

November 2023

Victorian Rostering Toolkit

A Resource for Nurses, Midwives,
Unit and Roster Managers

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Introduction

Rostering is a leading concern for nurses and midwives across Victoria, and it impacts the ability to maintain ratios, staff wellbeing and retention. Staff shortages are one of the greatest challenges in our health system. Current rostering practices and principles are based on historical customs that are not meeting the needs of our contemporary workforce. This leads to decreased workforce availability, absenteeism, and casualisation.

Rosters are a key component in staff satisfaction and retention, and rostering staff is one of the most complex and important management functions. Rosters need to ensure sufficient and suitably skilled personnel are allocated to deliver high quality and safe patient care and appropriately meet anticipated service demands. They must also comply with relevant regulatory frameworks, including industrial agreements and legislation relating to fatigue management, fairness and equity.

Exploring, identifying and understanding the rostering preferences of nurses, midwives, unit and roster managers, based on their experiences, perceptions and satisfaction with current rostering principles, allowed us to develop acceptable and feasible employee-centred rostering principles.

Purpose

This toolkit has been produced as part of the Developing Nurse and Midwife Centred Rostering Principles project (the project). Its purpose is to provide organisations with a toolkit for developing their own local rostering guidelines. It provides a consistent approach to best practice rostering guidelines, uses valuable rostering resources, and addresses the *Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020 - 2024 (EBA)*.

During the project, it was discovered that not one size will fit or is preferred by all. This means it is integral for all rostering practices, policies, and procedures to be continuously monitored, evaluated, and improved.

Acknowledgements

We proudly acknowledge Australia's Aboriginal and Torres Strait Islander peoples as the Traditional Owners and custodians of the land on which we work and live. We acknowledge and pay respect to their history, culture, and Elders past and present.

We acknowledge the cooperation and collaboration of the 6 agencies involved, who invested significant time, resource, and effort in supporting the project. We specifically acknowledge the project managers for their incredible efforts in driving this project and ensuring we could deliver employee-centred rostering principles.

We extend our thanks to Royal Melbourne Hospital, Western Health and Echuca Regional Health staff who contributed to the project through surveys, focus groups and co-design WhatsApp groups, and the leaders and staff who facilitated their participation. Their perspectives are invaluable to the project and their enthusiasm to participate is a testament to their passion for the nursing and midwifery professions, and the desire to participate in its continuous improvement.

Victorian employee-centred Rostering Principles

When it comes to rostering, nurses, midwives and managers, acknowledge that the Four Fs should be at the front of everyone’s minds: Foundations, Flexibility, Fairness, and Fatigue Management.

Mutually respectful rostering will consider both employee and employer expectations and requirements.

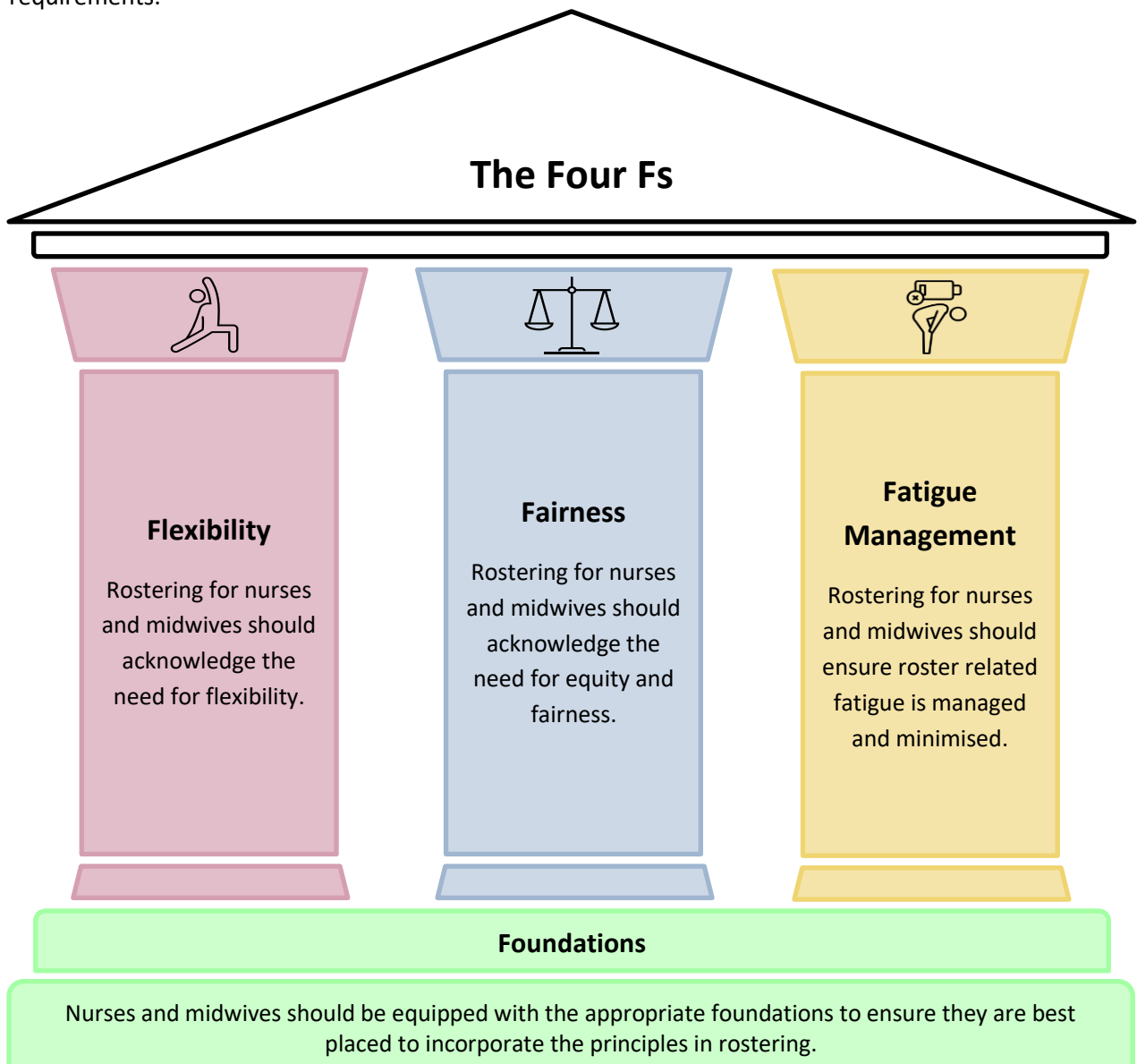


Figure 1: The Four Fs

Flexibility

It became evident that the nurses and midwives who took part in the project were mostly satisfied with their rosters. However, feedback indicated that they and their managers want increased flexibility. Current roster practices are reported to have an adverse impact on their health, work and personal lives.

Flexibility allows employers and employees 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 employees and has a positive impact on work-life outcomes, job satisfaction and retention.¹

If increased flexibility around nurses and midwives shift preferences and roster processes contributes to a higher job satisfaction and increased engagement, the principles of this package will concentrate on including flexibility measures into nursing and midwifery rostering models.

Pre-publication of Roster

Defined Request System in Place

To ensure staff have input into when and what shifts they work, it is important to have a clearly defined request system in place. The request system process should be developed in consultation with staff and be well communicated.

Request systems will be dependent on the roster technology used at the organisation as well as the agreed number of requests that are prioritised for approval. For example, percentage of shifts that can be requested and number of shifts that can be “guaranteed”.

Ability to Change Roster Requests

Firstly, individual wards/units should determine if staff can change their roster requests during the lockout period. The procedure, whether allowed or not allowed, needs to be clearly communicated.

It may be helpful to consider “hard lock” and “soft lock” periods to ensure last minute request changes can be considered without affecting the building of the roster. For example, if looking at the roster period 23 October to 19 November and the roster must be published by 25 September, the request period may open on 16 August with a “soft lock” for the requests on 13 September and “hard lock” for 20 September.

Post-publication of Roster

Shift Swapping

At times, nurses and midwives will need to swap shifts with colleagues. There should be a clear process in place for this to occur, including how to find and organise a swap, who they can swap with, who can authorise the swap, and an escalation process if staff are unable to find a suitable colleague to swap with.

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 staff 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 may have a positive impact on staff satisfaction. Ensure clear processes are in place to support this so that there is a fair allocation of night duty across all staff.

Flexibility with Shift Times and Length

At times, nurses and midwives may request flexibility with shift times and length. This might be able to be supported with a flexible working arrangement within the EBA requirements and could include rostering of a shorter shift (e.g. 6-hours) or longer shift (i.e. up to 10-hours unless a 12-hours shift agreement is in place).

If consideration for alternate shift times outside of the EBA is required, escalation through the appropriate channels is necessary (e.g. People and Culture, ANMF, etc) and may require a change impact statement.

Fairness

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. Employees 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 leave their organisation.²

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.

If fairness of work distribution among colleagues contributes to a higher job satisfaction, concentrate on including fairness measures into nursing and midwifery rostering models the following.

Pre-publication of Roster

Roster Publication

Roster process timelines, including request periods, lock out periods and publication dates should be clearly communicated and in line with the EBA requirement of 28 days of roster being published 28 days in advance. A matrix clearly documenting the specific dates is helpful in ensuring fair notice is given to all staff of the roster process ([Appendix 1: Roster timeframes](#)).

Requests

Establish clear rules and expectations for roster requests and how they are approved. By consulting and involving staff in the establishment of these rules, it can be ensured that the system is fair and accessible to all staff. It is also important to consider and communicate the process if requests are unable to be approved.

Equitable Allocation of Weekend and Night Duty Shifts

Weekend and night duty shifts are often hard to distribute amongst staff. Clear communication of shift cover requirements is imperative to ensure fair allocation of these shifts.

Using planners ([Appendix 2: Weekend and night duty planners](#)) for planning and transparency of staff night duty and weekend rostering can be an effective and fair way of allocating these shifts. Consider basing the number of required night duty or weekend shifts on full-time equivalent (FTE).

Supplementary Roster

A supplementary roster allows your staff to nominate when they are available to work an additional shift on a day where you may have a rostered vacancy. The supplementary roster must be available to all staff at the time of roster publication with a clear indication of roster shortfalls and/or shift availability. There should be a clear and fair system for booking additional shifts from this supplementary roster.

Redeployment/Reallocation

At times of unforeseen workforce shortages or increased operational demand, nurses and midwives may request, at short notice, to be redeployed or reallocated to areas of need on a temporary basis.

When referring to redeployment, this is a longer-term reassignment of a nurse or midwife from their current work unit to another work unit. Reallocation is a temporary reassignment of a nurse or midwife from one work unit to another work unit on either a shift-by-shift basis or short-term contract. Both are a redistribution of human resources to support efficient staffing and resource management practices to address roster variances and service needs.

It is important to have a clear process in place for when redeployment or reallocation occurs. 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.

Roster Patterns

Staff Preferences

Communication between the unit or roster manager and nursing and midwifery staff around preferred roster patterns and preferences is an effective way to ensure staff are involved in the rostering process.

Using a staffing profile ([Appendix 3: Staff preference profile tool](#)) can assist in meeting staff preferences without the need for a formal Flexible Work Arrangement. These can be completed on commencement of employment and reviewed at a nominated time and are a great tool to ensure consistency in rostering if there is a change in unit or roster manager. The staffing profile is an indication of individual preferences and is not a formal Flexible Work Arrangement.

Flexible Work Arrangements

At different times of their careers, nurses and midwives may request a Flexible Work Arrangement to support external commitments. Access to these arrangements should be supported with a clear and transparent process communicated including eligibility, application process, and review periods.

Fatigue Management

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.³

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 EBA, 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.

Pre-publication of Roster

On-call

Some wards/units are required to provide an on-call service, including maternity units and operating theatres. On-call rosters should be published 28 days in advance of the roster period with clear allocation of on-call shifts, which are most often PM or night duty during weekdays and all shifts on weekends and public holidays (this is service dependent).

Annual Leave

Staff should be encouraged and supported to use annual leave throughout the year to ensure adequate rest time from work. Details on all leave entitlements can be found in the Frequently Asked Questions.

Post Publication of Roster

Supplementary Roster/Overtime

Ensure the supplementary roster is used as the primary channel to book available staff for additional shifts and minimise the number of times staff are contacted on rostered days off. If staff need to be contacted for additional shifts outside of a supplementary roster, consider an opt in SMS system or the like.

It is important that staff are not disturbed during their sleep time (day and night) for any reason other than an emergency. If they have made themselves available for a shift, as much notice as possible should be given if they are required, but for an AM shift, this may impede on sleep time (i.e. 0530am for a 0700am start).

Roster Patterns

Allocation of Shifts

Both the employer and the employee have an obligation to ensure shift patterns do not increase the risk of fatigue related to their employment.

Best-practice rostering suggests that shifts should be rostered in a forward pattern. For example, AM to PM, PM to night duty, and short changeovers or “late/earlies” should be kept to a minimum.

Avoid rostering single shifts. Understandably, some nurses and midwives will have a preference to roster themselves to “late/earlies” or single shifts. Whilst this can be supported, the staff member should be aware of the effects of work-related fatigue and ensure they have strategies in place to mitigate this.

Days Off

Nurses and midwives should be rostered a minimum of 2 consecutive days off between shifts (unless otherwise requested) and night duty should not be rostered immediately prior to days off or annual leave (except permanent night duty staff).

After night duty, employees should be rostered off for 2 full night's sleep prior to commencement of their next shift.

Consecutive Shifts

Minimising weekly work hours to 48-hours or less will aid in preventing errors and promoting sleep.⁴ To mitigate this occurring, consider halving an employee’s FTE and roster accordingly per fortnight (e.g. 0.8 FTE would be rostered 2 sets of 4 shifts).

To avoid inadvertently rostering consecutive shifts or “late/earlies”, it is important to review the previous roster. When rostering night duty, it is ideal to keep sequential night shifts to a minimum (where possible, no more than 3 nights in a row).⁵

Overtime

Allocating staff 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 staff 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

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 staff satisfaction when rostering, there are foundations that must be understood for compliance. These include relevant regulatory frameworks, EBAs, 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. Nursing and midwifery staff must be rostered to provide a suitable mix of competence and experience to meet identified service demand and maintain patient safety.

Those responsible for producing and managing the roster should also be provided with adequate time and resources to ensure it adheres to the foundations while providing flexibility, fairness and fatigue management to all staff, and therefore supporting staff satisfaction and wellbeing.

Resources to Understand EBA Clauses and Entitlements and Fatigue Management

There are many available resources to assist those responsible for processing a roster to ensure they are meeting all requirements of the nursing and midwifery roster. This includes the EBA, the Safe Patient Care Act 2015, the Fair Work Act 2009 and the National Employment Standards. As well as legislative frameworks, organisations should have ward/unit staffing profile and budget templates to guide rostering as well as their own rostering toolkits or guidelines.

These should be accessible for unit and roster managers and all nurses and midwives. Policy sharing platforms (e.g. PROMPT) are a great resource for sharing rostering frameworks and providing transparency across all health services.

It is not only the person responsible for the rostering process who needs to have a thorough understanding of rostering requirements. Nurses and midwives should have access to resources that allow them to fully understand EBA clauses and entitlements, fatigue management policies, as well as an understanding of the reasoning behind rostering processes. Equipping nurses and midwives with this information at entry to practice level, or orientation to new employment and making it easily accessible at all workplaces, will aid in ensuring all staff have a thorough understanding of the rostering process.

Unit and Roster Manager Training, Resources and Budgeted Time

Consideration should be given to ensure the person responsible for developing rosters is provided with budgeted and protected time. This will allow time for not only the roster building process, but also for consultation with staff, reworking of the roster where required (e.g. shift swaps, annual leave allocation, etc.), and roster auditing to ensure all aspects of the process are being met.

Dependent on the organisation or ward/unit, the roster manager is sometimes a rotational position, or a portfolio taken on by a senior member of staff. For this reason, it is important to provide

comprehensive training to ensure a consistent approach to rostering to support staff satisfaction and wellbeing and meet legislative requirements.

If the roster manager role is a permanent position, regular upskilling opportunities should be accessible to remain current with any legislative or best practice changes to rostering principles.

Roster Systems and Governance

Consideration in providing nurses and midwives with appropriate rostering systems will aid in ensuring the principles of rostering are applied from grassroots through to the published roster.

Incorporating a roster auditing process is an effective way to ensure rostering practices are in line with the legislative frameworks as well as the employee-centred rostering principles. Using an evaluation tool (Appendix 4: Rostering audit tool) to audit the ward/unit roster and seeking feedback from staff will assist in identifying areas that may need improvement.

Frequently Asked Questions

These frequently asked questions regard rostering and nurse and midwife entitlements under the current EBA ([2020-24 Nurses and Midwives \(Victorian public sector\) Enterprise agreement](#)). The relevant EBA section numbers have been included for more detailed information.

Rostering Patterns and Processes

What is the minimum number of hours between shifts?

To minimise roster related fatigue, there should be an 8-hour rest period between ordinary shifts and 10-hours between overtime and the next shift (S45.3).

What is the maximum number of shifts I can work in a row?

The maximum number of consecutive hours a nurse or midwife can be rostered is 48-hours in a week (6 x 8-hours, 5 x 9.5-hours, 4 x 12-hours), which then must be followed by rostered days off (S42.3).

What is a supplementary roster?

A supplementary roster is posted with each final roster, showing available vacant shifts (S46). Permanent staff can nominate when they are available to work additional shifts on top of their already rostered contracted hours.

Under the supplementary roster, an additional shift you make yourself available for does not attract a change of roster allowance.

What does time in lieu (TIL) mean?

TIL is an entitlement offered instead of being paid overtime. In the following fortnight, you can request TIL (time off) instead (S49.5).

What if I didn't get a chance to take my meal break?

If you have trouble taking your meal break during your shift, you must notify your unit manager, associate unit manager or after-hours manager as soon as possible. They will make every effort to support you to take your break. In the unlikely event you are still unable to have your meal break, you will be paid at the ordinary rate + 50% unless a paid meal break is included in all paid hours (crib time) (S44.1).

Who do I provide my medical certificate or statutory declarations to?

You need to provide your medical certificate or statutory declarations to payroll before the end of the pay-week-cycle. Depending on your organisation or ward/unit you may need to supply this to your unit manager.

What is a flexible work arrangement?

The Commonwealth Fair Work Act (the Act) entitles an employee with 12-months continuous service to request flexible working arrangements in specified circumstances. Under section 65 of the Act, an employee is entitled to apply for a flexible work arrangement (S16) if they are:

- aged over 55
- living with a disability

- a carer under the meaning of the Carer Recognition Act
- a parent, or has the responsibility for the care of, children of school age or younger
- experiencing domestic violence from a member of their family
- providing care or support to a member of the employee's immediate family, or a member of the employee's household, who requires care or support because the member is experiencing violence from the member's family.

What is the difference between a formal and informal workplace agreement?

A formal workplace agreement must follow the correct pathway to formalise the agreement in writing and agreed to by the unit manager, human resources and have oversight by the relevant director, executive director or chief responsible for nursing and midwifery.

An informal workplace agreement is short term in nature and will not change the employment status or terms and conditions, the annual salary earned by the employee or the employee's contracted fortnightly working hours.

What is the process for a formal workplace agreement?

If a request for flexibility cannot be accommodated at the ward/unit level or the request is for an extended or permanent change, a formal request may need to be raised.

All formal workplace agreements requests must be made in writing and can be refused on "reasonable business grounds." A response in writing must be made within 21 days and discussions occur with the nurse or midwife in that period. As mentioned above, it must follow the correct pathway to formalise the agreement and seek the correct approvals.

All requests for flexible working arrangements will be considered and negotiated with staff members on an individual basis. Organisations will accommodate flexible working arrangements that meet the staff member's individual needs as well as the operational requirements of the organisation.

What is the process for an informal workplace agreement?

These requests can be worked into normal business activities for a fixed period. These requests will be put into effect by the immediate manager and will not require a variation to contract form or written confirmation.

Entitlements

What is an accrued day off (ADO)?

Full-time employees working 40-hours per week will accrue 2 ADO hours every week resulting in an accrual of enough hours to have one paid day off per 4 week cycle. It is ideal not to have more than 16 ADO at any time (S43).

What if I worked night duty and it is daylight savings?

You get paid the actual hours you worked and shift penalties or allowances ordinarily payable in respect of this shift (S55).

- Commencement of daylight savings: if you work a 10-hour night shift and the clock is wound forward one hour, you get paid 9-hours.
- Cessation of daylight savings: if you work a 10-hour night shift and the clock is wound backwards 1-hour, you will be paid 11-hours (no overtime for the additional hour).

When do I get paid the change of roster allowance (COR)?

COR allowance only applies when one of the below happens. It must be noted that mutual swaps are not entitled to COR allowance (\$45.7).

- The employer changes your roster (e.g. ask you to swap from an AM to PM shift).
- Your employer changes your planned on-call roster.
- You work an additional shift because of a vacancy in the roster that you didn't nominate for on the supplementary roster.

When do I get paid overtime and how much do I get paid?

Overtime occurs when:

- a full-time employee works more than 80-hours per fortnight
- a part-time employee works more than 76-hours per fortnight
- an employee works longer than their rostered shift for the day.

If you work overtime on weekdays, you are entitled to time and half for the first 2-hours and double after that. If you work overtime on weekends, you are entitled to double time (\$49).

Leave Entitlements

What are my annual leave and personal leave entitlements?

Nurses and midwives are entitled to 5 weeks annual leave per annum. Staff who work weekends are entitled to an additional week (6 weeks in total) (\$57).

Paid personal leave accrues progressively during a year of service according to the employee's ordinary hours of work (excluding overtime) and accumulates from year to year (\$61).

During an anniversary year, each employee is entitled to the following personal leave options:

- sick leave without certificate – 3 single occasions
- sick leave with statutory declaration – 3 occasions each up to 3 days in duration
- sick leave/family/carers with certificate to be provided by a registered health practitioner (as per S61.5c).

Where a staff member is on annual leave and obtains an accepted medical certificate for themselves or carers leave, annual leave will be reversed for the dates covered by the medical certificate and replaced with personal leave.

Do I get long service leave (LSL)?

Full-time and part-time employees are entitled to 6-months LSL on completion of 15-years continuous service. Thereafter, an additional 2-months LSL with pay on completion of each 5-years continuous service (\$70).

As of July 2023, LSL can be taken pro rata at the completion of 7 years continuous service. The accrual rate of LSL for:

- full-time/part-time is 1.733 weeks per year of eligible service
- casual staff is 0.8667 weeks per year of eligible service.

What about professional development or study leave?

You are entitled to professional development, study, and examination leave.

Professional development (S75) is designed to increase the skills and knowledge of an individual. It refers to leave to attend a conference, course, forum, education session or study day.

Full-time employees are entitled to 5 days paid professional development leave per annum. Part-time employees are entitled on a pro rata basis. Professional development leave doesn't accumulate from year to year. You must attempt to give your employee up to 6 weeks advance notice for the proposed professional leave date.

Study leave (S76) is available to all full-time and part-time employees where a component of their course is relevant to the work of the employee or part of a state government initiative to improve workforce development.

Paid study leave may be taken as mutually agreed, for example: 4-hours per week, 8-hours per fortnight or blocks of 38-hours at a residential school. Part-time employees are entitled to paid study leave on a pro-rata basis, paid study leave does not accumulate from year to year.

Employees engaged as part of a funded graduate or postgraduate program will have specific study leave scheduled as part of their program, subject to change each year.

Examination Leave (S77) is available for up to 5-days paid per year for employees preparing for examinations in a course of study. To be eligible, you must be working at least 24-hours per week and have been employed by your organisation for more than 18-months.

Do I have other leave entitlements?

Yes, there are multiple other leave entitlements outside of the ones described above.

- **Blood donors leave (S71)** - employers will release employees upon request to donate blood where a collection unit is on site or by arrangement.
- **Ceremonial leave (S73)** – an employee who is legitimately required by Aboriginal and Torres Strait Islander tradition to be absent from work for ceremonial purposes employees is entitled to up to 10 working days unpaid leave per year.
- **Compassionate leave (S65)** - employee are entitled to up to 2 days paid leave, on each permissible occasion when a member of the employees' immediate family or household dies or develops a serious illness that poses a threat to their life.
- **Defence leave (S72)**- full-time or part-time employees may take absence to be involved in defence service.
- **Family Violence leave (S64)** – an employee experiencing family violence will have access to 20 days per year of paid special leave (pro-rata for part-time employees), in addition to existing leave entitlements, following an event of family violence and for related purposes (e.g., counselling appointments, medical appointments etc.). *Note: this leave is not cumulative but if the leave is exhausted consideration will be given to providing additional leave and can be taken without prior approval).*
- **Jury Service (S74)** – an employee required to attend jury service will be reimbursed by the employer an amount equal to the difference between; the amount paid in respect of attendance for jury duty; and the amount the employee could reasonably expect to have received from the employer for that period had they not been performing jury duty.

- **Leave to engage in emergency relief (S72A)** - provided organisational services are not compromised, full-time and part-time employees shall be granted special leave with pay for the purpose of voluntary service (i.e. Country Fire Authority, State Emergency Service, Red Cross, etc.) for a period of up to 14 days. Staff are also granted leave to attain qualifications and requalify to perform emergency management training.
- **Special disaster leave (S72B)** - a period of up to 3 paid days per annum for the protection of an employee's residence is either damaged, under imminent threat of major damage or there is a formal road closure and no alternative practicable travel route to and from work.

Parental Leave Entitlements

What are my parental leave entitlements (S68)?

Paid parental leave is currently 14 weeks' pay at your contracted hours for eligible employees who will be the primary caregiver following a child's birth or the placement of a child (or children) under 16 for the purposes of adoption. This is available to be taken at half pay over 28 weeks and includes superannuation payments.

What do I need to know to apply for parental leave?

To apply for parental leave, where practicable, an employee must give at least 10 weeks (about 2 and a half months) of written notice to their unit manager stating their intention to take parental leave.

Parental leave can commence anytime up to 6 weeks immediately prior to the expected due date. If an employee continues to work in the 6 weeks prior to the due date, the employer may require evidence that the employee is fit to continue working.

What are the different entitlements for primary and non-primary caregivers?

For primary carers, after the birth of a child, employees can take between 6 and 52 weeks of parental leave in one continuous period. You may request to extend your parental leave up to an additional 52 weeks (unpaid).

Non-primary caregivers are entitled to up to 2 weeks paid parental leave, taken at the time of the birth or placement of the child.

Dependent on your situation, which may include being part of an employee couple, these entitlements may be different and should be discussed with your employer.

What about returning to work?

Staff are entitled to 10 Keeping in Touch (KIT) days/occasions to stay up to date with their workforce. This can be used to participate in a planning day, training, attending a conference or education course or as a supernumerary clinical shift. The focus needs to be on refreshing the employee's skills considering the extended leave period, rather than ordinary duties.

KIT days allow an employee who is still on unpaid parental leave to go back to work for a few days, however, cannot be taken during the paid parental leave period.

If an employee extends their unpaid parental leave past the initial 12-months, they are entitled to a further 10 KIT days/occasions in the second year.

Public Holiday Entitlements

Public holidays are determined under the EBA (\$56) and Victorian law. An employee will be entitled to paid time off or penalty payments for time worked.

What if I'm working a public holiday?

For public holidays falling on a Monday to Friday employees are entitled to 200% of base rate and casual employees shall be paid at 250% of base rate.

When working on a weekend public holiday, full-time and part-time employees shall be paid at 250% base rate and casual employees shall be paid at 312.5% base rate.

When Victoria has set an *additional day* in lieu (*Other Day*) of Christmas Day, Boxing Day, New Year's Day or Australia Day that has fallen on a weekend, the actual day is the public holiday, not the additional day, save for Monday to Friday workers. If the employee works on both the *Actual* and the *Other Day*, they will only be entitled to penalty rates for working on the *Actual Day*.

What if I'm working a public holiday on night shift?

A night duty employee is entitled to be paid public holiday rates for each hour worked for the part of a shift that falls on a public holiday. They will be paid a pro rata roster benefit for the remainder hours that they did not work on a public holiday.

As an example, an employee who works 0.6 FTE is rostered to work night duty (21:30 – 07:30) the day before ANZAC day (weekday). The hours from 21:30 to midnight (minus 30-minute break) will be paid a pro rata rate 2-hours x 0.6 (FTE) hours payable. The hours from midnight to 07:30 will be paid at double time.

Am I entitled to time off on a public holiday?

If the public holiday falls on a day the employee would normally work, but they are not required at work (for example their service closes on a public holiday), then that employee will be paid at an amount equal to their usual rate of pay for the hours that are usually worked.

Apart from the above, if a part-time employee who works 0.6 FTE is not rostered to work on a public holiday, they receive a pro rata payment of 8 (hours) x base rate x FTE. For example, 8 x \$34.50 x 0.6 = \$165.60.

References

1. Haar, JM and Bardoel, EA 2008. Positive spillover from the work—family interface: A study of Australian employees, *Asia Pacific Journal of Human Resources*, 46(3): 275–287.
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3. Todd, P and Binns, J 2013. Work–life balance: Is it now a problem for management? *Gender, Work and Organization*, 20(3): 219–231.
4. Skinner, N. & Chapman, J. (2013). Work-life balance and family friendly policies. *Evidence Base*, 2013(4): 1-17, doi 10.4225/50/558217B4DE473.
5. WorkSafe Victoria (2020) A guide for employer’s Work-related fatigue

Appendices

Appendix 1: Roster Timeframes (Publishing)

A Roster Publication Matrix, as per below, is an effective and fair way to ensure all staff are aware in advance of important roster processing dates.

Using this tool allows a clear understanding of when staff should have requests submitted by and when unit and roster managers should have a roster published as per the EBA.

It is important that any unexpected date changes are communicated to staff.

| Roster Publication Matrix | | | | |
|---------------------------|-----------------------|--------------------|-----------------------|----------------------------------|
| Roster Requests closed | Roster Build Period | Roster Publication | Roster Period | Roster Authorisation for payroll |
| 12 Nov 23 | 13 Nov 23 – 26 Nov 23 | 27 Nov 23 | 08 Jan 24 – 21 Jan 24 | 22 Jan 24 |
| 26 Nov 23 | 27 Nov 23 – 10 Dec 23 | 11 Dec 23 | 22 Jan 24 – 04 Feb 24 | 05 Feb 24 |
| 10 Dec 23 | 11 Dec 23 – 24 Dec 23 | 25 Dec 23 | 05 Feb 24 – 18 Feb 24 | 19 Feb 24 |
| 24 Dec 23 | 25 Dec 23 – 07 Jan 24 | 08 Jan 24 | 19 Feb 24 – 03 Mar 24 | 04 Mar 24 |

**Dates should be adjusted based on fortnightly or month roster publishing dependent on organisation*

Appendix 2: Weekend and Night Duty Planner

Using planners is an effective way for nurses and midwives to pre-plan their roster requests around weekend (based on FTE) and night duty.

Unit and roster managers can also use these planners to evenly distribute staff across weekend and night shifts.

Table 1: Example weekend (W/E) shift planner

| | W/E per month | Fortnight 1 | Fortnight 2 | Fortnight 3 | Fortnight 4 |
|---------------|---------------|-------------------------------|--------------|-------------------------------|--------------|
| 0.2 - 0.3 FTE | 1 day | 1 x half W/E | | | 1 x half W/E |
| 0.4 FTE | 2 days | | 1 x full W/E | | 1 x full W/E |
| 0.4 FTE | 2 days | 1 x half W/E | 1 x half W/E | 1 x half W/E | 1 x half W/E |
| 0.5 FTE | 3 days | 1 x full W/E and 1 x half W/E | | 1 x full W/E and 1 x half W/E | |
| 0.5 FTE | 3 days | 1 x full W/E | 1 x half W/E | 1 x full W/E | 1 x half W/E |
| 0.6 - 1.0 FTE | 4 days | 2 x full W/E | | 2 x full W/E | |
| 0.6 - 1.0 FTE | 4 days | 1 x full W/E | 1 x full W/E | 1 x full W/E | 1 x full W/E |

Table 2: Example night duty planner

| | Fortnight 1 | Fortnight 2 | Fortnight 3 | Fortnight 4 | Fortnight 5 | Fortnight 6 |
|----------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Nurse A | NIGHT | | | NIGHT | | |
| Nurse B | | NIGHT | | | NIGHT | |
| Nurse C | | | NIGHT | | | NIGHT |
| Nurse D | NIGHT | | | NIGHT | | |
| Nurse E | | NIGHT | | | NIGHT | |
| Nurse F | | | NIGHT | | | NIGHT |
| Nurse G | NIGHT | | | NIGHT | | |

Appendix 3: Staff Preference Profile Tool

Rostering systems should allow flexibility for staff to “self-roster” shifts. This allows a fair and equitable process for all staff working within the ward/unit and reduces the strain on unit and roster managers when compiling a roster.

Using a staff profile template at the beginning of each calendar year is an effective tool to keep staff preferences up to date. As preferences may change throughout the year, the template can be updated after discussion between the unit and roster manager and staff member.

| Staff profile | | | |
|--|-----------|--------------|--------|
| Name: | Position: | | |
| Ward: | FTE: | | |
| Do you work on another ward within this health service or at another health service | YES | NO | |
| If yes, what is your FTE? | | | |
| What is your shift preference in order? (AM, PM, Night Duty) | 1) | 2) | 3) |
| Flexible work arrangements (FWA) | | | |
| Do you have a flexible work arrangement? | YES | NO | |
| If yes, FWA details: | | | |
| If yes, FWA review date: | | | |
| Commitments | | | |
| Do you have any commitments outside of work we should be aware of (e.g., primary career, sporting, religious etc.) | YES | NO | |
| If yes, what days does this affect your ability to be rostered? | | | |
| What is your shift preference in order? (AM, PM, Night Duty) | 1) | 2) | 3) |
| Night duty | | | |
| Do you have preferences on how you are rostered for Night Duty | YES | NO | |
| If yes, which is your preference | Permanent | 2-week block | Ad hoc |
| What is your preferred maximum number of night duty in a row? | | | |

Fatigue management preferences

| | | | |
|--|--------|---------|--------------|
| Consecutive days off together | YES | NO | Don't Mind |
| Late/earlies | Prefer | Minimal | Don't Mind |
| Prefer to roster weekend days together | YES | NO | Don't Mind |
| Prefer to work public holidays | YES | NO | Don't Mind |
| Available for extra shifts (above FTE) | YES | NO | Occasionally |

Appendix 4: Rostering Audit Tool

The roster auditing process is an evaluation of rostering practices to ensure they are in line with rostering requirements (including legislative frameworks, budget and staffing profiles and employee-centred rostering principles).

What Does a Rostering Audit Involve?

- Agreed timing intervals for unit or roster manager to self-audit a selected period of the roster.
- Analysis of audit with identified areas for action if required.
- Audit tool can also be used prospectively to check the roster before it is published.

| | | | | | |
|---|-------------------|----|-------------------|------------------|--|
| Date: | Ward/Area: | | Auditor/s: | | |
| Roster dates (4-week roster period): | | | | | |
| | Yes | No | N/A | Provide comments | |
| General | | | | | |
| Was the roster period published 8 weeks in advance? (As per Nurses and Midwives Vic Public Sector Enterprise Agreement 2020-2024). | | | | | |
| Is there a supplementary roster for part time staff to request additional shifts/document their availability? (The supplementary roster is to display vacant shifts and employees can nominate to work these shifts). | | | | | |
| Has there been a staff survey conducted in the past 12-months to obtain staff feedback on the ward rostering system and practices? | | | | | |
| Does the published roster vary greatly from what was worked? | | | | | |
| Rostered FTE | | | | | |
| According to the staffing & budget profile of the ward, is the correct number of staff rostered on each shift? | | | | | |
| Is rostered annual leave within the budgeted annual leave FTE? | | | | | |
| Is an ADO allocated to all full-time staff per 4-week roster? | | | | | |

| | | | | |
|---|--|--|--|--|
| Is there only budgeted non-clinical/portfolio time allocated each month? | | | | |
| Where there any roster shortfalls? If so, how many? | | | | |
| Where there any casual shifts rostered? If so, how many? | | | | |
| Where there any Agency shifts rostered? If so, how many? | | | | |
| Safe Staffing/Skill Mix | | | | |
| Is there an ANUM rostered on each shift? | | | | |
| There is only 1 x NUM or ANUM on annual leave in any week? | | | | |
| Is there an even balance of senior/junior staff/appropriate skill mix rostered on each shift? | | | | |
| Is there an Area Warden rostered to all shifts? | | | | |
| Fatigue Management and Work/life balance | | | | |
| Does the roster allow full-time staff having at least 1 day off per week or two successive days in a fortnight? | | | | |
| Does the roster allow staff to consistently have at least two consecutive nights sleep per week? | | | | |
| Does anyone regularly work more than 10 hours per day, including overtime? (This excludes wards where 12 hour shifts are agreed and rostered) | | | | |
| Are the rostering of late/early shifts kept to a minimum? | | | | |
| Are there any night duty shifts immediately prior to requested time off or Annual Leave (except for permanent night duty staff?) | | | | |
| Shift swaps and overtime | | | | |
| Are there any COR requests? If yes, how many? | | | | |
| Have staff swapped shifts (mutual swap)? If yes, how many? | | | | |
| Have staff worked an extra shift? If yes, how many? | | | | |

| | | | | |
|--|--|--|-----------------------------------|--|
| Have staff worked overtime? If yes, how many? | | | | |
| Roster Vacancy Management | | | | |
| Is the number of vacant shifts in the roster equal to the current nurse vacancy for the ward? | | | | |
| Are rostered vacancies spread across the roster limiting vacancy shifts rostered on Mondays, Fridays, weekends and night duty? | | | | |
| Conduct a random check of approx. 50% of your roster vacancy replacement requests. Have all the replacement requests been entered at least 2 weeks in advance? | | | | |
| Please document any other identified issues with the roster: | | | | |
| Actions arising: | | | | |
| Approvals | | | | |
| Unit Manager: Name & signature | | | Director: Name & signature | |
| Comment: | | | Comment: | |



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