

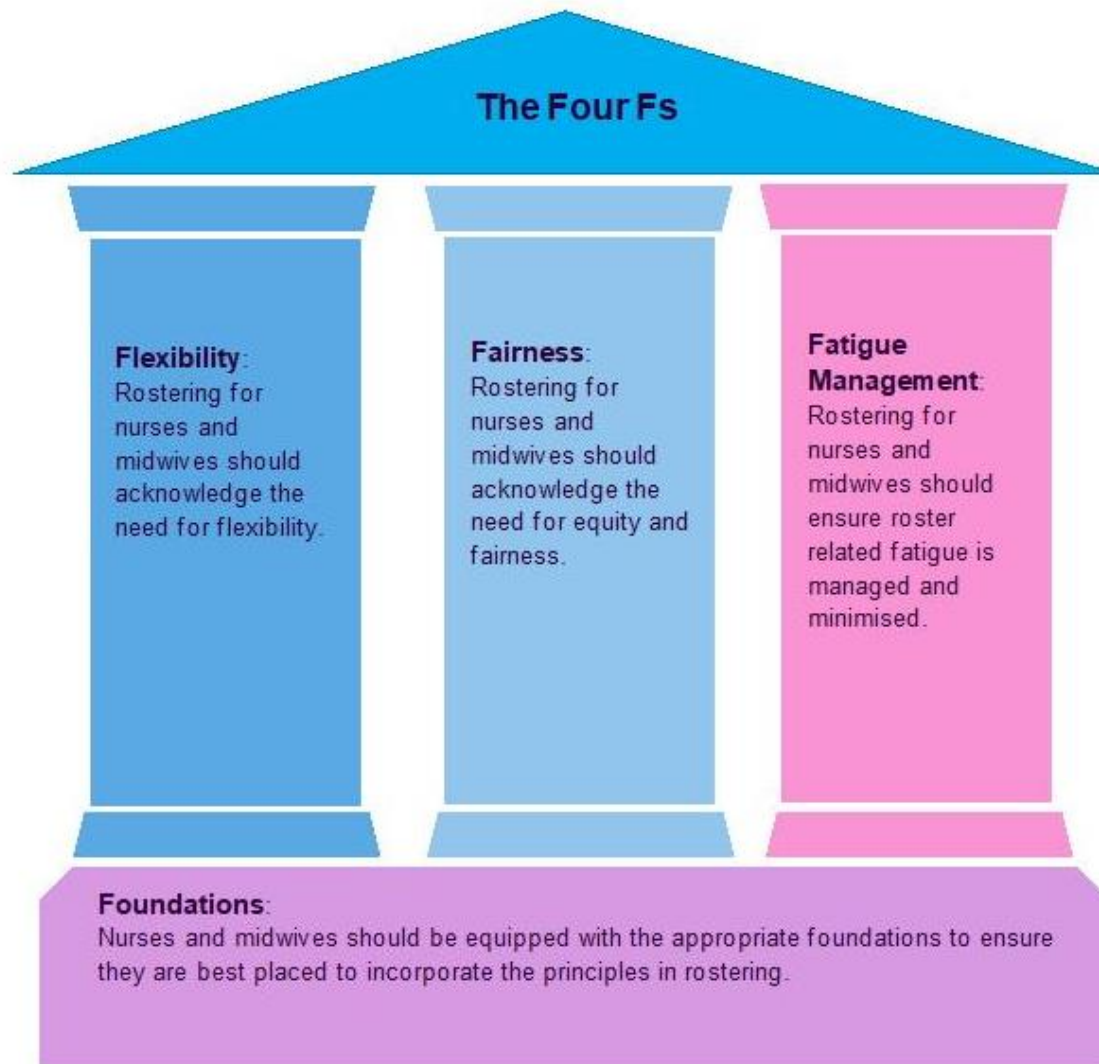
Employee Centred Rostering

A guide for Unit and Roster Managers

Introduction and Objectives

- Employee Centred Rostering principles aim to standardise rostering practices around Western Health
- Based on the Four Fs: Flexibility, fairness, fatigue management and foundations
- Focus on improving staff satisfaction with rostering whilst balancing regulatory frameworks, policies/procedures and other workplace health and safety legislation

The Four F's:



Flexibility

Flexibility allows Unit Managers and nurses/midwives to agree on changes to working arrangements which suit them both

Key Changes:

- Introduction of a 'Flexible Rostering Agreement'
- Ad hoc agreements for changes to single shifts
- Ability to introduce alternate shift times/lengths

Flexible Rostering Agreements

- Allows Unit Managers to make agreements with staff that suit local ward/units
- Ensures agreements are documented and tracked, and include review periods
- Does not constitute a fixed roster, so can be adjusted to suit operational needs
- Supports flexibility whilst ensuring unit staffing requirements are maintained

Flexible Rostering Agreement Application Process

- Nurses/midwives who are requesting certainty in their rostering for a period up to 12 months
- Complete the FRA Request form and submit to Unit Manager
- Unit Manager can review and approve, with final sign-off from the Operations Manager
- Approved form is signed by Unit Manager and copy to the nurse/midwife, and the Roster Manager

Flexible Working Arrangements

Already in place for all Western Health employees

- An agreement between a workplace and an employee to change the standard working arrangement
- Anyone can apply **but** some groups can statutorily request:
 - › Parent or carer of a child who is school-aged or younger
 - › Carer
 - › Person with a disability
 - › 55 years or older
 - › Pregnant
 - › Experiencing family violence or providing care/support to an immediate family member experiencing family violence

No changes to this process

Flexibility: Ad Hoc

- For occasions when nurses/midwives are requesting **one-off** changes to start/finish time - single shift agreements
- To facilitate attendance to urgent appointments, where nurse/midwife cannot find a swap
- One off changes to start/finish times to accommodate urgent medical appointments
- One off changes to allow for person to attend to a personal matter

Flexibility: Shift Requests and Swaps

- All roster requests must be submitted via RosterOn using the 'Priority' function
- Unit Managers and Roster Managers will determine approval process for roster requests
- A process for shift swaps is included in the Employee Centred Rostering Guidelines, but may be adjusted for each unit/area

Flexibility: Roster Patterns

Night duty rotations

- More options for how/when nurses and midwives work night duty

Start and Finish times

- Support for Unit Managers wanting to adjust shift start or finish times in their wards, to meet demand or activity
- Individual staff may apply for an FRA, if wanting to work adjusted start/finish times e.g. 0630hrs-1500hrs

Shift Times and Lengths

- Support for Unit Managers wanting to explore alternate shift times and lengths, in consultation with nurses and midwives

Fairness

- Fair rostering ensures that rostering rules are applied to employees in similar circumstances
- Includes equitable distribution of weekends, night duty
- Fair processes when redistribution/reallocation is required
- Rotations within area to support individual preferences where possible

Fairness: Weekends

- Weekends should be shared fairly between all nurses and midwives
- Frequency of weekends will depend on each area
- Where possible, full-time staff should have 2 full weekends off every 4 weeks
- Guidance provided on fair distribution of weekends

Fairness: Night Duty

- Wards may have up to 50% permanent night duty
- Nurses and midwives should have options about when they undertake their night duty rotation in a pattern or block that suits them best
- The Employee Centred Rostering Guidelines include a toolkit of resources to support Unit Managers and Roster Managers to implement changes to night duty patterns

Fairness: Redeployment, Reallocation & Rotations

Nurses and midwives want a fair, transparent process for redeployment and reallocation, plus more choice in their rotations (where applicable).

Redeployment:

- Longer term assignment of nurse/midwife from current work unit to another work unit

Reallocation:

- Temporary assignment of a nurse/midwife from one work unit to another. May include being moved from one area to another, within a service such as Maternity.

Rotations:

- Areas/Divisions with specialist skills rotate through different areas (Maternity, Emergency).

Fatigue Management

- Fatigue is strongly linked to shift work, as it interrupts circadian rhythms
- Forward roster patterns are best practice to reduce fatigue levels **but** one size does not fit all!
- Nurses/midwives should consider Fatigue Management when submitting requests
- Ensure individual rostering preferences are recorded annually in the Rostering Preferences and Fatigue Management form.

Leave and ADO Management

Leave and ADO is important to reduce the impacts of fatigue in nurses/midwives

- Encourage nurses/midwives to have at least 1 period of annual leave booked in the next 12 months
- Ensure full time staff have an ADO rostered in each 4-week period
- Encourage staff to have one period of at least 3 weeks off per calendar year
- Consider a Leave Planner for areas with complex skill-mix to ensure optimal leave is approved without comprising unit requirements

Foundations

Foundations are important to ensure Unit Managers and Roster Managers balance staff satisfaction with:

- Enterprise Agreement requirements
- Legislative requirements e.g. *Safe Patient Care Act*
- Health and Safety requirements (fatigue management)
- Anti-discrimination legislation
- Local Western Health PPG's

Foundations: Support and Resources

- Rostering is one of the most important and complex tasks undertaken by Unit Managers and Rostering Managers
- The Employee Centred Rostering toolkit provides rostering tools, templates and processes
- RosterOn Optimisation- advice on using RosterOn functions to support best practice rostering
- Coming soon - WeLearn education on roster writing

Foundations: Skill Mix

As per the Nurses and Midwives EBA, aim to have a minimum skill mix in general medical and surgical wards:

- 1/3 RN's with more than three years experience
- 1/3 RN's with one to three years experience
- 1/3 Early Career nurses (graduate nurses) and Enrolled Nurses

Note: Specialty areas will have different skill mix requirements but a similar principle can be applied

Foundations: Supplementary Roster

- Supplementary Roster allows part-time nurses and midwives to nominate their availability to work additional shifts
- Supplementary roster will be undertaken in HeWS at Western Health
- Nurses and midwives should only be contacted if they have nominated their availability

HeWS will replace all other methods for additional shifts (e.g diaries, calendars, emails)

Resources & References

- Safer Care Victoria. Victorian Rostering Toolkit: A resource for nurses, midwives, Unit and Roster Managers. 2023. [Safer Care Victoria](#)
- Booker LA, Fitzgerald J, Mills J, Bish M, Spong J, Deacon-Crouch M, Skinner TC. Sleep and fatigue management strategies: How nurses, midwives and paramedics cope with their shift work schedules—a qualitative study. *Nursing Open*. 2024 Jan;11(1):e2099.
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- Querstret D, O'Brien K, Skene DJ, Maben J. Improving fatigue risk management in healthcare: A systematic scoping review of sleep-related/fatigue-management interventions for nurses and midwives. *International journal of nursing studies*. 2020 Jun 1;106:103513.
- Dall'Ora C, Ball J, Recio-Saucedo A, Griffiths P. Characteristics of shift work and their impact on employee performance and wellbeing: A literature review. *International journal of nursing studies*. 2016 May 1;57:12-27.