

NURSING+
MIDWIFERY

Employee-centred Roster Guidelines

2024



Western Health

Contents

| | |
|---|----|
| Introduction | 2 |
| The Four Fs | 3 |
| Roles and Responsibilities..... | 5 |
| Operations Manager | 5 |
| Unit Manager..... | 5 |
| Roster Manager | 5 |
| Nurses and Midwives | 5 |
| Flexibility | 6 |
| Flexible Workplace Agreements | 6 |
| Informal Flexible Workplace Agreements | 6 |
| Single Shift Informal Flexible Workplace Agreements | 7 |
| Urgent appointments..... | 7 |
| Roster requests | 8 |
| Swapping of shifts | 8 |
| Roster Patterns | 8 |
| Night Duty | 8 |
| Flexibility with Shift Times and Length | 8 |
| Start and finish times | 8 |
| Fairness | 9 |
| Weekends | 9 |
| Night duty | 9 |
| Redeployment and Reallocation | 10 |
| Redeployment | 10 |
| Reallocation..... | 10 |
| Rotations | 10 |
| Fatigue Management..... | 11 |
| Roster Patterns | 11 |
| Consecutive shifts | 11 |
| Late shift to early shift (short change) | 12 |
| 12 Hours shift patterns | 12 |
| Leave management | 12 |
| ADO Management | 12 |
| Overtime..... | 13 |
| Foundations | 14 |

| | |
|--|----|
| Skill-mix | 14 |
| Preparation of roster | 14 |
| Unfilled roster Vacancies | 14 |
| Supplementary roster | 15 |
| Governance..... | 15 |
| Appendix 1: References | 16 |
| Appendix 2: Management of High Demand Holiday Period | 17 |
| Appendix 3: Recommended shift swapping process..... | 18 |

Introduction

Rostering our nurses and midwives impacts our ability to maintain ratios, the wellbeing of our nurses and midwives and their ability to balance work and non-work commitments. It is a leading concern for nurses and midwives and in our ability to retain these vital health care professionals. Shortages of health care professionals is one of the greatest challenges in our health system, and there has increasingly been a move to nurses and midwives working part-time – which means we need more of them to fulfil our staffing requirements.

Current rostering practices and principles are based on historical customs that are not meeting the needs of our contemporary professional workforce. This leads to decreased workforce availability, engagement, absenteeism, fatigue and casualisation.

Our nurses and midwives continue to work in an environment with multiple challenges both within and outside of the workplace. One meaningful way we can support our staff to balance their lives inside and outside of work is to provide them with a best practice, evidence-based employee-centred roster.

Western Health (WH) has undertaken a comprehensive review of rostering practices and the impact this has on our nurses and midwives. WH participated in a project led by Safer Care Victoria (SCV), alongside the Australian Nursing & Midwifery Federation (ANMF) and two other health services, to investigate the roster patterns and flexibility of workforce requirements in order to best support their wellbeing through meeting their work and out-of-work requirements. This was analysed whilst considering our obligations to have safe staffing levels, as articulated in the *Safe Patient Care Act (2015)*. The project's research has ethics approval and was independently overseen by Deakin University.

The following guidelines have been developed to support Unit Managers and Roster Managers to prepare a balanced and best practice roster. It is important to note that these guidelines are evidenced-based through a literature review (see Appendix 1), have been co-designed with our point-of-care nurses and midwives, and incorporate requirements in the relevant enterprise agreements.

The co-design process involved nurses and midwives across Western Health. The process used surveys, interviews, workshops and consultation to identify what was most important in a roster for our staff, and what changes would have the most beneficial impact on their wellbeing and engagement.

At each step the data was independently analysed by Deakin University research team and the findings informed these guidelines. These guidelines strongly align with the *Victorian Rostering Toolkit* published by SCV.

The guidelines embrace employee-centred principles where the Four Fs developed through the co-design project¹ are at the forefront of all our minds:

- Flexibility
- Fairness
- Fatigue Management
- Foundations.

By following these guidelines, Western Health is confident that we can achieve operational requirements whilst at the same time caring for the well-being of our nurses and midwives.

The Four Fs

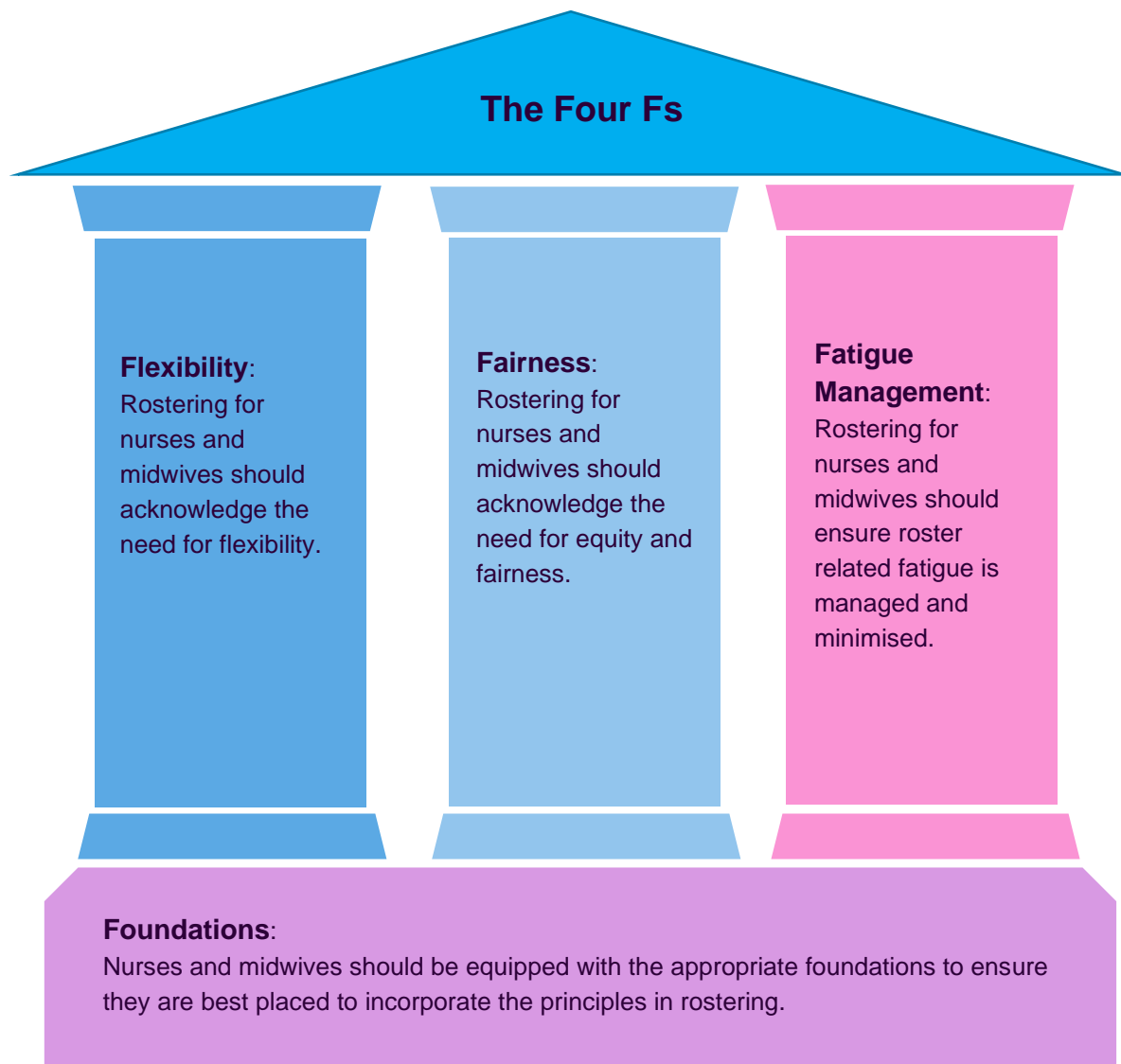


Figure 1: The Four Fs

| | | |
|---------------------------|--|--|
| FLEXIBILITY | Rostering for nurses and midwives should acknowledge the need for flexibility | <ul style="list-style-type: none"> • Defined request system • Ability to change roster requests • Clear process for shift swapping • Flexibility in rostering of night duty • Consider flexibility with shift times and lengths available within the enterprise agreement |
| FAIRNESS | Rostering for nurses and midwives should acknowledge the need for equity and fairness | <ul style="list-style-type: none"> • Clear roster publication timeframes • Defined request system that is accessible to all staff with process for communication of shifts not approved • Equitable allocation of weekend and night duty shifts • Supplementary roster accessible to all staff for allocation of additional shifts • Access to Flexible Work Arrangements, including eligibility, clearly documented processes and timeframes for review • Reallocation / redeployment policy or process • Equitable consideration of staff preferences |
| FATIGUE MANAGEMENT | Rostering for nurses and midwives should ensure roster related fatigue is managed and minimised | <ul style="list-style-type: none"> • Supplementary roster and clear procedure for booking additional shifts to minimise contact with staff on days off • Shift length consideration • Allocation of shifts (i.e., forward pattern, minimise late/earlies) • Process in place to avoid double shifts and overtime • Consecutive days off • Consecutive shifts • Processes in place to encourage leave |
| FOUNDATIONS | Nurses and midwives should be equipped with the appropriate foundations to ensure they best place to incorporate the principles in rostering | <ul style="list-style-type: none"> • Education and toolkits to understand the enterprise agreement clauses and entitlements • Access to and understanding of a fatigue management policy • Unit and Roster Manager training, resources and budgeted time • Access to, and understanding of, appropriate rostering systems and governance |

Table 2: Principles of the Four Fs

Roles and Responsibilities

Operations Manager

The Operations Manager is accountable for ensuring their departments/wards are rostering staff in accordance with all of the roster guidelines at all times, and supporting the Unit Managers to ensure that they have the requisite knowledge, skills and time to support best practice rostering.

Unit Manager

The Unit Manager is accountable for the final review and approval of the roster for publication. The Unit Manager also ensures 28 days of roster is published 28 days in advance of the shift being work, **and** that it is fully compliant with these guidelines.

Where applicable, the Unit Manager must also work with their Roster Manager to ensure that a Supplementary Roster (via the Health-e Workforce Solutions platform) is also run within their department/ward and that they understand the preferred roster patterns and preferences for each staff member within their department/ward.

The Unit Manager has a clear understanding of the requirements specific to their area as outlined in the relevant enterprise agreement (*Nursing and Midwives Enterprise Agreement or Mental Health Enterprise Agreement*) and the Safe Patient Care Act.

Roster Manager

The Roster Manager has delegated responsibility for the development and management of the department/ward roster by the Unit Manager.

The Roster Manager should work with the Unit Manager to understand the preferred roster patterns and preferences for each staff member within their department/ward.

The Roster Manager is accountable for preparing 28 days of roster in accordance with the roster guidelines in readiness for publishing 28 days in advance and supporting the Unit Manager to manage the Supplementary Roster for their department/ward.

Nurses and Midwives

All nurses and midwives at Western Health have responsibility to:

- Submit their requests on RosterOn in accordance with roster writing and publication dates.
- Enter any availability for additional shifts into the Supplementary Roster on Health-e Workforce Solutions.
- Endeavor to find a suitable shift swap when required.
- Apply for a Flexible Workplace Agreement, where applicable.
- Where indicated work a rotating roster.
- Be available for night duty, weekends, evenings and public holidays, when required.
- Communicate their preferences and any out-of-work obligations that may impact on their rostering availability.

Flexibility

The findings of the *Developing Employee Centred Rostering Principles project*¹ undertaken by Western Health identified that nurses and midwives were mostly satisfied with their rosters. However, the feedback also indicated that they and their managers wanted more flexibility. Current roster practices that have reduced flexibility were reported to have an adverse impact on the health, work and personal lives of nurses and midwives.

Flexibility allows managers and nurses and midwives to agree on changes to working arrangements that suit them both. Flexibility and sensitivity to personal needs and preference is a key factor in determining whether shift work impedes or supports work-life balance. It is highly valued by nurses and midwives and has a positive impact on work-life outcomes, job satisfaction and retention.

This guideline focuses on including flexibility measures into nursing and midwifery rostering models to increase job satisfaction and engagement. The following outlines opportunities for flexibility, that may increase the satisfaction and engagement amongst nurses and midwives.

Flexible Workplace Arrangements

A Flexible Work Arrangement (FWA) is an agreement between a workplace and an employee to change the standard working arrangement to accommodate out of work commitments (*Fair Work Act 2009*). Any employee can request flexible working arrangements, however in Australia, some groups of employees can statutorily request an FWA. These employees are protected in their right to request a change in their working arrangements under the *Fair Work Act 2009*.

This includes those employees who:

- Are the parent or have responsibility for the care of a child who is school aged or younger.
- Are a Carer (under the *Care Recognition Act*)
- Are a person with a disability.
- Are 55 years or older.
- Are pregnant.
- Are experiencing family and domestic violence.
- Providing care or support to an immediate family or household member who is experiencing family and domestic violence.

Nurses and midwives should refer to the PPG [Flexible Work Arrangements- OP-EP2](#) for the process for requesting an FWA at Western Health.

Flexible Rostering Agreements

Western Health recognises that not all nurses and midwives have the same requirements for shift allocation and rostering. It is important that all rosters recognise these differences therefore a 'one size does not fit all' approach is encouraged. Western Health recognises that our nurses' and midwives' needs will change with alterations in their personal circumstances, and throughout their career.

Having a fair roster does not mean that it needs to be the same for everyone, rather it needs to be **equitable**. Equity recognises that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

A Flexible Rostering Agreement (FRA) allows staff to work in a flexible manner that suits their life requirements which may not match the requirements of the roster guidelines, whilst ensuring unit staffing requirements are maintained. These agreements ensure that all WH nurses and midwives can access flexibility within their roster. The advantages of these agreements include:

- The staff member is not locked into a roster ongoing.
- The unit is not locked into a set roster ongoing.
- An established work practice is not locked in.
- Establishes a documented and tracked application process with agreed periods for review.
- Determining a clear start and finish date, for a period up to 12 months.
- Does not compromise the requirements of the *Safe Patient Care Act*.

Single Shift Agreements

On occasion our nurses or midwives may require a modification to their start time and finish time or a period of absence mid-shift on a one-off basis, due to their personal circumstances.

This can be agreed to by the Unit Manager or Associate Unit Manager with no loss of pay where:

- The request can be managed within the provisions of the *Safe Patient Care Act*, and
- The rationale is deemed to be reasonable.

Urgent appointments

Where a staff member can only get an appointment on a day and at a time when they are rostered on duty, the following process will be followed.

Staff Responsibilities:

- Reasonable attempts to secure a shift swap with another suitably qualified staff member.
- Attempt to alter the appointment to accommodate work commitments e.g., later in the afternoon and work an early shift.
- Where a shift cannot be swapped, discuss options with the Unit Manager where possible at least three days prior to the appointment.

Roster Manager/Unit Manager Responsibility:

- Will assist the staff member to change the shift.
- In the event where a shift cannot be changed:
 - If the staff member is able to leave the morning shift within the 2 hours prior to their rostered finishing time in order to attend the appointment, the shift will be recorded as a full shift with a notation in the notes section on RosterOn.
 - A manager may allow the staff member to attend the appointment utilising their personal leave for part of the shift if this will not compromise patient/consumer safety, staff safety, our obligations under the *Safe Patient Care Act* or the enterprise agreement. The shift can be “split” on Roster On to reflect the hours worked and the hours of leave.

Roster requests

The nurse or midwife may place a request on RosterOn for as many shifts per fortnight as they work (or more if they want to communicate options that work for them). Each ward or area will display the number of requests that are prioritised for approval.

Roster requests cannot be changed directly on RosterOn once the roster has been locked for processing. Where a nurse or midwife needs to change a request during the roster writing process, this must be undertaken in direct discussion with the Roster Manager or Unit Manager.

Swapping of shifts

A clear process for a nurse or midwife to swap a shift (Appendix 3) is available and accessible in all areas, to ensure transparency of process for the team. The process identifies the steps required prior to escalation to a Unit Manager or Associate Unit Manager and aims to reduce frustration and encourage ownership of their roster. When a shift swap is organised between nurses or midwives, the Change of Shift allowance is not applicable.

Roster Patterns

Night Duty

Flexibility in how night duty is rostered is important for nurses and midwives to be able to support their health and wellbeing. It is important to support and encourage nurses and midwives to have input into how their night duty is rostered.

Giving nurses and midwives a choice of permanent night duty, rostered blocks of night duty or ad hoc rostered night duty is a requirement under *the Nurses and Midwives EA 2024-2028*. Ensure clear processes are in place so that there is a fair allocation of night duty.

Flexibility with Shift Times and Length

At times, nurses and midwives may request flexibility with shift times and length, including changes to start and finish times. These requests will be considered on a case-by-case basis and will only be implemented by mutual agreement and with required consultation with the relevant staff. Nurses and midwives may apply for a Flexible Rostering Agreement.

If consideration for alternate shift times outside of the enterprise agreement is required, escalation through the appropriate channels is necessary (e.g., Operations Manager, Director of Nursing and Midwifery, People and Culture, ANMF) and may require a change impact statement.

Start and finish times

If a nurse or midwife requests an isolated change to their start or finish time to allow them to meet an out-of-work requirement (e.g., starting at 7:30am to allow them to utilise childcare for that day), and this request does not compromise patient/consumer safety, staff safety, our obligations under the *Safe Patient Care Act* or the enterprise agreement, then a manager may agree to this on a case-by-case basis.

Four Clear Days per fortnight – Full time employees

In addition to roster requests, managers must take into account the requirement to have Four Clear days off duty in each fortnight, including on-call/recall work, such as operating theatres and the cardiac catheter lab.

These days of 'no rostered shifts/on call' do not need to be consecutive. This may not be possible if an employee requests certain working patterns or submits roster requests that means the four days clear cannot be achieved in the two-week roster period.

Fairness

The findings of the *Developing Employee Centred Rostering Principles project*¹ undertaken by Western Health demonstrated that nurses and midwives want a fair rostering system with guidelines that are consistently applied to employees in similar circumstances. Fairness means treating people according to their needs and acknowledging that this does not always mean all needs are equal.

Factors that may support fair treatment include mutual respect, strong interpersonal relationships and honest communication. Nurses and midwives who feel they are being treated unfairly can have poor job satisfaction and it can heavily impact their health and wellbeing. However, employees who perceive fairness within the workplace are more likely to be happy with their job and less likely to want to leave.

Keeping rosters and rostering systems fair is critical, however not straightforward to do. There is a considerable amount to keep in mind when building a roster, including availability, skills, fatigue management, ratios and more. It is encouraged to apply a fairness rule to rostering, including a sense check to assess if decisions are unintentionally bias and disadvantaging others”¹.

The guideline focuses on including fairness measures into nursing and midwifery rostering to contribute to a higher job satisfaction.

Weekends

Weekend shifts should be equitably shared between all nurses and midwives according to their role (excluding those who may have a Flexible Workplace Agreement that impacts working on weekends).

Transparency in how many weekends a nurse or midwife is required to work will depend on each unit or area of work. Where applicable, nurses and midwives must be available to work a rotation roster including weekdays, weekends, afternoon and night duties. Where possible, ensure that all full-time nurses and midwives have a minimum of two full weekends rostered off duty every 4 weeks. A weekend shift planner based on EFT can also be utilised to ensure clear expectations are understood by nurses and midwives.

Night duty

Nurses and midwives may request to work permanent night duty by submitting a written request to the Unit Manager. Utilising permanent night staff is the preferred approach to staffing at night, where possible.

Nurses and midwives who work permanent night duty are required to rotate onto day shift for the equivalent of 4 weeks in a 12-month period. This facilitates contact with leadership and education and allows completion of mandatory clinical competencies. Permanent night duty employees will continue to be paid the night duty allowance

during their day- shift rotation. Rotations to day shifts will be rostered by mutual agreement and may be achieved through single shifts or two/four week blocks of days across the year.

All other nurses and midwives are expected to be available to work night duty shifts in wards/departments which cover a 24-hour period (except staff who have a Flexible Workplace Agreement relating to night duty rotation).

Night duty shifts should be rostered consecutively with consecutive nights off duty in between³, unless a preference for split night duty is requested. A minimum 47-hour break before working day shifts is required for rostering.

A clear process must be in place for nurses and midwives to have options about when they undertake their night duty rotation, in a pattern or block that suits them best. The literature identifies that having control over when a nurse or midwife completes their night duty has a positive impact on their wellbeing⁴.

Redeployment and Change of Ward

At times of unforeseen workforce shortages or increased operational demand, nurses and midwives may be requested, at short notice, to be redeployed to areas of need on a temporary basis outside of their Base Ward. For rostering purposes, a Base Ward is the ward or unit to which a nurse/midwife was rostered to work.

Redeployment

Redeployment is a longer-term reassignment of a nurse or midwife from their current work unit to another work unit, for example while capital works are completed.

Relocation

Relocation is a temporary reassignment of a nurse or midwife to a ward, unit or Department that is not their Base Ward, for their rostered shift.

Process for Redeployment

It is important to have a clear process in place for when redeployment or reallocation occurs to ensure allocation is fair and transparent. The process should consider clinical requirements, scope of practice and suitability of the individual nurse or midwife, equity, adequate notice and support of the staff member in an unfamiliar environment.

To assist with ensuring that this is a transparent process it is recommended that nurses and midwives know well in advance that they are the designated nurse or midwife and may be moved if required for a particular shift. Consider ways of decreasing the uncertainty associated with reallocation if it is anticipated.

Supporting literature and feedback from our nurses and midwives identified that nurses and midwives engage and participate when they have a strong degree of certainty in where they work, and the process of allocation is transparent.

Rotations

For areas/divisions with specialist skills which require rotation through a variety of care-giving modalities (for example, Maternity, Emergency, Radiology), the Roster/Unit Manager should consider processes to support the preferences of nurses and midwives. Movement to modalities that the nurse or midwife does not prefer to work has been shown to adversely impact staff satisfaction, increase fatigue and impact on their well-being⁵.

Where the nurse or midwife wishes to work most of their time in a specific area of the unit as a whole, they should be allocated to this area with minimal planned rotations into other areas. This does not apply to graduate nurses/midwives or consolidating nurses or midwives.

Fatigue Management

The findings of the *Developing Employee Centred Rostering Principles project*¹ undertaken by Western Health identified that fatigue is a risk associated with shift work and the excess in these hours of work often relates to sleep deprivation. Nurses and midwives want and need a reduction in roster-related fatigue.

Fatigue is an acute and/or ongoing state that leads to physical, mental or emotional exhaustion and prevents people from functioning safely. Working long hours with intense mental or physical effort, or during some or all the natural time for sleep, can cause fatigue. All of these have obvious implications for workplace and public safety.

The health and safety of all employees, consumers and visitors is paramount. Healthcare services providing 24-hour service delivery recognise that there are increased factors that contribute to fatigue.

Rostering should apply evidence-based rostering practices proven to mitigate fatigue risks, any requirements specified in the enterprise agreement, and recommendations set out in relevant codes of practice. When designing rosters, there are several known factors that influence fatigue-related risk in the context of accumulation of fatigue or recovery from fatigue".¹

Roster Patterns

Shift patterns can increase the risk of fatigue, therefore it is important that both employers and employees ensure shift patterns are meeting best practice rostering.

In addition to the other principles, rostering in a forward pattern is the preferred approach to minimise fatigue related to shift work.

For 8-hour shifts, a forward rostering pattern is AM to PM, PM to ND in blocks of shifts. This minimises the short changeovers and allows for nurses and midwives to adjust.

For other shift lengths (9-hour or 10-hours), a similar rostering pattern can be applied where possible with consideration for a forward rostering pattern and consideration of the 4 Clear days allowance.

Consecutive shifts

Days off must be rostered together at a minimum of two consecutive days off, avoiding single days off between rostered shifts on duty, unless individual nurses' or midwives' requests prevent this. Where a nurse or midwife elects to work a shift pattern that does not include consecutive days off duty, this will be evidenced using the roster request system.

A nurse or midwife **cannot** be rostered on duty for more than 6 x 8-hour shifts, 5 x 10-hour shifts, or 4 x 12 hour shifts consecutively, i.e., no more than 48 hours in a row. This is an Enterprise Agreement requirement.

This requirement excludes where an overtime shift has been worked.

Late shift to early shift (short change)

Nurses and midwives must have a minimum of 8-hours between rostered ordinary shifts unless specifically requested by a nurse or midwife, short changes (a late shift followed by an early shift) should be minimised as much as possible. Unless otherwise requested, nurses and midwives should only be rostered a maximum of 1 short change on consecutive rostered days on duty.

Our nurses and midwives have identified that more than one short change per each period of duty significantly increases their fatigue levels. This is supported through literature, which demonstrates that short changes lead to reduced rest time between shifts leading to increased fatigue and decreased work-life satisfaction².

12 Hours shift patterns

Nurses and midwives who work 12-hour shifts should be rostered a block of the same shift type on consecutive days of duty wherever possible.

Where a nurse or midwife elects to alter the number of days off between rostered shifts on duty on an ongoing basis, they must apply to do so using roster requests.

Leave management

Leave is an important part of fatigue management, therefore all nurses and midwives should have at least one period of annual leave booked and approved within the next twelve months of their roster.

Unless there is an organisational or divisional directive, no more than 10% of employable Full Time Equivalent (FTE) should be on annual leave at any given time.

Western Health recognises that there are peak periods in the year where the demand for annual leave is greater than the department/ward is able to accommodate. *Appendix 2* includes considerations to support equity for all nurse and midwives.

All leave approval must be fair, transparent and based upon who has been granted annual leave in the past peak periods.

Should nurses or midwives accrue excess leave as defined by the Taking and Managing Leave procedure, unit managers may request a meeting with the employee to develop a plan to utilise annual leave. Annual leave can be taken in single or multiple blocks, and may include single days. Nurses and midwives requesting long service leave, may be requested to reduce excess annual leave balances prior to commencing long service leave.

ADO Management

An Accrued Day Off (ADO) is designed to allow a full-time nurse or midwife to have an additional day of recuperation time every 4 or 5 weeks. They are not designed to be accrued as additional annual leave.

Full time staff are entitled to 8 hours of ADO after every 152 hours of duty or 10 hours of ADO after every 150 hours of duty. Nurses and midwives are encouraged to request their ADO's, and this should be supported by Roster Managers where possible.

ADOs should be rostered when they are due and attached to days rostered off duty. ADO's should not replace a day off after night duty (e.g., ND, ADO, DO) and can only be rostered on weekdays.

Overtime

Allocating nurses and midwives overtime shifts should be the last option once all other processes to fill vacant shifts are exhausted. It is important to regularly check in with nurses and midwives working additional shifts and/or overtime shifts to ensure work-life balance is being achieved, rostered shifts are being worked, and staff and patient safety is maintained.

WorkSafe Victoria advises employers to implement a risk management framework to control risk associated with fatigue. A risk assessment should be conducted when higher fatigue risks (i.e., more than 12-hours, more than 3 consecutive night shifts, more than 56-hours, less than 10-hours break per week, etc) are identified and control measures should be put in place to reduce the risk so far as is reasonably practicable.

Foundations

The findings of the *Developing Employee Centred Rostering Principles project*¹ undertaken by Western Health identified that our nurses and midwives should be equipped with an appropriate foundation to ensure they are best placed to incorporate the principles in rostering.

Whilst employee-centred principles are the focus of nursing and midwifery satisfaction when rostering, there are foundations that must be understood for compliance. These include relevant regulatory frameworks, enterprise agreements, workplace health and safety legislation, antidiscrimination legislation, and organisational policies and procedures.

Rosters aim to achieve a balance between service demand and supply of resources and support where necessary and must comply with the approved ward/unit staffing profile and budget to ensure safe, high-quality nursing and midwifery services. Nurses and midwives must be rostered to provide a suitable mix of competence and experience to meet identified service demand and maintain patient safety”.

Skill-mix

The Nurses and Midwives Enterprise Agreement² states that the minimum skill mix that we should aim to achieve on acute general medical and surgical wards is:

- 1/3 Registered Nurses with more than three years’ experience
- 1/3 Registered Nurses with one to three years’ experience, and
- 1/3 Early Career nurses (Graduate Nurses) and Enrolled Nurses.

It is essential that there is an even coverage of skills, experience and knowledge across all shifts and all days of the week irrespective of the department/ward to optimise staff support and patient safety.

Other specialty areas such as maternity services, emergency departments, perioperative areas, and intensive/coronary care units may have different skill mix requirements. However, similar principles can be applied when preparing rosters to ensure minimum skill mix is achieved.

Preparation of roster

Equitably roster the shifts that are often the most difficult to fill first. These are different in each area but may include night duty, Sunday evenings, Monday mornings, Friday evenings and Sunday night duty.

Unfilled roster Vacancies

Where a prepared roster has shift vacancies, these vacancies must be made available for the nurses and midwives working that roster to elect to work. An individual nurse or midwife cannot be approached directly to work a vacant shift, as the process must be equitable for all nurses and midwives to elect to pick up additional shifts.

A part-time nurse or midwife is able to elect to work additional shifts to their contracted hours (up to full-time). They must identify this with the roster manager and make themselves available through the supplementary roster system in Health-e Workforce Solutions platform.

Supplementary roster

A supplementary roster allows nurses and midwives to nominate when they are available to work an additional shift. The supplementary roster must be available to all nurses and midwives at the time of roster publication with a clear indication of vacant shifts. Nurses and midwives may nominate vacant shifts they wish to work, or their availability to work if vacancies arise. This provides a clear and fair system for booking additional shifts and ensures that nurses' and midwives' Right to Disconnect is supported. The Right to Disconnect is the right of the employee to refrain from engaging in work related communications (emails, phone calls or other messages) when off duty, and includes requests for additional shifts of changed hours of work, unless they have indicated availability.

The Supplementary Roster:

- Gives nurses and midwives ownership of when they will work additional shifts which may increase their wellbeing and ability to plan their life.
- Must be consulted first when attempting to fill vacant shifts. In most circumstances, nurses and midwives should only be contacted to work an additional shift if they have stated that they are available and willing to work an additional shift. It is important that nurses and midwives are not disturbed during their sleep time (day and night) for any reason other than an emergency.
- If a nurse or midwife has indicated they are available for a shift, as much notice as possible should be given if they are required.

Shifts filled via the Supplementary Roster do not attract a Change of Roster penalty .

Governance

Incorporating a roster auditing process is an effective way to ensure rostering practices are in line with the legislative frameworks as well as these employee-centred rostering principles. Using an evaluation tool to audit the department/ward roster and seeking feedback from staff will assist in identifying areas that may need improvement.

Version Control

| Version | Date Published | Changes |
|---------|----------------|---|
| V1.0 | July 2024 | First approved version. |
| V2.0 | November 1024 | This version includes changes to align agreement enterprise changes and incorporate feedback from pilot period. |

Appendix 1: References

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Appendix 2: Management of High Demand Holiday Period

(Resources - Nursing & Midwifery (wh.org.au))

Western Health recognises that there are peak periods in the year where the demand for annual leave is greater than the department/ward is able to accommodate. These periods are called high demand periods.

To ensure equity for all staff, the following process has been developed:

- Staff may apply for leave at any time prior to 16 weeks before the commencement of the high demand period
- Applications which are not submitted 16 weeks prior will only be reviewed where there is still leave available during the peak period
- Applications for leave will be reviewed by the manager 16 weeks prior to the commencement of the high demand period
- The manager will advise staff of the outcome of their application no later than 14 weeks prior to the commencement of the high demand period

The manager will take into account:

- The operational requirements of the unit (all units are budgeted to have 10% of employed staff on annual leave at any given time)
- Previous approved leave during the same high demand period
- Previous leave approvals during other high demand periods
- The staff members circumstances and caring responsibilities

Additional leave above 10% of the employed FTE in an area may be approved where:

- The unit closes over the high demand period, or
- The unit reduces services over the high demand period

High demand periods are any days that fall within the date ranges as per table below:

| Name of period | Start of high demand period | Last day of high demand period |
|--|--|---|
| Christmas, Boxing Day, New Year's Day | Monday of the week prior to Christmas | The first Sunday after New Year's Day |
| Summer school holidays | Monday of the week prior to Christmas | The second Monday in February |
| End term one – school break | First Monday of gazetted school holiday period | Last Sunday of gazetted school holiday period |
| End term two – school break | First Monday of gazetted school holiday period | Last Sunday of gazetted school holiday period |
| End term three – school break | First Monday of gazetted school holiday period | Last Sunday of gazetted school holiday period |

Appendix 3: Recommended shift swapping process.

