

ROSTERING RESOURCE MANUAL

VERSION 2.1

NSW MINISTRY OF HEALTH

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Introduction

The Rostering Best Practice team (formerly Rostering Centre of Excellence) was formed in 2009 to assess the status of rostering across all staff groups within NSW Health.

A comprehensive analysis of rostering practices across NSW Health was completed by the Rostering Best Practice team. Based on these results the Rostering Best Practice team identified areas for improvement, which formed the foundation of the NSW Health Rostering Resource Manual. These findings included;

- A lack of formal state-wide policy or guidelines that provide a framework for defining the principles and approach to rostering
- Inconsistent rostering practices across facilities and disciplines within an organisation with different processes, tools, and systems
- The need to replace multiple legacy rostering systems with one State-wide supported system to assist with both rostering and reporting
- A lack of governance or overarching approval processes over rosters to ensure they comply with Industrial Awards and meet patient, staff and organisational needs
- Inconsistent training, education and staff support to facilitate good rostering practice

The Rostering Best Practice Team (RBPT) is responsible for;

- Leading program of work which reviews, supports, and drives improvement initiatives in rostering practices across NSW Health
- Facilitating NSW Health Organisations to review, educate and implement rostering improvement strategies with the objective of embedding standard processes across all hospitals

Rostering Best Practice 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, NSWHealth and LHD/SHN policies.

Rosters are crucial to the functioning of any healthcare service as they ensure that staffing resources are allocated appropriately in order to provide high quality and efficient patient care. They are also important in defining the roles of team members, the availability of staff to supervise more junior colleagues and particular skills required for each shift.

Rosters also have an important medico-legal role and it is therefore critical that changes to published rosters are accurately recorded.

Rostering Best Practice is an important program which ensures that services continue to provide the highest quality of care through effective rostering practices.

Purpose of the Document

The NSW Health **Rostering Resource Manual** (the manual) has been developed to inform, guide and educate staff with rostering responsibilities in relation to planning, developing, maintaining and operating rosters that meet patient, staff and organisational needs. The manual contains principles and rostering guidelines which outline mandatory obligations (where they exist) with respect to rostering as well as tools to facilitate best practice rostering and reporting across the State. The establishment of clear lines of responsibility for roster governance and approval based on rostering measures of success will enhance compliance with the rostering guidelines and will identify further opportunities for process

improvement to enhance patient, employee and organisational outcomes.

The manual is not intended to act as a policy document but rather, as a practical guide to assist managers in rostering. The manual will also enable Local Health Districts (LHDs), Speciality Health Networks (SHNs) and Health Organisations to develop local policy. Timeframes have been suggested in some guidelines which can be varied depending upon local requirements, as long as these are defined in local policy.

Target Audience

The target audience for this manual is all staff involved in the process of roster development, creation and approval in NSW Health. The manual provides information for novice and experienced Roster Creators, Managers and Executive staff, to ensure that rostering practices are fair, transparent and appropriate for the needs of the patients, staff and organisations.

The manual is intended to be used for all rostered staff in NSW Public Health Organisations.

How to use the Resource Manual

This manual contains NSW Health's rostering principles and guidelines to assist in best practice rostering. The guidelines are listed in alphabetical order to facilitate ease of use. Each guideline incorporates NSW legislative requirements, Industrial Award requirements and identifies relevant NSW Ministry of Health policy directives, in addition to recommended best practice approaches to rostering. Rostering tools and other information related to each guideline are referenced and attached in the appendices. There remains scope within the guidelines for LHDs, SHNs and/or Managers to develop local variations relevant to their agreed unit requirements.

Consultation Process

Critical to the development of the manual has been consultation with a wide range of stakeholders. Stakeholder groups were selected to provide a slice across professions and locations in NSW. Prior to this consultation all guidelines were internally reviewed and a review from an industrial perspective was also undertaken by the NSW Ministry of Health prior to proceeding to union consultation where appropriate.

Definitions

Throughout the document, the following definitions apply:

Agency staff

Staff engaged through a private agency and allocated to hospitals on request.

Business Rules

Documents that define or constrain the State-wide rostering guidelines, influenced by the local context and/or requirements in order to determine local rostering practices and outcomes.

Casual employee

An employee, other than a part-time employee, who is engaged as such and is paid on an hourly basis.

Guidelines

Documents that outline the key steps required to operationalise the principles. These will encompass rostering “best practice” and minimum standards based on legal and industrial obligations, and NSW Ministry of Health policy directives and guidelines.

HR

Human Resources.

Locum Medical Officer

A suitably qualified, registered and authorised medical practitioner introduced to a Public Health Organisation by a Medical Locum Agency that is listed on the NSW Ministry of Health Register of Medical Locum Agencies and employed by the LHD in a casual or temporary capacity to provide cover for an absent member of the permanent non-specialist medical staff or when shifts are unable to be filled by overtime or casual medical employees.

NSW Public Health Organisation (“Organisation”)

Any LHD, SHN, NSW Public Hospital or Public Health System facility.

Principles

High level statements about how rostering should be approached and form the basis for decision making in accordance with the direction and goals for rostering within NSW Health.

Roster Approver

The person responsible for approving the roster. The Roster Creator and the Roster Approver are different people.

Roster Creator

The person responsible for developing the roster. For nurses this will usually be the Nursing Unit Manager/Midwifery Unit Manager and therefore the Roster Creator and Manager may be the same person. For other classification groups it is usually the Roster Manager as defined below.

Rostering

Process which ensures that staffing resources are allocated appropriately in order to provide a high quality and efficient health service.

Roster Manager

The person responsible for managing the implementation of the roster. This is usually the Nursing Unit Manager (NUM)/Midwifery Unit Manager (MUM), Department Head, Junior Medical Officer (JMO) Manager etc.

Roster Template

Used to set out a units planned shift staffing and the number and classification of staff required for each shift.

Staffing Unit

A dedicated department that manages the deploying of staff as well as casual and agency nursing staff.

WHS

Work, Health and Safety.

NSW Health Rostering Principles

Effective rosters take into consideration factors such as patient needs, staff needs, organisational needs, the workforce and skills required to deliver services and workforce availability. Rostering is, therefore, a pivotal function in healthcare delivery, as it is the mechanism which ensures that staffing resources are appropriately allocated in order to provide a high quality and efficient health service.

Overarching roosting principles have been designed to guide the development of appropriate and efficient rosters. Delivering services to patients is the first consideration in making roosting decisions and these principles are statements about how roosting should be approached in NSW Health and form the basis for decision making in relation to the roosting guidelines.

The principles are numbered for identification purposes only and do not indicate an order or priority.

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 roosting managers and staff, in order to promote fairness in roosting and to deliver appropriate care to patients.

The Rostering Process

Introduction to the Rostering Process Flowchart

The Rostering Process Flowchart has been developed to provide a high level view of the necessary steps involved in developing an appropriate roster. Each step outlines factors to be considered, from receipt of budget information through to roster creation, maintenance and finalisation for transfer to payroll. Key tasks have been identified for each step and suggested responsibilities assigned. It is intended to provide organisations, rostering units and managers with the framework to develop local rostering processes and business rules. Prior to the roster development each manager will also need to consider the time required to complete each step in the process, in order to meet Award or organisational requirements.

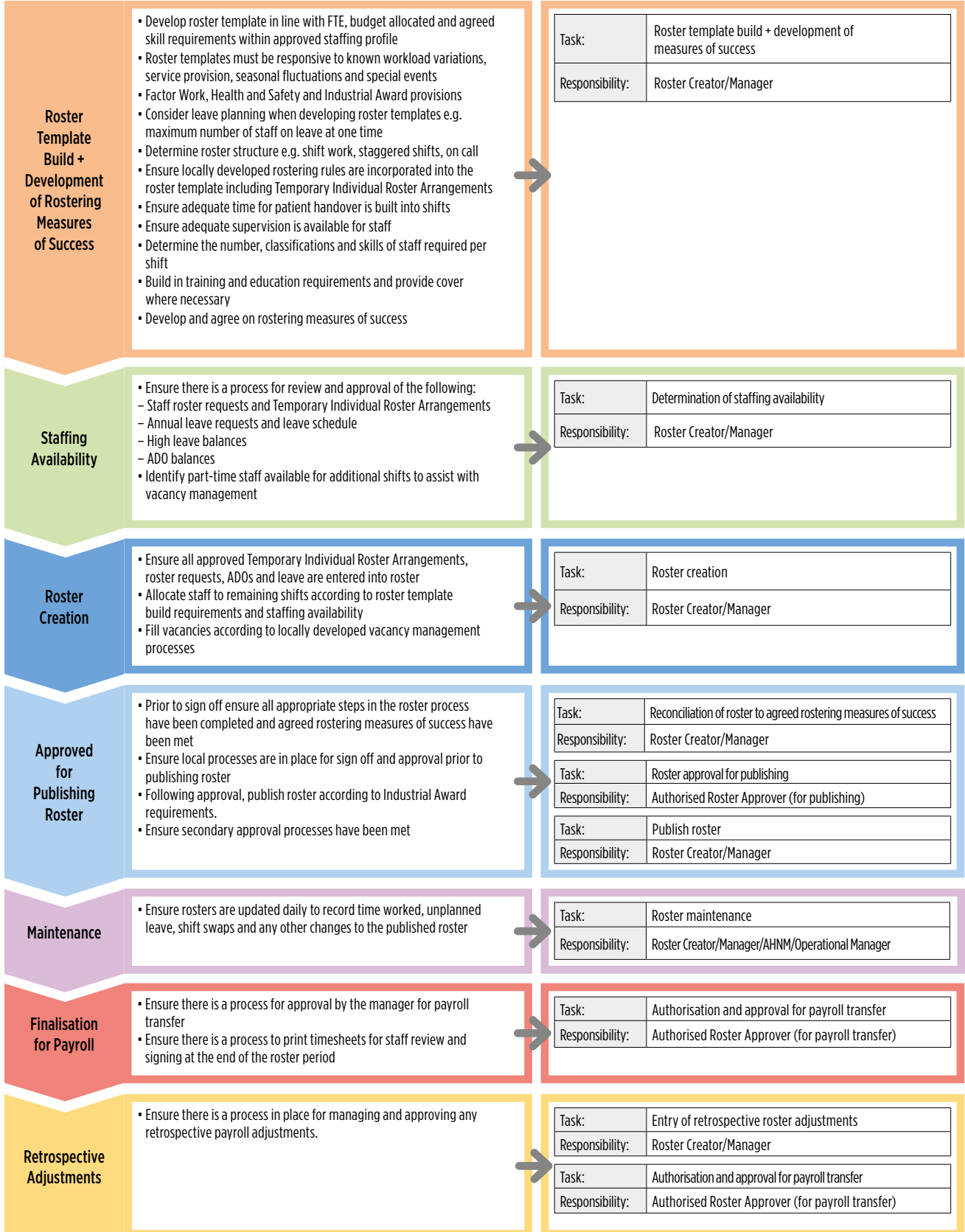
The assigning of tasks and responsibilities is intended to provide transparent governance over rostering in order to ensure the needs of patients, staff and the organisation are met. This will also facilitate early troubleshooting of rostering issues and provide visibility of these at a more senior level within the organisation.

The flowchart provides a comprehensive outline of rostering and the factors to be considered; however, it is not intended to be exhaustive and each Roster Manager should consider other factors that may be relevant to their local environment, see page 7.

Rostering Process Flowchart

Rostering Process

Key Tasks and Responsibilities



Rostering Roles and Responsibilities

Guideline name	Rostering Roles and Responsibilities
Purpose	The purpose of this guideline is to set out the key roles and responsibilities in regard to developing, approving and monitoring rosters.
Relevant staff groups	All
Definitions	<p>Approval – process whereby rosters are reviewed and approved for publication.</p> <p>Business Manager/Senior Financial Officer – the person responsible for developing and communicating staffing budgets to the Manager.</p> <p>DON&M – Director of Nursing & Midwifery.</p> <p>Leave schedule – staff leave planner i.e. record of staff taking leave over a defined period.</p> <p>Rostering Measures of Success – measurements used to assess all relevant aspects of the end to end roosting process (examples page 58).</p>
Obligations – legislative/policy/work, health and safety	<p>Rosters need to be created and posted as per the industrially agreed timeframes:</p> <ul style="list-style-type: none"> • Nursing – 2 weeks prior to the commencement date of the roster • Medical – 2 weeks prior to the commencement date of the roster • Allied Health – 1 week prior to the commencement date of the roster • Non-Clinical – 2 weeks prior to the commencement date of the roster • Ambulance – 7 days prior to the commencement of the roster <p>Fatigue - Preventing & Managing Work Related Fatigue: Guidelines for the NSW Public Health System (GL2007_023), focuses on the broad range of factors that impact on fatigue, including working hours. Employers are required to identify the potential for work related fatigue to become a work, health and safety issue, and to prevent and manage it as they would any other work, health and safety issue. Strategies to address fatigue include shift and roster design, better leave management, improved working environment and provision of staff support.</p>
Mandatory standards	The organisation must ensure there is governance over all aspects of roosting.
Procedure/s	<p>Budget process</p> <p>The determination of FTE needed per shift is not part of roster creation and occurs at an earlier stage.</p> <ul style="list-style-type: none"> • The organisation must ensure that responsibility has been allocated for developing and communicating staffing budgets to the managers <p><i>Responsibility:</i></p> <ul style="list-style-type: none"> • Business manager/senior financial officer

Guideline name	Rostering Roles and Responsibilities
Roster Template build and development of rostering measures of success	<p>The development of the roster template needs to take into consideration:</p> <ul style="list-style-type: none"> • Full-time equivalent (FTE) staffing, allocated budget or staffing profile and skill requirements where these factors are relevant. Any known workload variations, the nature of the service provision, seasonal fluctuations, special events • Award provisions, such as ADOs • Work, health and safety considerations • Industrial considerations • Leave planning and associated leave schedule (e.g. providing for leave 'cover', factoring in the number of staff who should be on leave or who are able to be on leave at one time) • The nature of the service to be delivered and the roster structure which flows from that (e.g. shift work, staggered shifts, length of shifts and on call arrangements etc) • Any local rostering rules • Adequate time for patient clinical handover • Adequate clinical supervision • The classifications and skills of staff required per shift (where these factors are relevant) • Training and education requirements <p>Once the template is approved, rostering measures of success are developed which will guide the roster approval process.</p> <p><i>Responsibility:</i></p> <ul style="list-style-type: none"> • Manager in consultation with their operational/professional Manager (as necessary) • Roster Creator/Manager
Staffing availability	<p>The process for reviewing staff availability needs to take into consideration the following:</p> <ul style="list-style-type: none"> • Staff roster requests and Temporary Individual Roster Arrangements, legislative requirements such as anti-discrimination, for staff who have carer responsibilities or disabilities • Annual leave requests • High annual leave balances • ADO balances • Part-time staff availability for additional shifts to assist with vacancy management • Casual or agency staff available for possible 'block bookings' if required <p><i>Responsibility:</i></p> <ul style="list-style-type: none"> • Roster Creator/Manager
Roster creation	<p>Roster creation needs to take the following into consideration:</p> <ul style="list-style-type: none"> • That all approved Temporary Individual Roster Arrangements, ADOs and leave are entered into the roster • Allocation of staff to remaining shifts according to roster template build requirements and staffing availability • Vacancies in the roster are filled according to locally developed roster vacancy management procedures <p><i>Responsibility:</i></p> <ul style="list-style-type: none"> • Roster Creator/Manager

Guideline name	Rostering Roles and Responsibilities
Approval for publishing	<p>The following aspects of the rostering process need to be taken into consideration prior to roster approval:</p> <ul style="list-style-type: none"> • Checking of rosters by the authorised Roster Approver • Ensure that all appropriate steps in the process have been completed • The roster has been reviewed against the agreed rostering measures of success • That all local processes are in place for approval prior to publishing the roster • Once approved the roster is posted according to Industrial Award requirements <p><i>Responsibility:</i></p> <ul style="list-style-type: none"> • Roster Manager/Creator • Authorised Roster Approver
Roster maintenance	<p>The following processes need to be in place:</p> <ul style="list-style-type: none"> • An appropriate authorisation process for approval of overtime • A localised process to ensure rosters are updated daily to record time worked, unplanned leave, shift swaps and any other changes to the published roster • Replacement of absences (for example 'like with like' for nursing) <p><i>Responsibility:</i></p> <ul style="list-style-type: none"> • Roster Manager/Creator • Operational Manager/After Hours Nurse Manager/JMO Managers
Finalisation for payroll	<p>The following processes need to be in place:</p> <ul style="list-style-type: none"> • Maintenance of the rosters to accurately reflect hours worked • Approval by Manager for payroll processing • Printing of timesheets for staff review and signing at the end of the roster period <p><i>Responsibility:</i></p> <ul style="list-style-type: none"> • Roster Creator/Manager and authorised Roster Approver (for payroll transfer)
Retrospective adjustments	<p>The following processes need to be in place:</p> <ul style="list-style-type: none"> • Management of any retrospective payroll adjustments • Appropriate data entry in systems where software has retrospective payroll adjustment functionality • Approval of retrospective adjustments for payroll <p><i>Responsibility:</i></p> <ul style="list-style-type: none"> • Roster Creator/Manager and authorised Roster Approver (for payroll transfer)

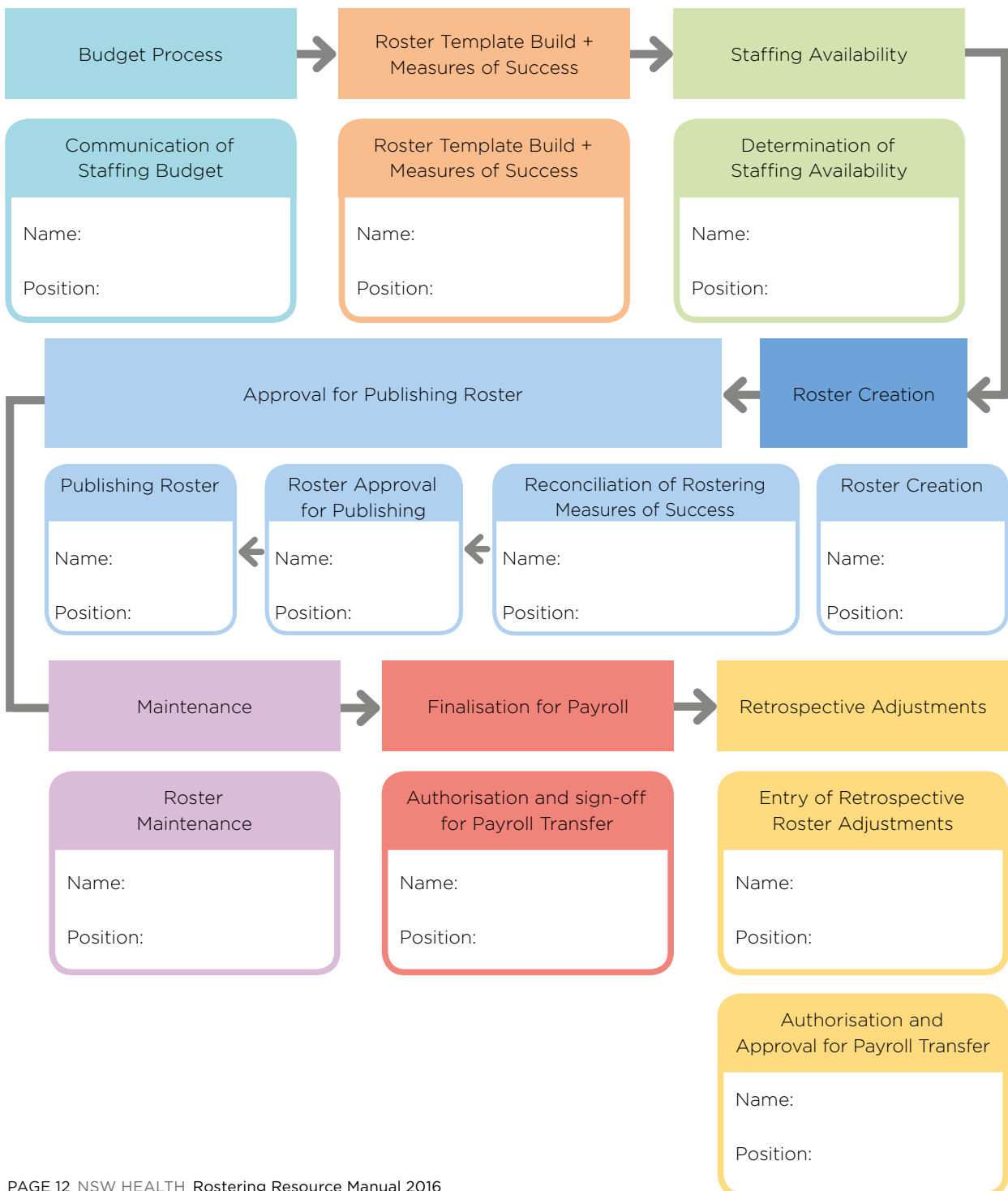
Guideline name	Rostering Roles and Responsibilities
Other responsibilities	<p>Executive</p> <ul style="list-style-type: none"> • To ensure that roles and responsibilities are delegated appropriately <p>Managers</p> <ul style="list-style-type: none"> • Need to ensure staff are made aware of their responsibilities <p>Staff</p> <ul style="list-style-type: none"> • Timely submission of roster requests. • Review of published roster • Discussion with the Manager regarding any requests for changes to the roster after it is published • Seeking approval for any 'swaps' after the roster is published
Reporting & monitoring processes	The roster is reviewed against the agreed roosting measures of success
Supporting tools/ information	<ul style="list-style-type: none"> • Rostering Process Flowchart • Rostering Roles and Responsibilities Tool
Improvement outcomes	<ul style="list-style-type: none"> • Improved efficiency and effectiveness of rosters • Fairness in roosting • Defined roosting roles and responsibilities • Improved accountability • Reduction in payroll adjustments

Rostering Roles and Responsibilities Tool

Introduction to the Rostering Roles and Responsibilities Tool

The Rostering Roles and Responsibilities Tool has been developed to assist Managers. It provides a prompt to ensure there is assigned responsibility for all key rostering steps. Once completed, it will provide a transparent governance process over rosters throughout the organisation.

It is important to note that one person may have multiple tasks assigned dependent on the nature of the roster unit and the organisation.



NSW Health Rostering Guidelines

Approach to using the guidelines

The guidelines should be used to compliment local policy and assist in the development of rostering processes and practices where there are opportunities for improvement or where support is required for less experienced Managers, Roster Creators and Approvers.

Guideline summary table/matrix

The guideline summary table lists the guidelines contained within this manual and summarises the purpose of each. Also listed are the supporting tools where applicable for each guideline and references to other guidelines that may assist in their use.

Guideline name	Purpose	Supporting tool	Reference to other Guidelines	Relevant Staff Group
ADO Management	To assist Managers with: <ul style="list-style-type: none"> • Meeting Award obligations in relation to ADO management • Development of local business rules for the management of ADOs • Auditing and reporting of ADO usage 	-	Roster Template Development Rostering Measures of Success Annual Leave Management	All eligible staff
Annual Leave Management	To assist Managers with: <ul style="list-style-type: none"> • Meeting legal and Industrial Award obligations in relation to annual leave management • Developing local business rules for the management of annual leave • Monitoring and reporting annual leave usage 	-	Roster Template Development Rostering Measures of Success	All
Management and Recording of Staff Skills	To assist Managers with: <ul style="list-style-type: none"> • Development of a process for the recording of staff skills 	-	Roster Template Development	All
Management of Time in Lieu of Overtime	<ul style="list-style-type: none"> • To ensure that all Managers and employees have an understanding of both the accrual and utilisation of time in lieu of overtime • To ensure that employees are treated equitably 	Time in Lieu Recording and Balances Spreadsheet Recording Approved Time in Lieu of Overtime	Roster Template Development Rostering Measures of Success	All eligible staff, excluding medical staff (except Career Medical Officers working in a community health facility)

Guideline name	Purpose	Supporting tool	Reference to other Guidelines	Relevant Staff Group
Roster Requests Management	To ensure that there are clear and consistent procedures in place for the management of ad hoc roster requests and shift swaps to achieve fairness to employees and maintain appropriate patient care.	Sample Roster Requests Form Sample Shift Swap Form	Roster Template Development Rostering Measures of Success	All
Roster Template Development	To assist Managers in articulating the elements which contribute to their current roster template and to assist in the development of rostersing measures of success for roster approval.	-	Rostering Measures of Success Temporary Individual Roster Arrangements Annual Leave Management ADO Management	All
Roster Vacancy Management (Junior Medical Officers)	To assist Managers with: <ul style="list-style-type: none"> • Development of local business rules for management of roster vacancies • Auditing and reporting on roster vacancies 	-	-	Junior Medical staff
Roster Vacancy Management and Utilisation of Casual and Agency Staff	To assist Managers with: <ul style="list-style-type: none"> • Legal and Industrial Award obligations in relation to casual and agency staff • Development of local business rules for utilisation of casual and agency staff • Monitoring and reporting of casual and agency staff usage 	-	Utilisation of Locum Medical Officers	Nursing, Allied Health, Non-clinical
Rostering Measures of Success	The rostersing measures of success are those measures or factors used to assess a roster or a series of rosters. The rostersing measures of success are developed by the Roster Creator in consultation with their Roster Approver and are used to guide the roster approval process.	Rostering Measures of Success Checklist	Roster Template Development	All

Guideline name	Purpose	Supporting tool	Reference to other Guidelines	Relevant Staff Group
Temporary individual roster arrangements	To ensure that there are clear and consistent procedures in place for the management and review of requests for Temporary Individual Roster Arrangements. This will ensure the provision of a fair process for all staff while ensuring adequate numbers of skilled staff are available for service delivery.	Temporary Individual Roster Arrangements Request Form	Roster Template Development Rostering Measures of Success	All
Utilisation of Locum Medical Officers	To assist managers with: <ul style="list-style-type: none"> • Meeting legal and Industrial Award obligations in relation to Locum Staff • Development of local business rules for utilisation of Locum Staff in vacancy management • Auditing and reporting of Locum Staff usage 	Utilisation of Locum Medical Officers Flowchart	Roster Vacancy Management and Utilisation of Casual and Agency Staff	Non-specialist medical staff

Individual Guidelines A-Z

Allocated Day Off Management

Guideline name	Allocated Day Off (ADO) Management
Purpose	To assist Managers with: <ul style="list-style-type: none"> • Meeting Industrial Award obligations in relation to managing ADOs • Development of local business rules for managing ADOs • Auditing and reporting of ADO usage
Relevant staff groups	All employees who are entitled to ADOs under the terms of their Industrial Award.
Definitions	<p>ADO – rostered paid day off work, also known as Allocated Day Off, Accrued Day Off or Additional Day Off and only applies to full-time staff.</p> <p>Rostered Day Off – a day not rostered to work. For example, where a full-time employee works five days in a seven day week, the two days not worked are rostered days off.</p> <p>Rotational Appointments – where a staff member’s employment ordinarily involves rotation through a number of organisations.</p> <p>Secondment – where a member of staff is employed by an organisation and that employment includes a defined period of work in another organisation. This period at the other organisation is known as the ‘secondment’.</p>
Obligations– legislative/ policy/work, health and safety	<p>The ADO entitlement is defined in the following Industrial Awards (this list is not exhaustive):</p> <p>Nursing</p> <ul style="list-style-type: none"> • Public Health System Nurses’ and Midwives’ (State) Award <p>Medical</p> <ul style="list-style-type: none"> • Public Hospital Career Medical Officers (State) Award • Public Hospitals Medical Officers (State) Award <p>Allied Health</p> <ul style="list-style-type: none"> • Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award <p>Non-Clinical</p> <ul style="list-style-type: none"> • Health Employees’ Conditions of Employment (State) Award <p>Other</p> <ul style="list-style-type: none"> • Operational Ambulance Officers (State) Award • Health Managers (State) Award <p>Policy</p> <ul style="list-style-type: none"> • Leave Matters for the NSW Health Service PD2014_029 • Health Manager Lvl 5 and above approval for an ADO Determination (27/11/2013) • Employment Arrangements for Medical Officers in the NSW Public Health Service PD2015_034

Guideline name	Allocated Day Off (ADO) Management
Standards	<ul style="list-style-type: none"> • Industrial Award conditions are legally enforceable and therefore, adherence is mandatory • ADOs are to be rostered in advance for all full-time employees. Where possible and practicable, ADOs must be rostered on accrual of the entitlement. For example, on an 8 hour roster, an ADO should be rostered within each 28 days, except for Medical Officers (see below) • ADOs must not be allocated retrospectively by Managers • ADOs can only be accumulated to a maximum of three. If an employee does have an ADO rostered but not taken because of work requirements the hours worked on that shift must be paid at overtime rates • Where service needs will be compromised by allocation of an ADO an alternative date during the roster period should be negotiated • Only full-time employees are entitled to accrue ADOs and have ADOs rostered • ADOs cannot be rostered on weekends or public holidays with the exception of nurses who receive six weeks annual leave <p>Junior Medical Officers</p> <ul style="list-style-type: none"> • Entitled to one ADO per calendar month • Eight hour roster structure, paid as an eight hour shift • 10 hour roster structure, paid as a ten hour shift • For JMOs working \geq 12 hour roster structures, the ADO should be paid as a ten hour shift <p>Trades Staff</p> <p>Eight hour shift structure – except where the Industrial Award provides for an alternative roster system, employees accrue 0.4 hours per shift (two hours per week) towards one ADO every 28 days, ten hours in length. There is accrual during annual leave.</p> <p>Health Managers Level 5 and above</p> <p>A determination made under the provisions of section 115 of the Health Services Act 1997 allows for the provision of one day off per month for Health Managers, Level 5 and above, subject to service needs, employed under the Health Managers (State) Award. The day off per month is not cumulative, and if not taken, is forfeited.</p> <p>All other Staff groups in accordance with award provisions</p> <ul style="list-style-type: none"> • Eight hour shift structure – employee is entitled to one ADO every 28 days. There is no entitlement to an ADO during annual leave, i.e. allowed 12 ADOs per year when taking four weeks annual leave • Ten hour shift structure – employee entitled to one ten hour ADO every five weeks for a total of ten per calendar year. There is no entitlement to an ADO during annual leave. • \geq 12 hour shift structure – no ADO entitlement for this roster pattern

Guideline name	Allocated Day Off (ADO) Management
Procedure	<p>ADO Accrual</p> <ul style="list-style-type: none"> • Accrual of ADOs is by agreement between the Manager and the employee • Accrual is to a maximum of three • Managers cannot authorise accrual of ADOs beyond a total of three • Health Service Manager 5 and above ADOs are not cumulative and if not taken, are forfeited • In order to balance the roster for new starters it may be necessary to roster an ADO before it is accrued • Employees who already have at least three ADOs accumulated are not able to accumulate any more ADOs. In this situation, during the next roster cycle, they will have to take their rostered ADOs; any additional day(s) worked must be paid at overtime rates • If an employee entitled to 12 ADOs per annum does not take annual leave in that year they are entitled to an additional ADO for that calendar year i.e. allowed 13 ADOs per year (with the exception of medical officers) • If eight weeks of annual leave is taken the following year, the employee would only be entitled to 11 ADOs in that calendar year (with the exception of medical officers) • ADOs do not accrue on an hourly basis per shift (with the exception of trades staff) • Paid leave does not affect an employee's ADO accrual, with the exception of annual leave and long service leave where ADOs do not accrue • ADOs do not accrue where an employee is on unpaid leave <p>Roster Creation</p> <ul style="list-style-type: none"> • The roster creator may seek ADO requests from employees. No leave forms are required from an employee, ADOs are to be treated the same as a rostered shift. • If ADOs are not requested then the ADOs must be rostered for every eligible employee as they accrue, as indicated in the ADO entitlement above • An ADO balance report should be available prior to roster creation. Any employee with a balance of one or more should have extra ADOs rostered if practicable. • Where ADOs cannot be granted during the roster period in accordance with entitlement, this should be escalated to the appropriate line Manager for approval to accrue • ADOs cannot be rostered on weekend days or public holidays except for nurses who receive six weeks annual leave • Ideally on call shifts should not be rostered on an ADO • Where practicable ADOs should be rostered consecutively with other rostered days off • ADOs cannot be split, i.e. no half ADOs can be rostered or taken

Guideline name	Allocated Day Off (ADO) Management
Procedure	<p>Roster Approval</p> <ul style="list-style-type: none"> • During the roster approval process ADO allocation and accrual balances should be considered a measure of success for review and approval (refer to Rostering Measures of Success Guideline) <p>During Roster Period</p> <ul style="list-style-type: none"> • If an employee is required to work when an ADO has been rostered, the ADO must be rescheduled wherever possible during that roster cycle • Employees must notify the Manager of any proposed changes to the published roster • Manager is to ensure any changes to the planned roster in relation to ADOs are updated and/or notified to the office responsible for entering roster information into time and attendance/rostering systems • If a rostered ADO falls during a period of sick leave the ADO is not replaced by sick leave, it remains an ADO <p>Payment of ADOs</p> <p>Once rostered, ADOs will be entered into the relevant time and attendance/rostering and/or payroll system for payment.</p> <p>Excess ADOs</p> <p>Employees with accrued ADOs can use their ADOs before annual leave, study leave or maternity leave is granted e.g. employee has two ADOs accrued and has requested two weeks of annual leave - Manager could request this be taken as two ADOs with the remainder being annual leave.</p> <p>Monitoring ADOs</p> <ul style="list-style-type: none"> • Staff ADO utilisation and cumulative balance should be reviewed on a monthly basis • ADOs should be monitored in Stafflink <p>Change of Employment</p> <ul style="list-style-type: none"> • Where a full-time employee transfers to permanent part-time work they are requested to take any accrued ADOs as soon as possible and prior to commencing the permanent part time position. Any unused ADOs should be paid out at ordinary time. • Where a staff member is appointed to a new facility they should take accrued ADOs prior to the commencement of their new appointment. • All necessary steps should be taken to ensure that a medical officer takes any accrued ADOs prior to being appointed as a staff specialist. Where the medical officer has accrued and untaken ADOs at the time of being appointed as a staff specialist, ADOs should be paid out prior to the commencement of the appointment. • Allocated days off for eligible medical officers are an Award entitlement and rosters should make provision for them to be taken. At the end of a rotation period, where it has not proved possible for medical officers to take all their allocated days off, medical officers can elect to be paid out any allocated days off accumulated but not taken during the rotation period and should be encouraged to do so. For further information PD2015_034. <p>Staff Resignation</p> <p>Upon resignation untaken ADOs must be paid out.</p>

Guideline name	Allocated Day Off (ADO) Management
Reporting & monitoring processes	<ul style="list-style-type: none"> • Use StaffLink to monitor ADO balances
Supporting tools/information	<ul style="list-style-type: none"> • Roster Template Development Guideline • Annual Leave Management Guideline • Rostering Measures of Success Guideline
Improvement outcomes	<ul style="list-style-type: none"> • Reduce overtime costs • Reduce ADO accruals • Fairness and transparency for staff
Responsibility	<p>Executive</p> <ul style="list-style-type: none"> • Ensure there is a process for rostering ADOs • Ensure there is a process for reallocating ADOs that are rostered and then cancelled due to service demand. Ensure that as per <i>IB2010_062</i>, employees may accumulate a maximum of three ADOs. <p>Roster Approver</p> <ul style="list-style-type: none"> • Monitor ADO allocation and accruals <p>Roster Creator/Manager</p> <ul style="list-style-type: none"> • Roster ADOs for all full-time employees • Maintain accurate records of accruals and payment of ADOs • Escalation process in place where necessary • Ensure allocation of overtime payment in lieu of fourth ADO • Notify relevant staff/department of changes to published roster • Ensure eligible staff take ADOs • Need to ensure staff are aware of their responsibilities <p>Managers</p> <ul style="list-style-type: none"> • Need to ensure staff are made aware of their responsibilities <p>Staff</p> <ul style="list-style-type: none"> • Comply with rostered ADOs • Notify Manager of any changes to rostered ADOs
References	<ul style="list-style-type: none"> • Health Manager Lvl 5 and above approval for an ADO Determination (27/11/2013) • Additional Days Off (ADOs) Accumulated Prior to MOU of 1/7/2008 Between DoH, HSU & ASMOF - IB2010_062 • Leave Matters for the NSW Health Service PD2014_029

Annual Leave Management

Guideline name	Annual Leave Management
Purpose	<p>To assist Managers with:</p> <ul style="list-style-type: none"> • Meeting legal and Industrial Award obligations in relation to annual leave management • Developing local business rules for the management of annual leave • Monitoring and reporting annual leave usage
Relevant staff groups	All rostered NSW Health employees.
Definitions	<p>Additional Annual Leave – leave accrued from working Public Holidays and Sundays where provided by an Industrial Award.</p> <p>Excessive Annual Leave – as defined by NSW Treasury Circular (TC 16-03) is 30 days or more of accrued recreation leave.</p> <p>Leave Schedule – staff leave planner i.e. record of staff taking leave over a defined period.</p>
Obligations – legislative/policy/work, health and safety	<p>NSW Ministry of Health policy in regard to annual leave can be found at: Leave Matters for the NSW Health Service PD2014_029.</p> <p>In summary, annual leave is usually given and taken within six months of it becoming due but may be deferred by mutual agreement. However, annual leave should not be allowed to accumulate beyond a reasonable period.</p>
Standards	<p>Entitlement is according to Industrial Awards.</p> <p>Accumulating Annual Leave</p> <p>The taking of annual leave may be deferred by mutual agreement. However, annual leave should not be allowed to accumulate outside the limits prescribed in the Treasury Circular (TC 16-03).</p> <p>Change of Employment Status</p> <p>Where a full-time employee transfers to permanent part-time work they are to be requested to take any outstanding annual leave that is owing as soon as possible. Employees must be able to take the leave and such leave must be taken within 12 months from the date of transfer to the new employment arrangement. Where practical, the leave being transferred is to be taken and paid at the full-time weekly rate.</p> <p>Employees who are permanent part time workers and who take up full-time employment are to take all accrued annual leave at the time of transfer to the new arrangement and prior to commencing full-time hours.</p> <p>For Medical Staff</p> <p>Where an employee applies for and accepts a new position within NSW Health under the terms of a different Industrial Award, all necessary steps should be taken to facilitate taking accrued annual leave prior to the commencement of the new position e.g. a Registrar moving to a Staff Specialist Appointment.</p>

Guideline name	Annual Leave Management
Procedure	<p>Roster Template</p> <ul style="list-style-type: none"> • Each roster must have a schedule of leave necessary to be taken by staff in order for leave to be appropriately managed • Annual leave should be planned over a 12 month period • Annual leave planning should take into account periods of known reduced or high activity and be adjusted accordingly, e.g. over Christmas and New Year • Consideration of demand for other types of leave, especially for study • Staffing needs to be optimised to ensure all annual leave entitlements can be appropriately considered • The organisation should ensure, where practicable, that each unit has adequate staff to cover for all employees' Industrial Award entitlements for annual leave <p>Roster Creation</p> <ul style="list-style-type: none"> • Annual leave requests must be finalised and allocated prior to creation of a roster. Rosters can be changed post publication to address emergent situations. • Ideally staff should submit leave requests as early as possible in the clinical year to facilitate planning. These requests should be logged in order of submission. • Annual leave reports should be available to roster creators • Managers need to consider each leave request in terms of the necessary annual leave schedule, required skills, unit activity and the request priority. • Annual leave should be approved in accordance with the Leave Matters for the NSW Health Service policy and taken within six months of it becoming due, but may be deferred by mutual agreement. However, annual leave should not be allowed to accumulate outside the limits prescribed in the Treasury Circular (TC 16-3). • Managers should notify employees within a reasonable timeframe if the leave is approved or refused and the reasons for any refusal. Ideally, annual leave requests should be submitted at least four weeks in advance of roster publication and the status of leave requests notified to employees within two weeks of receipt of application. • Annual leave should be planned in advance and may be granted before the date of accrual in order to facilitate even leave distribution across the clinical year. • Once annual leave is formally approved it should not be changed by the employer unless there are extraordinary circumstances • Allocation of additional annual leave entitlements may be approved in periods of known reduced workload • Annual leave approvals must be fair and equitable • Staff redeployment to other wards or units may need to take place if insufficient annual leave has been allocated <p>Roster Approval</p> <p>Annual leave planning and management should be a measure of success that is reviewed prior to roster approval.</p> <p>High Annual Leave or ADO balances</p> <ul style="list-style-type: none"> • High annual leave balance reports should be available to Roster Creators and Managers in order to assist them in managing the annual leave of their staff. It is possible to direct employees to take annual leave as long as appropriate Industrial Award notice is given. For the majority of staff, appropriate notice is three months where practical, for Nursing staff the notice is 28 days and one month for Allied Health staff. Managers should consider developing a strategy for those staff members with high annual leave balances.

Guideline name	Annual Leave Management
	<ul style="list-style-type: none"> For employees with high ADO balances, these can be used before annual leave is granted e.g. employee has two ADOs accrued and has requested two weeks of annual leave – Manager could request this be taken as two ADOs with the remainder being annual leave
Responsibilities	<p>Roster Creator</p> <ul style="list-style-type: none"> Manage annual leave in accordance with the relevant Industrial Award and Leave Matters for the NSW Health Service PD2014_029 while ensuring operational needs are met Ensure local rules are in place for the management of leave requests and approval (including timeframes) and that staff are aware of the procedure for requesting leave Should not unreasonably refuse an employee's application for annual leave Manage the accumulation of high leave balances by developing, in consultation with those employees concerned, strategies to reduce high annual leave balances Ensure leave forms are completed and filed for audit purposes Ensure leave is correctly entered on roster to ensure correct payment Notify employees in a timely manner of leave approvals and refusals <p>Manager</p> <ul style="list-style-type: none"> Monitoring and reporting annual leave balances Need to ensure that staff are aware of their responsibilities <p>Staff</p> <ul style="list-style-type: none"> Must apply for annual leave in accordance with established procedures and local business rules Must provide a completed leave form
Reporting & monitoring processes	<ul style="list-style-type: none"> Annual leave balance reports should be regularly generated, reviewed and annual leave plans updated. These reports can be generated locally where rostering systems provide accrual data e.g. Decision Support Units, Roster Administrators, Workforce/Human Resources departments and StaffLink
Supporting tools/ information	<ul style="list-style-type: none"> Leave Matters for the NSW Health Service Policy PD2014_029 Roster Template Development Guideline Rostering Measures of Success Guideline
Improvement outcomes	<ul style="list-style-type: none"> Improved leave management Decrease in shift vacancies through improved planning Decrease in overtime and use of agency staff Fairness and transparency for staff leading to improved staff satisfaction Fairness in leave approval, particularly over peak request periods (e.g. Christmas/ New Year) Leave planning matches anticipated activity
References	<ul style="list-style-type: none"> Leave Matters for the NSW Health Service PD2014_029 Health Services Union – Award Changes – Memorandum of Understanding – Old Part Time Employees (IB2005_062) Managing Accrued Recreation Leave Balances, Treasury Circular (TC 16-3)

Management and Recording of Skills

Guideline name	Management and Recording of Skills
Purpose	To assist Managers with: <ul style="list-style-type: none"> • The identification of skills that are required as a minimum to be rostered on each shift in their specific clinical area • Development of a process for the recording of staff skills
Relevant staff groups	All
Definitions	<p>Skill – an identified capability of an individual related to shift responsibilities of a clinical area.</p> <p>Clinical Skill – a skill required to perform certain clinical duties (for example, in charge of a ward).</p> <p>Technical Skill – a skill required to perform specific technical duties (for example, ventilator management).</p>
Obligations – policy/legislative/work, health and safety	Identified (non-mandatory) unit-based or position-based skills should be maintained and appropriate records kept.
Standards	<ul style="list-style-type: none"> • All skills required as a minimum for each shift are identified • A process must be in place to record and monitor the skills of staff and, where relevant, the dates for their renewal • All staff should be aware of the minimum skills required on each shift
Procedure	<p>Recording of skills that are required on each shift</p> <ul style="list-style-type: none"> • The Manager is to develop a list of the skills required for each shift for their unit/ward/department <p>Management of skills</p> <ul style="list-style-type: none"> • The Manager is to ensure all staff are aware of the specific skills required for their position/role on the unit/ward/department • The Manager must provide time for staff to attend skills updates and roster accordingly • The Manager is responsible for scheduling staff attendance to obtain and update skills, ensuring access for all staff without compromising patient care. The schedule will include a log of renewals with due dates <p>Recording skills</p> <ul style="list-style-type: none"> • The Manager is to ensure accurate recording of skills on the individual’s staff record as these will be used to facilitate rostering where skill requirements are mandatory for certain shifts • The organisation is responsible for creating and maintaining a list of accepted skills and their definitions by specialty within the facility • The organisation needs to define the business process and responsibility for identification and recording of skills

Guideline name	Management and Recording of Skills
Responsibility	<p>Executive</p> <ul style="list-style-type: none"> • Ensure standardised processes and practices are in place for management of recording and transferability of skills <p>Manager</p> <ul style="list-style-type: none"> • Ensure staff are aware of their responsibilities • Ensure staff have appropriate skills to work in the area • Keep an accurate record of skills attained and renewal dates • Maintain a schedule and time for staff to renew skills when necessary <p>Roster Creator</p> <ul style="list-style-type: none"> • Ensure that appropriately skilled staff are rostered each shift <p>Staff</p> <ul style="list-style-type: none"> • Comply with the skills required for their role on the ward/unit and liaise with their Manager to acquire or maintain those skills as necessary
Reporting & monitoring processes	<ul style="list-style-type: none"> • A standardised process and practice should be in place to record and report on skills and renewal dates • Mechanisms should be in place to ensure skills records are updated on a regular basis
Improvement outcomes	<ul style="list-style-type: none"> • More efficient skills training in regard to standardised skills across NSW Health, where applicable • Improved visibility of staff skills and training requirements • Improved patient care

Management of Time in Lieu of Overtime

Guideline name	Management of Time In Lieu of Overtime
Purpose	<ul style="list-style-type: none"> To ensure that all Managers and employees have an understanding of both the accrual and utilisation of Time in Lieu of Overtime (TIL) To ensure that employees are treated fairly
Relevant staff groups	NSW Health employees entitled to TIL under their respective Industrial Award.
Definitions	<p>Flexible Work Practices – includes part-time work, job sharing, part-time leave without pay, career break scheme, part-year employment, variable-year employment, working from home, varying flexible hours arrangements, and short term absences for family and community service responsibilities.</p> <p>Ordinary hours of duty – the rostered daily ordinary hours of work.</p> <p>Overtime – all approved time worked by employees in excess of the rostered daily ordinary hours worked.</p> <p>Time in Lieu (TIL) – time off work which is used to compensate employees who are required and approved to work outside their ordinary start and finish times or in excess of their ordinary hours of duty (i.e. overtime). TIL is not a flexible work practice.</p>
Obligations – legislative/policy/work, health and safety	<ul style="list-style-type: none"> All rostering and attendance records relevant to the payment of salaries and wages to NSW Health staff are to be maintained in accordance with Section 129 of the Industrial Relations Act 1996 (NSW and kept for at least six years). Section 10, Content of Records, pursuant to this Act is also relevant Relevant staff Industrial Awards
Standards	<p>All employees are required to accurately document their time and attendance at work including variations to rostered hours. These variations may occur when employees are required to work outside their usual work hours.</p> <p>TIL is designed to give employees the option of having paid time away from the workplace rather than being paid for the approved overtime</p> <p>TIL is subject to the following provisos:</p> <ul style="list-style-type: none"> A number of Industrial Awards specify that TIL must be taken within three months of it being accrued, at ordinary rates (i.e. when four hours are worked then four hours of TIL are accrued), irrespective of the day on which the work is performed (time accrued, pay rates and time period for utilisation can be different under the various Industrial Awards therefore refer to specific Industrial Award provisions) Where it is not possible for an employee to take the TIL within the three month period, it is to be paid out at the appropriate overtime rate based on the rates of pay applying at the time payment is made, not when the TIL was accrued The accrual and taking of TIL is negotiated between the employee and Manager and will be conditional on mutual agreement. TIL should not be taken if service provision will be compromised. Records of all TIL accrued and taken by employees must be maintained by the Manager (unless there is an automated system in place). All balances must be provided to employees on request. The option of TIL for overtime worked may not be possible in all settings and circumstances. Where it is not possible, overtime payment provisions will apply.

Guideline name	Management of Time In Lieu of Overtime
Procedure & reporting/ monitoring processes	<p>Accrual of TIL</p> <ul style="list-style-type: none"> • Accrual of TIL is subject to relevant, locally defined overtime payment approval processes. There is no minimum unit of time for TIL accrual. • TIL cannot be taken unless there is an accrual of additional hours worked • Wherever possible, the relevant Manager must give approval in advance of overtime being worked and to this overtime being recompensed as TIL. A member of staff who has not been able to obtain approval in advance (e.g. where a meeting away from the normal place of work has over-run or where a transport delay has occurred) must inform their Manager as soon as possible and obtain their authorisation for the overtime and TIL accrual on the next business day • The employee is responsible for completing a 'Recording Approved Time in Lieu of Overtime Form' which documents the date, day (specify if Public Holiday) and the start/finish time of the overtime hours worked. This form is authorised and retained by the Manager and the TIL accrued is recorded on the TIL spreadsheet or an automated system such as HealthRoster. The Manager is also responsible for recording the overtime worked on the work roster. This should be done manually or electronically (in the rostering system). <p>Accessing balances</p> <ul style="list-style-type: none"> • Employees are able to obtain balances of the TIL that they have accrued from their Manager or delegate who is authorised to access the TIL spreadsheet/database <p>Applying for TIL to be taken</p> <ul style="list-style-type: none"> • TIL must be within the relevant Industrial Award specified period and at a mutually agreed time between the employee and their Manager. Employees are required to apply for their accrued TIL using a standard application for leave form as per locally defined procedures, and specifying the leave as TIL. The minimum or maximum number of TIL hours that are able to be taken over a period is to be defined by individual Managers and is dependent on the needs of the department. • TIL can be used in preference to annual leave and study leave with the Manager's approval. It can also be used if leaving work early to deal with family emergencies. • Once authorised by the Manager, the time taken is recorded on the TIL spreadsheet and deducted from the employees balance. All forms regarding approval for overtime or TIL requests are to be kept for seven years as per State Records: The General Retention and Disposal Authority (GA28). <p>Payment for expired TIL hours</p> <ul style="list-style-type: none"> • When this occurs the Manager will forward the Recording Approved Time in Lieu of Overtime Form to Service Centre Employee Services for appropriate payment at overtime rates • Where an employee has a TIL balance at the date of their termination of employment, the balance is paid out at the appropriate overtime rates

Guideline name	Management of Time In Lieu of Overtime
Responsibilities	<p>Manager</p> <ul style="list-style-type: none"> • Managers must approve the accrual of Time in Lieu of Overtime as appropriate and record additional hours worked on the work roster and in a Time in Lieu Recording and Balances Spreadsheet and/or HealthRoster • Where it is not possible for an employee to take TIL within the Industrial Award specified period, the TIL will need to be paid at overtime rates • Managers are expected to monitor TIL hours within their department and regularly review working arrangements where excess hours are being accrued • Managers need to ensure that staff are aware of their responsibilities <p>Staff</p> <ul style="list-style-type: none"> • Accurate and timely recording of all their time and attendance at work including variations to rostered hours • Consult with their Manager in regards to accruing or taking of TIL • Timely submission of relevant paperwork, such as forms for providing evidence of additional hours worked and leave applications
Supporting tools/ information	<ul style="list-style-type: none"> • Roster Template Development Guideline • Rostering Measures of Success Guideline • Time in Lieu Recording and Balances spreadsheet
Improvement outcomes	<ul style="list-style-type: none"> • Even spread of staff taking leave per roster period • Fairness with respect to recognition of and payment for variations to contracted ordinary hours • Improved service demand visibility • Award entitlements are met • WHS and legal requirements are met
References	<ul style="list-style-type: none"> • NSW Public Service Commission's Flexible Work Practices Policy (G1995_001) • Leave Matters for the NSW Health Service PD2014_029

Roster Requests Management

Guideline name	Roster Requests Management
Purpose	To ensure that there are clear and consistent procedures in place for the management of ad hoc roster requests and shift swaps to achieve fairness to employees and maintain appropriate patient care.
Relevant staff groups	All rostered NSW Health employees.
Definitions	<p>Roster Requests – process whereby employees are able to submit ‘ad hoc’ requests to their Manager in advance of roster development. These may be either a request to work or not work certain shifts within a specific roster period.</p> <p>Shift Swaps – process whereby two or more employees request approval from their Manager to swap shifts. This process occurs after a roster has been developed and published.</p>
Obligations – policy/ legislative/work, health and safety	Fatigue – Preventing & Managing Work Related Fatigue: Guidelines for the NSW Public Health System (GL2007_023)
Standards	<ul style="list-style-type: none"> • Rosters impact on both the personal and professional life of employees. It is, therefore, important to ensure that processes are in place that enable employees to request to work/not work certain shifts and also to swap shifts with other employees once a roster has been published. • There may also be local business rules which aim to balance patient care and employee needs. • The Manager is responsible for all decisions regarding roster requests and shift swaps with regard to their impact on staffing requirements and service delivery. <p>Approvals are also subject to the following provisos:</p> <ul style="list-style-type: none"> • 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 all rostered employees • Rosters should maximise continuity of care where clinically appropriate • There will be no breach of legislative requirements, Industrial Award provisions, contractual arrangements or Ministry of Health Policy requirements as a result of shift swaps or approval of roster requests
Procedure	<p>Roster requests</p> <p>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 denied.</p> <p>Local business rules need to be defined for the following processes and parameters; and employees must be made aware of these business rules:</p> <ul style="list-style-type: none"> • The method by which roster requests are submitted – form, email or request book (see Appendix for a Sample Roster Request form). • Any limits to the number of requests per roster period (e.g. part-time employees to be subject to pro rata calculations). Limits may also need to be set for embargoed periods such as Christmas and New Year.

Guideline name	Roster Requests Management
Procedure	<ul style="list-style-type: none"> • Annual leave, study leave, Temporary Individual Roster Arrangements and trade union duties are not counted as requests • The opening and closing date for requests per roster period and publication of these dates • Any specific local considerations in regard to approvals • Communication of the Manager’s decision to the employee, liaising, where possible, with the employee to explore solutions (e.g. taking annual leave enabling the Manager to engage a casual staff member) <p>Factors that need to be considered prior to approving roster requests:</p> <ul style="list-style-type: none"> • The classification and skills of the employees who will fill 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. However, under exceptional circumstances employees may be granted a roster request resulting in them working less than their contractual hours. In these circumstances an ADO or annual leave day should be used where available, the employee should submit a request for unpaid leave. • Care should be taken with the length and sequencing of shifts that occur as a result of the request • Where students are allocated to specific employees, roster requests should not be granted without ensuring that the student either changes with the employee or is allocated to another suitable employee, and that the student is aware of the change <p>Shift swaps</p> <p>Facilities should have a clear process for shift swaps. Where an employee requests a change to the published roster, the obligation to find replacement staff rests with the employee requesting the change. To facilitate and standardise this process, local business rules need to be developed for the following:</p> <ul style="list-style-type: none"> • The method by which shift swaps are to be submitted to Managers for consideration. For example, if a form is required – all shift swaps should be clearly documented on the form and signed by both the Manager and all employees party to the swap (see Appendix for Sample Shift Swap Form). • Any limits to the number of swaps requested per roster period (e.g. part-time employees to be subject to pro rata calculations) • Deadlines for submission of shift swap requests. These deadlines should be determined locally and included in local roster policy (e.g. up to 48 hours prior to the commencement of the shift). <p>Factors that need to be considered prior to approving requests for a shift swap:</p> <ul style="list-style-type: none"> • The classification and skills of the employees who are swapping (should be of equivalent classification and skills) • 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. However, under exceptional circumstances employees may be allowed to swap a shift resulting in them working less than their contractual hours. In this circumstance an ADO or annual leave day should be used where available. If no leave is available, then the employee should submit a request for unpaid leave. • Care should be taken with the length and sequencing of shifts that occur as a result of the swap

Guideline name	Roster Requests Management
Procedure	<ul style="list-style-type: none"> • Where students are allocated to specific employees, shift swaps should not occur without ensuring that the student either changes with the employee or is allocated to another suitable employee, and that the student is aware of the change • Communication of the Manager's pending decision to the employee as soon as possible, so that alternative solutions can be explored • Shift swaps can only be approved outside normal business hours if staff delegated with responsibility for approving swaps are on duty • Once approved the changes should be entered into the relevant rostering system (ideally as soon as possible after approval but no later than prior to the close of the relevant pay period) in order to ensure that the affected employees are paid correctly
Responsibilities	<p>Manager</p> <ul style="list-style-type: none"> • Has the responsibility to develop local business rules for roster requests and shift swaps • Publication of process and procedure to all employees • Timely consideration of all roster requests and shift swaps, ensuring fairness and that the needs of the service are met • 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. HealthRoster, Kronos, ProAct, etc.) 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 • Ensure that staff are aware of their responsibilities <p>Staff</p> <ul style="list-style-type: none"> • Timely submission of requests • Negotiating their own shift swaps once a roster has been published and considering necessary factors prior to submitting requests for a shift swap i.e. <ul style="list-style-type: none"> - Whether they are proposing to swap with a staff member of equal classification/skill - Whether the swap will result in under/over rostering of contractual hours - Whether the swap will result in a breach of Industrial Award provisions - Employees who swap shifts without prior approval should be aware that they might not be paid correctly and that repeated swaps without approval might become a disciplinary matter
Reporting & monitoring processes	<ul style="list-style-type: none"> • All roster and shift swap requests must be maintained by the Manager therefore all requests are to be made in writing • Manager to monitor number of requests or swaps approved per staff member • Records of the Manager's decision regarding all roster requests and shift swaps should be maintained for audit purposes

Guideline name	Roster Requests Management
Supporting tools/ information	<ul style="list-style-type: none"> • Roster Template Development Guideline • Rostering Measures of Success Guideline • Sample Roster Request Form • Sample Shift Swap Form
Improvement outcomes	<ul style="list-style-type: none"> • Local business rules developed for roster requests and shift swaps using the Roster Requests Management Guideline as a basis for development • Effective use of staff (decrease in roster vacancies) • Time saving for Roster Creators • Fairness for employees leading to improved satisfaction • Accurate published rosters and pay
References	Nil

Roster Template Development

Guideline name	Roster Template Development
Purpose	<p>Roster templates are used to display a ward or unit's planned shift staffing and to specify how many staff are required for each shift on each day of the week.</p> <p>Many current templates are based on historical rosters with limited documented guidelines regarding factors which should be taken into consideration when developing a roster.</p> <p>The purpose of this guideline is to assist Managers in articulating the elements which contribute to their current roster template and to assist in the development of measures of success for roster approval.</p>
Relevant staff groups	All NSW Health Roster Creators/Managers.
Definitions	<p>Required skills - individual capabilities related to a clinical area that are required for a particular shift (e.g. neonatal resuscitation, central line insertion, external pacing, bipap, IV administration, ability to take charge, advanced life support skills, infectious cleaning skills).</p> <p>Roster template - used to set out a unit's planned shift staffing for each shift.</p> <p>Staffing establishment/staff profile - number and classification of budgeted positions per ward/department/unit.</p>
Obligations - legislative/policy/work, health and safety	<ul style="list-style-type: none"> • Fatigue - Preventing and Managing Work Related Fatigue: Guidelines for the NSW Public Health System • Work, Health and Safety Legislation • Relevant Industrial Awards
Standards	Industrial Awards contain a variety of mandatory provisions that impact on roster template development (e.g. hours of work, ADOs, Training Education Study Leave (TESL), etc).
Procedure	<p>Each ward/department has an agreed staffing establishment/staff profile which should ideally be reviewed annually according to service demands, or when the service delivery model changes.</p> <p>In many instances, the service demand (acuity and activity) and available staff form the basis for the design of roster templates. The Staff Specialists (State) Award provides for shift work for certain specialities/categories. The number of staff specialists required to meet the service demand on each shift should be identified, as well as the Staff Specialist providing services other than direct patient care.</p> <p>In nursing hours environments the roster is developed in accordance with the required Nursing Hours Per Patient Day (accounted for over the period of a week). Managers should refer to Clause 53 Staffing Arrangements of the <i>Public Health System Nurses' and Midwives' (State) Award</i> for details.</p> <p>Roster templates should include the following elements:</p> <ul style="list-style-type: none"> • Roster name - including ward/department/date • Site/facility • Roster length e.g. 28 days for standard nursing roster and rosters published for the duration of a term for junior medical staff • Shift types including naming conventions, shift length and meal breaks e.g.: <ul style="list-style-type: none"> Shift name: Day Start time: 0800 Finish time: 1630 Meal break: 30mins Shift length: 8hrs

Guideline name	Roster Template Development
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- Procedure
- Handover – ensure that adequate time for handover is incorporated into shifts refer to Clinical Handover - Standard Key Principles (PD2009_060)
 - Shift location – if the roster covers a number of areas within a ward/department e.g. Emergency Department roster may need to specify planned staffing for Emergency Medical Unit (EMU), Resuscitation Area and Fastrack Areas
 - Number of staff required per shift – e.g. four staff per day shift. This may change each day due to variations in service demand
 - Required Skills – classifications of staff and skills required (e.g. intravenous management, in charge etc.) for each shift, including, if necessary, the specific number of grades, e.g. Registered Nurses, Enrolled Nurses, Registrars or Residents
 - Having determined the staffing and skills required for each shift a template that is responsive to changes in demand can be developed

Week 1	Grade Req.	Skill	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Day Shift	A	IVx1 ICx1	2	1	3	2	2	1	1
Day Shift	B		2	3	2	3	3	2	2
Evening Shift	A	ICx1	2	2	2	2	2	3	3
Evening Shift	B		2	2	2	2	2	1	1
Night Shift	C	ICx1	1	1	1	1	1	1	1
Night Shift	B	IVx1	2	2	2	2	2	2	2

IV = Intravenous IC = In Charge

Roster templates should be regularly reviewed to address changes in service requirements. Some units may require different templates for different times of the year such as the Christmas/New Year period when activity decreases or winter periods with increases in respiratory bed numbers. Some units/teams (e.g. an extra respiratory team) may only exist during peak periods such as winter.

In addition to these elements, Managers may also document the following factors which impact on staff allocation to shifts within the template:

- Shift arrangements/combinations – sequences of shifts that a Manager considers practical and desirable work arrangements for all rostered staff
- Managers should be aware not to roster invalid shift combinations for example in the Public Health System Nurses' and Midwives' (State) Award:
 - A minimum of 20 hours break required prior to changing to or from a night shift
 - Only when an employee requests and local nursing management agrees can an employee work more than seven consecutive shifts, never more than 10 shifts in a row
 - Not more than 19 days in a 28 day cycle

Temporary Individual Roster Arrangements – note that the roster template is formulated on clinical and budgetary requirements not planned staffing i.e. working restrictions, Temporary Individual Roster Arrangements and requests (refer to the Temporary Individual Roster Arrangements Guideline).

- Contracted hours e.g. number of hours that employees must be rostered per roster period
- Annual leave requirements – minimum and maximum number of staff that should be rostered on annual leave at any time to match leave distribution to service demand (refer to the Annual Leave Management Guideline)

Guideline name	Roster Template Development
Procedure	<ul style="list-style-type: none"> • ADO requirements – number of ADOs that need to be rostered per staff member (refer to the ADO Management Guideline) • Supervision – students and mentors – are there any roster links required between junior and senior staff • Training and education requirements <p>Articulation and documentation of these factors serves as a communication tool for unit staff regarding local rostering protocols and provides for fairness in the rostering process</p>
Responsibility	<p>Manager/Roster Approver</p> <ul style="list-style-type: none"> • Responsible for approval and review of roster templates as required • Each ward/department is responsible for designing roster templates which define required elements and document rules/guides for staff allocation to rosters. This should occur on an agreed periodic basis (at minimum annually) or where there are significant changes to demand <p>Roster Creator</p> <ul style="list-style-type: none"> • Responsible for development of roster templates and documentation of required elements
Reporting & monitoring processes	<ul style="list-style-type: none"> • Roster templates used are those agreed to between the Roster Creator and the Roster Approver • Roster Creators should compare their roster templates with existing staffing profiles, where they exist, and determine whether there are sufficient budgeted staff to meet required staffing needs, whether the staff have the identified skills required to meet demand and whether staffing establishments are sufficient to meet leave requirements • These factors, in conjunction with demand, will form the basis for development and negotiation for approval of future roster templates
Supporting tools/ information	<ul style="list-style-type: none"> • Roster Creators should refer to relevant staff Industrial Awards • Rostering Measures of Success Guideline
Improvement outcomes	<ul style="list-style-type: none"> • Accurate recording of roster requirements • Improved management of leave and ADO accruals • Appropriate handover time built into all shift changes • Improved fatigue management
References	<ul style="list-style-type: none"> • Clinical Handover – Standard Key Principles (PD2009_060)

Roster Vacancy Management (Junior Medical Officers)

Guideline name	Roster Vacancy Management (Junior Medical Officers)
Purpose	To assist Managers with: <ul style="list-style-type: none"> • Development of local business rules for management of roster vacancies • Auditing and reporting on roster vacancies
Relevant staff groups	Junior Medical Staff.
Definitions	<p>Casual medical staff/employee – medical officer engaged on an hourly basis for a period which does not extend beyond one week, to provide services related to the unexpected absence of temporary or permanent employees; or periods of unanticipated demands. The casual employee may be registered with the casual pool for the purposes of notification and booking of casual work.</p> <p>Locum Medical Officer – a suitably qualified, registered and authorised medical practitioner introduced to a Public Health Organisation by a Medical Locum Agency that is listed on the NSW Ministry of Health Register of Medical Locum Agencies and employed by the Local Health District (LHD) in a casual or temporary capacity to provide cover for an absent member of the permanent non-specialist medical staff or when shifts are unable to be filled.</p> <p>Roster vacancy – rostered shift which has not been filled by substantive staff.</p> <p>Substantive employee – engaged by an Organisation with a contract of employment as a permanent or temporary part-time or full-time employee.</p>
Obligations – legislative/policy/work, health & safety	Permanent full-time or part-time staff should not be rostered to work any casual or locum shifts during periods of leave.
Standards	<ul style="list-style-type: none"> • Supervision standards for casual employees or Locum Medical Officers must be maintained as for equivalent substantive employees • No employee should be rostered to more than an average of 120 hours per fortnight (inclusive of casual and locum shifts) • Rostering employees to be on duty for 24 hour shifts should be avoided
Procedure	<p>Roster creation</p> <ul style="list-style-type: none"> • Roster substantive staff into roster template equitably • Identify any vacancies in the roster • Where there are vacancies in a roster, ensure that substantive staff primarily fill those shifts where it is known engagement of a casual or Locum Medical Officer will be very difficult <p>Fill roster vacancies – order of preference</p> <ul style="list-style-type: none"> • Part-time employees working extra shifts up to full-time hours – these staff members are paid ordinary rates of pay up until they have worked the specified number of hours of an equivalent full-time employee. Extension of shifts for part-time employees is still subject to overtime rates. • Casual medical staff/employee employed by individual facilities • Full-time staff completing reasonable rostered overtime • Consider rostering other staff with equivalent skills available within the facility or LHD. This is on the proviso that they aren't being utilised for overtime in their substantive unit.

Guideline name	Roster Vacancy Management (Junior Medical Officers)
Procedure	<p>The hierarchy for medical staff to work additional shifts is:</p> <ul style="list-style-type: none"> • Unit/Department where they are located • Hospital where they are located (with the exception of interns if they have not worked in that specialty already) • Clinical Network/Stream to which they are allocated • Other facilities within the LHD (with the exception of interns and RMOs if they have not worked in that facility previously) • Staff from casual medical pool <p>Casual medical pool</p> <ul style="list-style-type: none"> • Each LHD/SHN should consider building up a formal pool of staff to work additional shifts across facilities. These would comprise of staff from other hospitals and facilities within other LHD/SHNs • Ensure the staff member is not on paid leave (annual, maternity or long service leave) from another NSW health facility. Casual staff members should be subject to the same fatigue considerations as substantive staff. • It is an award requirement that a casual length of engagement should be no longer than 13 weeks. If the engagement is expected to be longer than 13 weeks then a different type of engagement is advisable. • In building a casual medical pool the organisation should institute a formal credentialing procedure which would consider skills possessed, level of supervision required and specialties/facilities the staff members are credentialed to work <p>Roster vacancies remain unfilled</p> <ul style="list-style-type: none"> • If roster vacancies are still present, follow the organisation's approval process for the engagement of Locum Medical Staff. This must include the Department Head reviewing the roster to ensure the shift is required to be filled and that all substantive staff are fully utilised. • Follow local business process to seek approval for engagement of a Locum Medical Officer (refer to the Utilisation of Locum Medical Officers Guideline)
Responsibilities	<p>Executive</p> <ul style="list-style-type: none"> • Ensure there is a business process in place regarding optimal vacancy management • Consider establishment of a formal LHD casual pool • Ensure there is a business process to approve the engagement of Locum Medical Officers <p>Roster Creator</p> <ul style="list-style-type: none"> • Identify vacancies • Follow local vacancy management business rules • Follow process for engagement of a Locum Medical Officer • Ensure fatigue guidelines are considered for all staff

Guideline name	Roster Vacancy Management (Junior Medical Officers)
Reporting & monitoring processes	<ul style="list-style-type: none"> • Reports on full-time staff rostered between 160 hours and 180 hours per 28 days (capacity to roster additional overtime shifts) • Overtime worked • Casual staff use • Locum usage reports • Vacancies unfilled
Supporting tools/ information	<ul style="list-style-type: none"> • NSW Ministry of Health Medical Recruitment and Locums intranet site: http://www.health.nsw.gov.au/aboutus/business/locums/index.asp • Locum Medical Officers - Employment and Management (PD2013_022)
Improvement outcomes	<ul style="list-style-type: none"> • Improved utilisation of current staff • Reduced utilisation of Locum Medical Staff • Governance over approval to engage casual or Locum Medical Staff
References	<ul style="list-style-type: none"> • Locum Medical Officers - Employment and Management (PD2013_022) • Leave Matters for the NSW Health Service (PD2014_029) • Fatigue - Preventing & Managing Work Related Fatigue: Guidelines for the NSW Public Health System (GL2007_023)

Roster Vacancy Management and Utilisation of Casual and Agency Staff

Guideline name	Roster Vacancy Management and Utilisation of Casual and Agency Staff
Purpose	<p>To assist Managers with:</p> <ul style="list-style-type: none"> • Legal and Industrial Award obligations in relation to casual and agency staff • Development of local business rules for utilisation of casual and agency staff • Monitoring and reporting of casual and agency staff usage
Relevant staff groups	Nursing, Allied Health, Non-clinical.
Definitions	<p>Agency staff – Agency staff are engaged through a private agency and allocated to hospitals on request.</p> <p>Block booking – Casual or agency staff members are booked for more than one shift per roster (i.e. one to two weeks at a time).</p> <p>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.</p> <p>Roster vacancy – A shift in a roster which needs to be filled.</p> <p>Staffing units – A dedicated department that manages casual and agency nursing staff.</p> <p>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.</p>
Obligations – legislative/policy/work, health & safety	<p>Under the Public Health System 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).</p> <p>A casual employee as defined by the Health Industry Status of Employment (State) Award means a person who may be engaged on an hourly basis, for a period which does not extend beyond one week, to provide services related to the unexpected absence of temporary, permanent or exempt employees. This provision may also encompass short-term employment associated with unanticipated peak demands.</p> <p>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:</p> <ul style="list-style-type: none"> • 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

Guideline name	Roster Vacancy Management and Utilisation of Casual and Agency Staff
Standards	<ul style="list-style-type: none"> • The hourly rate of pay for casual staff includes a loading • The Public Health System Nurses' and Midwives' (State) Award provides for two hours notice of a cancelled shift for casual and agency staff, this is required to avoid financial compensation. If less than two hours notice is given of a cancellation then two hours payment at the appropriate penalty rate applies. • The Public Health System Nurses' and Midwives' (State) 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 • Facilities or Local Health Districts (LHDs) often maintain a 'pool' of casual/agency staff to manage unplanned leave and roster vacancies or a sudden and unanticipated increase in workload. Casual and agency staff are engaged to fill shifts as part of exploring all the avenues to cover the roster vacancy. • Casual and agency staff must meet the same requirements for employment as all permanent NSW Health employees
Procedure	<p>Roster creation</p> <ul style="list-style-type: none"> • During this process, roster vacancies are identified and Managers usually forward these to the staffing unit, where they are in place, on a weekly basis • Staffing Unit reviews the requests daily against service needs • 'Block booking' of casual staff should be considered where longer term roster vacancies exist. This will ensure staff consistency and continuity of care <p>Filling roster vacancies</p> <p>Roster vacancies should be managed in the following order:</p> <ol style="list-style-type: none"> 1. Deployment of staff from other units 2. Additional hours for part-time staff 3. Engagement of casual staff 4. Engagement of agency staff (nursing only) 5. Overtime (only as a last resort) <p>Use of Casual and Agency staff</p> <ul style="list-style-type: none"> • Inform the agency of the classification and skills required to meet the needs of the shift • Inform the agency of the start and end times of the shift to ensure accurate invoices • Length of engagement - no longer than 13 weeks for temporary employees <p>Sign in</p> <ul style="list-style-type: none"> • Identification to be checked when casual or agency staff sign-on for duty • Current registration to be checked (where applicable) <p>Allocation of shifts</p> <ul style="list-style-type: none"> • Casual and agency staff at times work shorter shifts than those worked by substantive staff. 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 • Verify that casual/agency staff who appear on roster are actually those that work the shift

Guideline name	Roster Vacancy Management and Utilisation of Casual and Agency Staff
Procedure	<p>Reporting</p> <ul style="list-style-type: none"> • Collect, collate and report on workforce data pertaining to casual staff usage including full time employees, rationale for casual staff use, type of replacement staff, associated costs, trends and comparisons – may be a need to provide some sort of data collection form • Keep track of nurse casuals who work regular and systematic shifts on an ongoing basis for periods up to six months. 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 <p>Governance</p> <ul style="list-style-type: none"> • Processes for the authorisation of agency shifts should be in place • A single management structure for casual and agency staff is often recommended to ensure a streamlined process • Ensure casual staff attend mandatory skills updates • Periodic performance appraisals of casual staff are to be conducted by the casual pool manager or delegate
Responsibilities	<p>Executive</p> <ul style="list-style-type: none"> • Ensure that authorisation process is in place for agency staff engagement • Ensure that processes for identification and security checks are in place and followed <p>Manager</p> <ul style="list-style-type: none"> • Ensure that all reasonable measures have been taken to fill roster vacancies with substantive staff • Ensure that requests for staff are submitted within required timeframes, including classification and skills required • Allocate handover time where casual shifts lengths are reduced • Ensure that casual and agency staff are rostered (if applicable) to ensure correct payment • Ensure that ward orientation is provided for casual and agency staff as required <p>Staffing unit</p> <ul style="list-style-type: none"> • Ensure the reason for casual or agency staff usage is recorded • Ensure casual staff attend mandatory skills updates • Ensure staff are allocated to meet unit planned staffing • Ensure casual staff attend organisational orientation • Ensure identification is checked • Schedule performance reviews with casual staff as required • Provide support and assistance to casual and agency staff as required <p>Casual & agency employees</p> <ul style="list-style-type: none"> • Ensure registration is available for checking prior to commencement of each shift (where appropriate) • Casual staff attend organisational orientation • Casual staff attend mandatory skills update day as required
Reporting & monitoring processes	Monitoring of casual and agency FTE usage.

Guideline name	Roster Vacancy Management and Utilisation of Casual and Agency Staff
Supporting tools/ information	<ul style="list-style-type: none"> • Utilisation of Locum Medical Officers Guideline
Improvement outcomes	<ul style="list-style-type: none"> • Improved leave relief planning • Improved use of substantive staff on rosters, including premium shift allocation to substantive staff • Agency staff meet the planned shift staffing • Improved development of casual staff pools • Improved security checks and processes
References	Nil

Rostering Measures of Success

Guideline name	Rostering Measures of Success
Purpose	<p>Rostering measures of success are those measures or factors used to assess a roster or a series of rosters. The measures of success are developed by the Roster Creator in consultation with their Roster Approver and are used to guide the roster approval process.</p> <p>The process of measuring the success of rosters allows a 'snapshot' of rostering to be taken and used as a baseline for the novice Roster Creator to improve their approaches to roster creation. When used over a period of time, the process will be valuable in the identification of trends and areas for improvement.</p>
Relevant staff groups	All
Definitions	<p>Additional shifts – any shifts allocated that are above the agreed planned staffing for the roster template.</p> <p>Contracted hours – the number of hours an employee has been contracted to work.</p> <p>Overtime – time worked in excess of ordinary hours.</p> <p>Required skills – specialist skills or training required for a particular shift (e.g. neonatal resuscitation, central line insertion, external pacing, bipap, IV administration, ability to take charge, advanced life support skills, infectious cleaning skills).</p> <p>Roster template – used to set out a unit's planned staffing and the number and classification of staff required for each shift.</p> <p>Unused contract hours – where an employee has not been rostered to work their contracted hours (e.g. rostered 24 hours; but contracted for 32 hours).</p>
Obligations – legislative/policy/work health & safety	<p>Fatigue – Preventing and Managing Work Related Fatigue: Guidelines for the NSW Public Health System, GL2007_023.</p> <p>Work, Health and Safety Legislation</p> <p>Relevant Industrial Awards</p>
Standards	<p>Each facility will be expected to have in place both a process for roster approval and appropriate governance of rostering processes which complies with local delegations requirements.</p> <p>The Rostering Measures of Success Guideline is one such process which can be used by approvers to ensure that rosters meet the required operational and staffing needs.</p>
Procedure	<p>Some areas in which rostering measures of success may be used to assess roster performance in may include:</p> <ul style="list-style-type: none"> • Staffing to meet operational needs • Staff requests • Efficiency • Staff availability <p>The Manager in consultation with the Roster Approver should develop rostering measures of success for each of the key areas to meet local needs. The Roster Creator's ability to collect data and report on the measures should also be considered.</p>

Guideline name	Rostering Measures of Success
Procedure	<p>After developing the planned roster, the Manager should assess the roster based on the identified measures of success. Managers can consider setting targets e.g. 5% for an acceptable number of vacant shifts on a roster. Inability to meet the measures of success could provide an opportunity for review of rosters by the Roster Creator and their Manager.</p> <p>Ideally, each measure should be as concrete as possible and may include (but are not limited to) the following:</p> <p>Staffing to meet operational needs</p> <p>This means having the right number and classification of staff allocated to meet anticipated demand.</p> <p>Measures of success may include:</p> <ul style="list-style-type: none"> • Percentage of shifts filled by desired staff classification and skills • Number and spread of vacant shifts • Nursing hours per patient day averaged over a week (in nursing hours wards and units) • Compliance with local and award roster rules when e.g. there may be a unit based rule which states that new graduates should not work together <p>Staff requests</p> <p>Providing staff with transparency and fairness regarding requests and roster arrangements is a key aspect of workforce management.</p> <p>Measures of success may include:</p> <ul style="list-style-type: none"> • Percentage of roster that has been requested by staff/number of requests per employee that have been accommodated in the planned roster <p>Efficiency</p> <p>This means that available staffing resources have been efficiently used to meet operational and staff needs.</p> <p>Measures of success may include:</p> <ul style="list-style-type: none"> • Number of additional shifts rostered (additional to those required for roster template) and reasons • Number of shifts filled by casual/relief staff • Number of shifts filled by agency/locum staff (where applicable) • Number of rostered overtime hours/full-time employees • Number of unused contract hours • Number of hours rostered for part-time employees above agreed contracted hours <p>Staff availability</p> <p>Leave has been managed efficiently to meet organisational targets and service needs.</p> <p>Measures of success may include:</p> <ul style="list-style-type: none"> • Number of staff rostered on annual leave • Number of staff rostered on study leave • Percentage of staff with rostered ADOs (only taking into consideration those that are entitled to ADOs) <p>After the roster has been assessed by the Manager it should be forwarded to the designated Roster Approver who will then approve/not approve the roster for publishing.</p>

Guideline name	Rostering Measures of Success
Responsibilities	<p>Roster Approver</p> <ul style="list-style-type: none"> • Responsible for reviewing the planned roster against agreed Measures of Success • Proactively works with the Roster Creator/Manager to address areas identified for improvement • Roster approval and permission given to Roster Creator/Manager to publish roster • Discussion with Manager if not approved <p>Roster Creator/Manager</p> <ul style="list-style-type: none"> • Development of measures of success in consultation with direct Line Manager, including targets for each roster • Assess planned roster performance against agreed measures of success prior to forwarding to Roster Approver • Complete Rostering Measures of Success Checklist and forward with planned roster
Reporting & monitoring processes	<ul style="list-style-type: none"> • Business process and reporting mechanisms established to report on rostering measures of success
Supporting tools/ information	<ul style="list-style-type: none"> • Rostering Measures of Success Checklist • Roster Template Development Guideline
Improvement outcomes	<ul style="list-style-type: none"> • Evidence based data which enables rosters to meet organisational goals • Improvement in roster performance (e.g. decrease in roster vacancies, improved leave management and decrease in overtime) • Roster approvals based on agreed rostering measures of success • Improved governance and accountability
References	<ul style="list-style-type: none"> • Leave Matters for the NSW Health Service PD2014_029

Temporary Individual Roster Arrangements

Guideline name	Temporary Individual Roster Arrangements
Purpose	<p>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.</p> <p>The purpose of this guideline is to ensure that there are clear and consistent procedures in place for the management and review of requests for temporary individual roster arrangements. This will ensure the provision of a fair process for all staff while ensuring adequate numbers of skilled staff are available for service delivery.</p> <p>Written records of agreement to and review of these temporary arrangements are expected to be completed and maintained.</p>
Relevant staff groups	All rostered NSW Health employees.
Definitions	<p>Carer's responsibilities – describes a person's responsibility to care for or support a child or another immediate family member. The definition of a child includes the person's child, stepchild, adopted child, foster child and any child for whom they have a legal responsibility; and immediate family member includes a spouse or former spouse of the employee, grandchildren or step-grandchildren, parents and step-parents, grandparents or step-grandparents, brothers or sisters or step brothers or sisters or any of the above relatives of the employee's spouse or former spouse (includes the employee's partner in a de facto relationship and includes same-sex partners).</p> <p>Disability – a disability can be physical, intellectual, psychiatric, sensory, neurological or learning disabilities, physical disfigurement or long term illnesses.</p> <p>Temporary Individual Roster Arrangements – an agreed rostering arrangement for an individual to work (or not to work) specific shifts or specific days.</p> <p>Shift work roster – work schedule in which employees change or rotate shifts.</p> <p>Work/life balance – describes a person's ability to effectively manage their paid work commitments with their personal, community and cultural responsibilities, interests and obligations.</p>
Obligations – legislative/policy/Work, Health & Safety	<ul style="list-style-type: none"> • Fatigue – Preventing and Managing Work Related Fatigue: Guidelines for the NSW Public Health System, 2007, (GL2007_023) • Anti-Discrimination Act 1977 • Industrial Relations Act 1996 • Introducing Workplace Flexibility – NSW Industrial Relations, July 2010 • NSW Public Service Commission's Flexible Work Practices Policy (G1995_001) • Information Sheet - Considering Flexible Work Requests, NSW Health, January 2015
Standards	<ul style="list-style-type: none"> • Changes to contractual arrangements to facilitate short term needs should be considered on an individual basis; however operational requirements to deliver services to patients should be the first consideration in making these decisions • Rostering processes should facilitate the flexibility for staff to manage their work/life balance while ensuring appropriate service delivery is maintained • All employees should be provided with the same level of access to request preferences for temporary individual roster arrangements

Guideline name	Temporary Individual Roster Arrangements
Procedure	<ul style="list-style-type: none"> • 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 a roster approver which may be governed by local delegations structures. • Local Human Resources policy should be adhered to in the first instance. The flexible working arrangements policy may address individual staff needs and should be used where applicable. • Approved temporary individual roster arrangements should be regularly reviewed by the Manager. It is suggested that the length of an initial trial period could be set at 28 days and reviewed thereafter every three months. • When developing rosters, roster preferences of permanent staff are to be met before those of casual staff • Employees should seek approval for a temporary individual roster arrangement from their Manager. A temporary individual roster arrangement request form has been developed to assist in this process. A meeting may be required to discuss the request and management considerations prior to approval or otherwise. • LHDs / SHNs / Health Organisations should develop their own policy or guidelines regarding the priority order for requests; however, all decisions regarding requests for temporary individual roster arrangements are assessed against their impact on planned staffing to maintain service delivery and fairness • The factors for Managers to consider will include Industrial Award provisions, contract considerations and so on. Managers should also be mindful that there may be a legislative requirement which should be noted in considering requests for certain reason. One example is that under the Anti-Discrimination Act, staff with carer responsibilities and/or disabilities have the right to request that reasonable adjustments be made to their roster to enable them to participate equally in employment with others who do not have such responsibilities or a disability. Discussion should include any information required regarding the nature of the request and contractual issues such as changes in hours, salary or training impacts. • The Manager should also advise the employee of the time period for feedback regarding approval/refusal of their request e.g. within 14 days of meeting or according to locally determined guidelines • Approved temporary individual roster arrangements should be incorporated into the next planned roster • Financial benefit to the employee should not be a consideration when approving or refusing requests for temporary individual roster arrangements • If the request is recommended for approval by the Manager, the request form should be signed with a commencement date, length of trial period (if there is to be one) and review date. This should then be forwarded to the secondary approver. • The Manager should communicate the approval and any conditions which might be associated with it to the employee • A decision to refuse a request must be clearly documented and communicated to the employee, preferably in writing • Managers should take care to avoid rostering employees to work certain informal roster configurations over prolonged periods (i.e. longer than three to six months)

Guideline name	Temporary Individual Roster Arrangements
Procedure	<ul style="list-style-type: none"> • Where temporary individual roster arrangements have been agreed, 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 • Employees have the right to pursue the established grievance processes if they are unhappy with the outcome of their application for a temporary individual roster arrangement • A log of requests that have been refused should be maintained by the Manager, as unforeseen changes to staffing or service requirements may lead to capacity to later accommodate the request • When introducing new rostering systems in a ward or unit any existing temporary individual roster arrangements should remain in place until such time as it is necessary, or appropriate, to review them (for example, the ward structure or service delivery changes or the employee wishes to vary the arrangement)
Responsibilities	<p>Manager</p> <ul style="list-style-type: none"> • Is responsible for ensuring that all staff follow the required process for consideration of a temporary adjustment to contractual arrangements via a temporary individual roster arrangement • Needs to consider the impact of the request on the entire team/unit to ensure that fairness of opportunity to access temporary individual roster arrangements is provided • Prior to approval of any temporary individual roster arrangement, the Manager should explore alternatives to the employee's request whilst ensuring that adequate numbers of skilled staff are available for service delivery • Is responsible for communicating the outcome of applications for temporary individual roster arrangements to employees • Maintains all documentation regarding temporary individual roster arrangement requests • Establishes and maintains a log of refused requests • Establishes and maintains a log of staff temporary individual roster arrangements along with their review dates • Is responsible for regular, ongoing review of all temporary individual roster arrangements • Ensure that staff are aware of their responsibilities <p>Staff</p> <ul style="list-style-type: none"> • Be reasonable and flexible with their requests for temporary individual roster arrangements • It should not be assumed all requests for temporary individual roster arrangements can or will be accommodated, as service needs take priority

Guideline name	Temporary Individual Roster Arrangements
Reporting & Monitoring Processes	<ul style="list-style-type: none"> • All documentation regarding refusal or approval of temporary individual roster arrangement requests is maintained within the employee records • A log of temporary individual roster arrangements along with their review date should be maintained by the Manager and used as a reference source in roster planning
Supporting tools/ information	<ul style="list-style-type: none"> • Temporary Individual Roster Arrangement Request Form • Roster Template Development Guideline • Rostering Measures of Success Guideline • Sample Rostering Measures of Success Checklist
Improvement Outcomes	<ul style="list-style-type: none"> • Effective use of staff and a decrease in roster vacancies • Improved staff attendance with corresponding decrease in absenteeism • Fairness for employees leading to improved satisfaction • Improved levels of staff morale, job satisfaction and organisational commitment resulting in staff retention • Reduction in costs associated with recruitment and training
References	<ul style="list-style-type: none"> • Leave Matters for the NSW Health Service PD2014_029

Utilisation of Locum Medical Officers

Guideline name	Utilisation of Locum Medical Officers
Purpose	To assist Managers with: <ul style="list-style-type: none"> • Meeting legal and Industrial Award obligations in relation to Locum Medical Staff • Development of local business rules for utilisation of Locum Medical Staff in vacancy management • Auditing and reporting of Locum Medical Staff usage
Relevant staff groups	Non-specialist medical staff
Definitions	<p>Casual and Locum staffing service - Each organisation is to have a department or position that is responsible for the management of all casual and temporary medical placements and all shifts requiring a Locum Medical Officer. This can be either a distinct service or incorporated within the services provided within a designated unit.</p> <p>Director of Medical Services/Administration (DMS/DMA) - means a Medical Officer appointed to a designated position responsible for the strategic, clinical, budgetary and associated medical administrative functions of a LHD / SHNs or facility.</p> <p>Engaging department - Department in which the substantive position is held. This department is responsible for management of the Locum Medical Officer and for following LHD / SHNs procedures for the engagement and payment of Locum Medical Officers.</p> <p>Locum Medical Staff/Officers - suitably qualified, registered and authorised medical practitioners introduced to a Public Health Organisation by a Medical Locum Agency that is listed on the NSW Ministry of Health Register of Medical Locum Agencies. Locum Medical Staff are employed by the LHDs / SHNs in a casual or temporary capacity to provide cover for an absent member of the permanent non-specialist medical staff or when shifts are unable to be filled by overtime or casual medical employees.</p>
Obligations - legislative/policy/work, health & safety	Adherence to NSW Ministry of Health Policy Directives Locum Medical Officers - Employment and Management PD2013_022 and Remuneration Rates Payable to Non-Specialist Staff - Short Term / Casual (Locum) PD2012_046 is mandatory.
Standards	<ul style="list-style-type: none"> • Employment of Locum Medical Officers must occur as a last resort after all options under the Roster Vacancy Management Guidelines are exhausted • The purpose of annual leave is to give employees a period of recreation and rest for the year. Staff should not be rostered to work any casual or Locum shifts during periods of leave (such as annual leave, long service leave and maternity leave)
Procedure	<p>Roster creation</p> <ul style="list-style-type: none"> • Identify unfilled shifts during the roster creation process and follow the Vacancy Management Procedure (refer to the Roster Vacancy Management and Utilisation of Casual and Agency Staff Guideline) • For any shifts still unable to be filled, seek permission to engage a Locum Medical Officer by following LHD / SHN procedures • The engaging department is to maintain documentation which records reason for Locum Medical Staff engagement <p>Advertise locum shift</p> <ul style="list-style-type: none"> • Locum Medical Staff may only be booked from approved Medical Locum Agencies. • Rates of pay must be in accordance with PD2012_046. Identify your hospital category and the applicable rates

Guideline name	Utilisation of Locum Medical Officers
Procedure	<ul style="list-style-type: none"> • A procedure should be in place locally to identify rates of pay to be offered for shifts, escalation timeframe and if travel and accommodation expenses will be reimbursed. In accordance with paragraph 5.2 of PD2012_046 Remuneration Rates for Non-Specialist Medical Staff - Short Term/Casual (Locum) written approval must be obtained in order to exceed the standard locum rates, such approvals can only be given where a temporary service closure would otherwise occur and no reasonable alternative service arrangements can be put in place. Written advice of such approvals must be provided to the Ministry's Director of Workforce Planning and Development within seven days of being given. These shifts must be accompanied by list of skills required (specifically any procedural or resuscitation skill requirements) and the rate being offered for the shift. • Locum Rates can only be paid to a Locum Medical Officer who is in his or her 3rd Post Graduate Year (PGY3) or above • A proposal to engage a PGY2 Medical Officer as a locum requires approval from the CE or delegate, and these Medical Officers require the level of supervision accorded to Health Education and Training Institute (HETI) accredited training positions <p>Booking Locum Medical Officers</p> <ul style="list-style-type: none"> • To approve a Locum Medical Officer for a shift all credentialing information must be provided by the Locum Agency. Credentialing of Locums must be in accordance with NSW Ministry of Health Standards as per PD2013_022. • Locums should not be employed if they are currently on paid leave from a full-time position in a NSW Health service • Locum Medical Officers should be subject to the same fatigue considerations as all other medical officers. Ideally they should not work more than 120 hours per fortnight and have sufficient rest between shifts. If possible shifts of 24 hours or longer should be avoided. • Length of engagement – no longer than 13 weeks. After 13 weeks a Locum Medical Officer working for at least one shift in each calendar week must have a break of at least one week. <p>At commencement of locum shift</p> <ul style="list-style-type: none"> • On arrival at the hospital for commencement of a shift the Locum must present photo identification and a letter of introduction from the Medical Locum Agency (containing evidence that a Working with Children Background Check (WWCC) has been conducted and Medical Registration has been current since the WWCC was conducted). Copies should be taken by the senior manager on the shift and maintained within the employee's employment records. • Prior to commencement of the shift the Locum Medical Officer should receive an orientation to the unit by the Senior Medical Officer available or the nursing team leader. Locum Medical Officers are expected to attend and participate in the team or unit handover. <p>Payment</p> <ul style="list-style-type: none"> • Locum agency fees are the responsibility of the engaging department and local procedures should be in place to coordinate payment with Accounts Payable on completion of the shift • Locums must be paid through the organisation's payroll and verification of hours worked is the responsibility of the engaging department <p>Performance review</p> <ul style="list-style-type: none"> • Consider performance reviews for longer term Locums as essential. These should occur on a regular basis with a schedule to be determined by the organisation/LHD

Guideline name	Utilisation of Locum Medical Officers
Responsibilities	<p>Executive</p> <ul style="list-style-type: none"> • Ensure there is a dedicated Casual and Locum Staffing Service/position • Ensure there is a procedure for approval of Locum Rates above PD2012_046 • Ensure there is a procedure for approval of engagement of PGY2 doctors as Locums • Ensure there is a procedure for engagement of Locum Medical Staff <p>Engaging department</p> <ul style="list-style-type: none"> • Ensure that processes are in place to record reasons for engagement of Locum Medical Officer • Ensure the skills of Locum Medical Officer required to fill vacancy are defined • Ensure that Locums are suitably qualified/skilled to fill the shift/s advertised • Ensure that orientation and identification is completed at the beginning of the Locum shift • Ensure the hours worked by Locums are recorded • Ensure that local processes for payment of Locum and Agency fees are followed <p>Casual and Locum Staffing Service</p> <ul style="list-style-type: none"> • Coordinate advertisement of vacancies • Receive and check that credentialing information is complete • Forward credentials to employing department and complete engagement of Locum • Manage any complaints and performance review process for Locum Medical Staff in conjunction with the engaging department • Have a process in place to ensure regular Locums have a break in service after 13 weeks • Have an escalation procedure for unfilled vacancies <p>Manager</p> <ul style="list-style-type: none"> • Need to ensure that Locum Medical Officers are aware of their responsibilities <p>Locum Medical Officer</p> <ul style="list-style-type: none"> • Provide credentialing information • Attend orientation and handover • Participate in performance review and any complaints proceedings
Reporting & Monitoring Processes	<ul style="list-style-type: none"> • Monthly reports regarding Locums paid over agreed rates • Monthly reports on Locum usage and cost – DMA/DMS
Supporting tools/ information	<ul style="list-style-type: none"> • Roster Vacancy Management and Utilisation of Casual and Agency Staff • Utilisation of Locum Medical Officers Flowchart
Improvement Outcomes	<ul style="list-style-type: none"> • Improved management of Locum Medical Officers • Reporting of usage and cost of Locum Medical Officers
References	<ul style="list-style-type: none"> • Locum Medical Officers – Employment and Management (PD2013_022) • Remuneration Rates for non-specialist medical staff – short term/casual (locum) (PD2012_046) • Leave Matters for the NSW Health Service (PD2014_029) • Fatigue - Preventing & Managing Work Related Fatigue: Guidelines for the NSW Public Health System (GL 2007_023)

Appendix: Supporting Tools

TIL Recording and Balance Spreadsheet

A TIL Recording and Balance Spreadsheet enables Managers to record and maintain TIL transactions for their staff. The spreadsheet can be used to determine the rates at which the TIL has been accrued and provides a running balance that demonstrates the current status of TIL accrual.

Example time in lieu spreadsheet

Time In Lieu Recording and Balances Spreadsheet													
Go To HELP Go to Summary Add new Employee													
Data Entry Tab Sort Employees													
Unit													
Cost Centre Number													
Roster Manager													
PayCycle	Secondary Pay Cycle	S	To	27/11/2011									
Current Pay Period End	14/11/2011												
Employee Name	Employee Number	Date (dd/mm/yy)	Day	Public Holiday?	Type	Start Time	End Time	Accrued at Rates	To be paid in PPE	Date due for	Balance	Running Balance	
Toby Mary	12345	6/06/2011	Monday	No	Time Accrued	17:00	20:00	@1.5 @2 @2.5	4/09/2011	4/09/2011	3.00		
Toby Mary	12345	9/06/2011	Thursday	No	Time Taken	16:00	17:00	-1	12/06/2011	12/06/2011	2.00		
Toby Mary	12345	22/06/2011	Wednesday	No	Time Accrued	17:00	19:00	2	2/10/2011	2/10/2011	4.00		
Toby Mary	12345	24/06/2011	Friday	No	Time Accrued	17:00	19:00	2	2/10/2011	2/10/2011	6.00		
Toby Mary	12345	25/06/2011	Saturday	No	Time Taken	15:00	17:00	-2	26/06/2011	26/06/2011	4.00		

Temporary Individual Roster Arrangements Request Form

This form is designed to record any staff working restrictions or Temporary Individual Roster Arrangements

Name:	
Unit/Ward:	
Classification:	
Date:	

Availability: specific shifts for which you are unavailable (e.g. unavailable Monday Day shifts)

Please circle relevant shifts.

MONDAY	Day	Evening	Night	FRIDAY	Day	Evening	Night
TUESDAY	Day	Evening	Night	SATURDAY	Day	Evening	Night
WEDNESDAY	Day	Evening	Night	SUNDAY	Day	Evening	Night
THURSDAY	Day	Evening	Night				

Requested Commencement Date:

Reason/s for Restrictions:

Temporary Individual Roster Arrangements: a set sequence of shifts and/or days requested (e.g. every Monday, Tuesday and Saturday). Specify preferred roster arrangement listing the shifts and days staff member is available to work and a detailed reason for this request:

Requested Commencement Date: Employee Signature:

Manager to Complete

Request Approved: YES NO Manager Signature:

Approved Request Commencement Date: Length of Trial Period: (within 3 months) Review Date:

Reason for non-approval:

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.

Recording Approved Time In Lieu of Overtime Form

Name: Date:

Employee Number:

Department & Cost Centre:

Reason for Overtime:

Date of Overtime worked: Start time:

Day of Overtime worked: Finish time:

Public Holiday: YES NO (please circle)

Employee Signature:

Date:

Overtime pre-approved: YES NO (please circle)

Approved by:
(Name & Position)

Reason for non-approval:

Approver Signature:

Date:

Time taken
Date of Time in Lieu taken: Hours:

Day of Time in Lieu taken:

Sample Roster Requests Form

This form is to be utilised for requesting 'Ad Hoc' Roster Requests i.e. requests to work or not work certain shifts for a specific roster period.

Name:

Employee Number:

Request to work

Manager to complete

Date	Day	Shift	Reason	Approved Yes/No (& reason)

Request not to work

Manager to complete

Date	Day	Shift	Reason	Approved Yes/No (& reason)

Please note that a maximum of x requests can be placed per roster period

Employee signature:

Date submitted:

Date employee informed:

Manager Name:

Manager Signature:

Date:

Sample Shift Swap Form

This form is to be utilised for requesting Shift Swaps after the roster has been published and must be submitted to the Manager [insert timeframe] prior to the commencement of the first shift involved in the proposed swap.

Name:

Employee Number:

Existing Roster

Employee Name	Position	Date	Day	Shift

New Roster

Employee Name	Position	Date	Day	Shift

Reason for swap:

Signatures of agreement to Roster Changes

Employee Name	Signature

Date submitted:

To be completed by Manager
Approved - Yes/No (& reason)

Manager Name:

Manager Signature:

Date:

Rostering Measures of Success Checklist

Roster Period from: ___/___/20___ To: ___/___/20___

Roster Unit: _____

Cost Centre Number: _____

Roster Creator: _____ Roster Approver: _____

Measure of Success	Agreed Measure of Success Target	Roster Performance Measure of Success	Meets Measure of Success (Yes/No)	Reason / Comments
Staffing				
1 Nursing Hours per patient day				
2 Percentage of shifts filled by staff with correct skills / qualifications / grade				
3 Number of shifts missing 'In Charge' cover				
4 Number of vacant shifts				
Fairness				
1 Number of occasions that unit's preferred patterns of rostering have not been met				
2 Percentage of roster that has been requested by staff				
3 Number of requests per employee that have been accommodated in the planned roster				
Effectiveness				
1 Number of additional shifts rostered				
2 Number of shifts filled by Casual / Relief Staff				
3 Number of shifts filled by Agency / Locum Staff				
4 Number of rostered overtime hours				
5 Number of unused contract hours				
Staff Unavailability				
1 Number of staff rostered on annual leave				
2 Number of staff rostered on study leave				
3 Percentage of staff with rostered ADOs				
Staffing Establishment				
1 Number of shifts filled by different to planned staffing				
2 Number of staff with individual roster arrangements / working restrictions				

Utilisation of Locum Medical Officers Flowchart

