

Frequently Asked Questions & Feedback



Health
Central Coast
Local Health District

I am currently employed as an AO2 'day/non-shift' worker and I am unable to participate in any shift work due to personal circumstances, what does this change mean for me?

The District will seek to redeploy you to another area within the Patient Services Dept. or more broadly to allow you to maintain your current employment contracted hours as an AO2 'day/non-shift' worker where possible. However, the days of work may vary from your current rostered days as dependent upon the service needs.

I am currently employed as an AO2/AO3 'shift worker' and I have been on a set shift for many years. This change will have a significant impact on my personal circumstances, parental responsibilities. What can I do?

For part time shift employees, you are appointed by the organisation to work a specified number of hours each roster cycle which are less than those prescribed for a full-time employee. This is not specific to set days of work and may be altered based on the needs of the service with reasonable notice being given.

In addition, as District employees we are required to participate in the review of practices and processes to ensure there is ongoing improvements with efficiencies for our staff and patients. Continually seeking to improve the quality and outcome for our patients and staff is as part of this commitment.

As such, the proposed change outlines the improved efficiencies and flexible support for the administration team within ED and Admissions and may require a change in roster pattern to align to the needs of the service to improve the patient experience and build a sustainable, agile workforce. This is in line with Award conditions as a shift worker.

Consideration will be given to each individual situation and a reasonable timeframe of three (3) months' notice will be given should the change need to progress. Consideration can also be given to a short-term Flexible Workplace Agreement if a staff member needs additional time to make changes to their personal circumstances.

How is this going to impact me with the 2 roles I currently hold with the District? If I do not agree to the roster is there the ability to move me within the District or only this facility?

Where the new roster pattern impacts on another assignment you have with the District, we will work with you and your other line manager on options for you to consider, such as changed days, shift times or contracted hours.

If a solution can't be found, you may need to consider which assignment meets your needs best and resign from one or the other or consider deployment options that do work in with the new roster pattern.

Ideally we will work with affected staff members to find a solution locally at Gosford Hospital, however some staff members may see benefits from working in another District service such as Community Health Centres if closer to home, and these can also be explored.

Frequently Asked Questions & Feedback



I currently work weekends only and have a second job during the week, therefore, my ability to be placed on a 24/7 roster or working Monday to Sunday will not allow me to continue working. What can I do?

It's important that all our team members have opportunities to attend in-service training and rounding with line managers when scheduled during business hours. The new roster pattern ensures all team members have the benefits associated with day, afternoon and overnight shifts along with weekends and weekdays.

In the roster matching process we will look at ways of pairing team members with others to fill a roster pattern 'line' to accommodate individual team member's circumstances. It may not be possible to accommodate each team member's request, so we will also discuss redeployment options, as necessary.

I am currently employed as an AO2 and have no desire to be up-skilled and work as an AO3. What does this change mean for me?

The District will support you in redeployment to another area within the Patient Services Dept. or more broadly where you can continue to work your contract hours and in an AO2 role in line with the generic Position Description.

When the Surgical Admissions team is understaffed due to sick leave / annual leave they will replace staff with only previously trained admissions staff, which will be unfair as not all the ED Admission team will have the opportunity. Will the Surgical Admissions and ED Administration teams swap at some stage?

Leave replacement opportunities for the Surgical Admissions roster would be made available to *all* ED Administration staff who express an interest. There are no plans to swap the Surgical Admissions and ED Administration teams in the future.

When allocated a roster line, are we able to swap shifts with someone on another roster line or does it have to be the same roster line?

Yes; shift swaps can be implemented with any staff member working on any line. Shift swaps will need to be in line with agreed business rules to ensure Award breaches do not occur and the service support is not compromised.

Working every weekend does not allow for a good work/life balance. The proposed roster needs adjusting, there are too many weekends on each full time and PPT32 line.

Based on feedback received from team members seeking a more consistent run of shift start times and more weekend days off, an alternate roster is attached for feedback from staff. In the next phase of consultation, we are seeking your feedback on:

- Version A or Version B roster
- Preferred shift line if you have one.

Why can't the roster just stay as it is?

The new roster will ensure all team members have the benefits associated with day, afternoon and overnight shifts along with weekends and weekdays. By including all team members in

day, afternoon and overnight shifts, the number of overnight shifts/staff member can be reduced across all staff members.

This brings the additional benefit of having experienced staff see and support the service at different times of the day, encouraging further ideas of workflow improvement and building better relationships across clinical and non-clinical team members. We do not intend or wish to lose experienced staff through this change process, however individuals may make those decisions themselves if they do not wish to participate in the proposed change, if so, appropriate support will be provided.

In the roster 'line' matching process we will try to accommodate individual team member's circumstances, but it may not be possible to accommodate all requests.

Team members with many years of experience can be cornerstones of information and knowledge. We equally value those who have joined our teams in recent times and those who have yet to join, who may bring new ideas and energy to the role. By having a transparent roster with great equity for all team members, and an increased number of full time employees, we can build a sustainable, engaged team.

Roster Feedback Received:

- *"It is my belief that I, and other core staff that have worked in the Emergency Department should be given the option to retain our permanent shifts, and provide new staff members, such as the screeners, with a rotating roster."*
- *"My opinion is to leave all the staff who have permanent shifts the way they are and work all shift workers and casual workers around those shifts, with all staff members agreeing to this and not wanting roster changes at all."*
- *"I feel the staff who have been here for many years have far too much experience and knowledge to let go."*
- *"Retaining experienced staff is paramount for the Emergency Department yet is jeopardised with these proposed changes"*
- *Happy to have a roster change.*
- *Feels the new roster is fair.*
- *Believes the proposed roster pattern is "a good idea as many staff currently must work all shifts and others do not. It will be fairer across the team."*
- *Sees a lot of unfairness in the current roster but there are some unhappy staff who have embedded themselves into shift patterns that work for them and who don't want to change. "At end of the day, we need to move forward"*
- *Having different staff work different shifts will mean a loss of "ownership and responsibility"*
- *"I do not believe that this rotating roster/shift changes would be beneficial to the Emergency Department."*
- *Happy with Surgical Admissions roster.*

Frequently Asked Questions & Feedback



How many vacancies are within the team? How does this new 24/7 roster improve the staffing shortfalls we have in both teams?

ED Administration: currently 5.09 FTE vacant

- Includes 1.15FTE from recent resignations yet to be appointed.
- Through the consultation period, a number of casual team members have expressed interest in taking up permanent contracts as potential direct appointments.
- 2.52 FTE was permanently appointed in September & October 2023, with a further 1.48FTE currently backfilled with casual/temporary contracts as a result of LSL to retirement; workers compensation and secondment commitments.

Admissions: currently 5.62 FTE vacant

- Includes 1.05FTE from resignation on 17/1/23 and reduced hours for two staff members currently backfilled with casual/temporary contracts.
- Through the consultation period, a number of staff members have expressed interest in permanently increasing their contracted hours or taking up permanent contracts as potential direct appoints.
- An EOI closes 22/1/23 to permanently fill 2.10FTE from the current team members.

The workforce demand rostering profile has been developed in line with rostering best practice guidelines and the requirements of the two services, ED Administration and Surgical Admissions. The roster profile guides us on the number of full time and part time staff that are needed to fill the roster on an ongoing sustainable. It is our objective to work towards the roster profile over time as vacancies arise.

With our rostering profile guide in place, opportunities will be provided initially to existing staff to increase their contracted hours, or take up permanent contracted hours. Recruitment will begin on filling permanently any remaining vacancies. While we will maintain a casual pool of staff for both Surgical and ED Administration teams to assist with unplanned leave, the objective is to have permanently contracted staff in place in line with the demand profile.

By introducing a 24/7 roster, the shift patterns allow for a more equitable distribution of shifts that attract penalties or are highly popular. New starters can be provided their roster pattern in advance, ensuring that they commence with the service fully informed of the rostering expectations.

What other positions are available for our members can make an informed decision?

The following administrative teams have AO2 recruitment activities in progress – Mental Health (Gosford), Community Health, Wyong Hospital. Patient Services has vacancies in evening/weekend IPU Admin Officer positions and potential secondments to other services.

As these change regularly, discussions on specific opportunities will be had with individual staff members at the appropriate time.

Are vacancies being deleted to pay for the allocation from AO2 to AO3?

To fund the grade increase for AO2 FTE to AO3 FTE an FTE savings has been made from the Admissions FTE allocation. That is 0.5FTE within the Surgical Admissions roster through a change in shift tasks and 1.39FTE in the ED Administration roster by combining the tasks of Comms Clerk/Reception/Admissions between the hours of 01:30 – 06:00.

As there is currently 5.62 FTE vacancy in the Admission FTE budget, this re-allocation of budget funds can be made without displacing any existing staff members, with allocation of the remaining 3.73FTE already underway.

What is a closed merit-based selection process? Do I have to re-apply for my job?

As part of the process to seek and resolve concerns raised with current staff and the HSU, the District is supportive of progressing with a closed merit-based selection process for AO2 to AO3 roles.

This means, staff within this cohort only will have priority to be considered for the AO3 position within the ED Administration service. You will be required to undertake a priority assessment for the role and the District is open to working with the HSU on the particulars around this, to make this a smooth transition for our staff.

Can an AO2 staff member be appointed to the Surgical Admissions roster instead of the ED Administration roster?

As the proposed Surgical Admissions roster is a Monday – Sunday roster staff members joining this roster will be shift workers. Priority placement to the Surgical Admissions roster will be given to existing AO3 Admissions team members to be fair to all, including current AO3 team members.

How will workloads be managed?

With the exception of merging the overnight Admissions & Comms Clerk shift there is no reduction in the number of shifts or staff rostered across the day/afternoon. RNS, Nepean, Wollongong and Liverpool Hospitals are just some examples of other LHDs who have similar or larger ED presentation numbers but only operate with 2 staff members overnight.

There is no increase in the overall number of tasks or workload across AM/PM shifts, but a change in the type & distribution of tasks performed by each staff member.

The proposed roster will provide increased number of staff in the afternoons to share the work across a greater number of staff. Introducing a patient/admin workflow concept will increase accountability and equitable workload for all team members including taking and actioning requests for direct admits or NAPs from IPUs.

We will work with the team to develop protocols on workflow processes on patients arriving by ambulance, what happens at change of shift, or situations in which multiple patients need to be registered/admitted within MoH timeframe, and seek advice from other LHDs.

A key objective of the review and proposed change is to have a multi-skilled, agile workforce that can support the changing needs of the service and provide improved rostering and unplanned leave coverage. Having all team members being up-skilled across all the tasks will help us achieve this objective. A thorough, supporting training program has been developed and will be implemented prior to any workflow changes to help team members understand the expectations, feel confident and competent with their new tasks.

Frequently Asked Questions & Feedback



Workflow Feedback Received:

- *“My biggest concern would be the urgency of admissions being actioned within the required timeframe if staff are required to register patients as well. I’m worried some staff won’t support each other when there is an imbalance of workloads.”*
- *Likes idea of following patient journey from registration to discharge and/or admission as it provides a more personable service, ownership and accountability*
- *Believes the combined roles of Comms and Admissions can work on the overnight shift.*
- *Believes the lack of urgency for an admission within timeframe will be lost in the proposed process.*
- *Feels that accountability and care factor will reduce and conversion rate drop.*
- *Understands the benefit of combining two teams but ED team doesn’t like change. “Remember when you introduced roving and many staff said it wouldn’t work, but you guys got us the equipment that we needed to make it work and now it’s just part of the shift.”*
- *“It’s that the operational aspects of this Proposal don’t seem to meet the practical aspects of the day to day (on the floor) running of the Department. Critical Stakeholder relationships with the Clinical teams and ancillary staff, as well as peers will potentially be diluted and result in a weakened Patient Experience and the Goals and Objective that are trying to be met will be at risk of not being fulfilled.”*

How will time be made available to train those who wish to proceed to AO3?

A draft 8 week training package has been developed that identifies the use of experienced staff who are subject matter experts (super-users) to lead sections of the training. An EOI would identify interested super-users from teams & broader Patient Services teams.

Phase 1: Group Training sessions, with super-users released from assigned shifts to provide follow up 1:1 buddy training across AM, PM and O/N shifts.

Phase 2: Group Training sessions with a focus on in-service training from diversity & inclusion, mental health, carers support, Aboriginal liaison, palliative care services, & a consumer representative session.

With a 12-week implementation timeframe for the change, weeks 9 – 12 would be available for ongoing buddy training or refreshers where identified. Assistance from line managers floating across shifts to provide additional support. Check in and feedback from team on progress and identify adjustments to package. A copy of the draft training program is attached.

Training/New Task Feedback Received:

- *Likes proposal in ED as it avoids repetition, happy to learn all aspects of the roles in ED.*
- *Happy to learn new roles in ED.*

What/who key stakeholders have been consulted?

The complete restructure and rostering change proposal has been provided to the ED Nurse Manager, the Revenue Dept. and the HSU for feedback, which has been received from each stakeholder. Additionally, the proposed change has been reviewed with clarifying questions and comments by the various approvers, including the Clinical Support Services Manager,

Frequently Asked Questions & Feedback



General Manager (Gosford & Woy Hospitals), District Director of Workforce & Culture, District Director of Finance and the Chief Executive.

The HSU has provided a copy of a petition generated by ED Administration staff members containing signatures from various clinical, non-clinical and non-CCLHD employees objecting to the change. While receipt of the petition is noted, it was established that the signatories were not provided the full documentation as approved by the District, on the proposed change.

Further, the petition written commentary is not accurate. It can therefore be assumed that signatories were not fully informed by the detail of the proposal when signing the petition.

As individual administrative staff would not be consulted on a proposed change in rostering or regrades of other employee cohorts such as nursing, medical officers or environmental support services, while such feedback will be noted, it may not impact on the outcome of the consultation process.

Feedback from patients has previously been received via the Consumer Feedback Dept. on the frequency of providing the same personal details to a range of administrative staff when in ED.

Stakeholder Consultation Feedback Received:

- *“Significant impact and wider stakeholders...Patients, Medical teams, internal operational teams and external community impacts. Also the ED Admin / admissions staff themselves. The majority of chatter I have heard is definitely significantly impacting these KEY stakeholders.”*
- *Consideration of locating the Comms Clerk in Staff Station 1 rather than Reception for overnight shifts; consideration of experienced staff members and ensuring they have support.*
- *“Supportive of change. All staff should have a better understanding of information that should be obtained from patient which will; Improve consistency and knowledge over a broader scope of staff, Reduction of errors due to better understanding, Improved data quality which will reduce delays of revenue, inconsistency & efficiencies, a greater number of staff having the same knowledge base which will improve processing e.g. workers comp, ineligibles etc.”*