices. The discussions explore key areas including governance structures, roles and responsibilities, workflow arrangements, existing guidelines, and policies.

### High Level Diagnostics

Statistical analysis of staff rosters and payroll data is extracted from Staff Link (an employee data repository of state payroll systems). The team assist the LHDs to identify areas which have potential for cost and efficiency savings. Specifically, the high level reports analyse: Ordinary worked hours, ADO accruals, Overtime hours and Leave liabilities.

A Survey Monkey 'Self Assessment' tool is deployed to gain a Roster Manager's perspective of challenges and issues.



## Phase 3: Solutions Design

The team develop a package of resources, guidelines / policy, staff brochures and educational workshops for Rostering Best Practice implementation.

### Roster Guidelines

The Roster Guidelines are for Roster Managers, and set out the roles, responsibilities and decision making points for the roosting process. The objective is to standardise the interpretation of published policies, and to reduce variations in practice and procedure.

### Staff Roster Guidelines

The Information for the Staff Roster Guide is informed by the LHD Roster Guidelines and sets out the staff members' roles, responsibilities and rules with respect to roster-related obligations. Examples of guidance include common processes for requesting leave, swapping shifts, and procedures in establishing Temporary Individual Roster Arrangements.

## Phase 4: Implementation

Interactive workshops are delivered to educate LHD Roster Managers on the new guidelines. The workshops aim to increase skills and knowledge in roosting across 10 measured areas of Rostering Best Practice.



## Phase 5: Evaluation and Sustainability

The LHDs are provided with templates, tools resources and reference information to enable sustained Rostering Best Practice.

### End of Engagement Report:

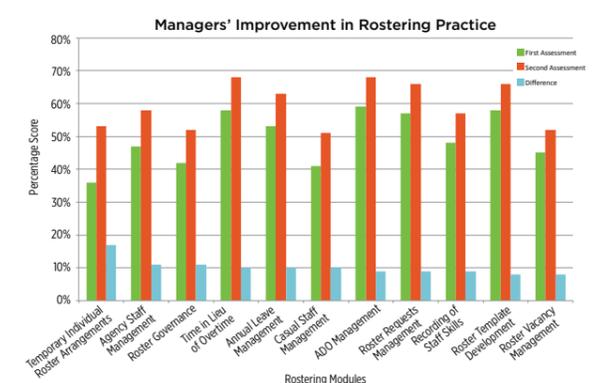
- a summary of the activities completed during the engagement with the LHD.
- a summary of staff feedback of the Rostering Workshops.
- a comparison of the pre and post-workshop scores for the Roster Process Self Assessment.
- identification of key areas for continual process improvement beyond the conclusion of the Program.

### Measures of Success

- Post implementation survey
- Workshop evaluation
- Sustainability through ongoing support and evaluation

### Effects of Changes

Roster Managers self-reported scores of roosting practice before and after implementation of the Rostering Best Practice Guidelines, which showed improvements across all 10 measured areas.



## Ongoing Analysis High Level Diagnostic Data

Future plans include making available regular performance reports using StaffLink data, applying a set of predefined KPIs (e.g. % overtime hours vs. total hours worked, ADOs taken against rate of accrual).

These measures will be analysed, benchmarked and monitored as part of an ongoing performance improvement plan, under the Performance Support Office's program of work.

## Conclusion

So far the team have completed 5 LHDs, and are currently engaged with a 4 further LHDs.

583 pre implementation surveys have been completed, and 70 Rostering Best Practice workshops have been undertaken with 690 staff.

The program has received positive feedback from LHD Executives and Roster Managers in the form of post implementation surveys, post workshop questionnaires, testimonials and word of mouth recommendations.

There are 6 remaining LHDs to complete the program. LHDs who have heard of the program have requested to be included in this piece of work.

## Lessons Learnt

Lack of formal state-wide policy has resulted in inconsistent roosting practices, inequity and cost inefficiency across facilities and disciplines in NSW. Rostering is a pivotal function in healthcare delivery; it is the mechanism which ensures staffing resources are appropriately allocated. Formal processes for Rostering Best Practice of all disciplines can be replicated across any rostered staff both Nationally and Internationally.

## Contact Information

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