

BUSINESS CASE FOR Wyong Emergency Department Clerical Rostering

1. PROBLEM TO BE SOLVED / OPPORTUNITY

The redevelopment of Wyong Hospital has provided an opportunity to review the current rostering and functions of the Emergency Department clerical staff to provide efficiencies for the organisation and professional development for the staff.

Areas under review:

1. Shift Start and Profile.
2. Current Functions/Roles
3. Roster Rotation for Staff

1. Wyong Clerical Rostering in the Emergency Department (ED) have 10 different shift start times, with staff having varying profiles of 6hr, 7hr, 8hr & 10hr profiles. These start times have occurred due to the growth and demand of the emergency department over the last decade and now complicate rostering practices, handover and safety huddles within the unit. Changing these profiles to three (3) start times over the 24 hour period with 8hr profiles would assist in solving these issues and provide equal coverage of areas.
2. The ED Clerks work in specific roles, many staff are part-time and would be available to cover other roles in the department if the ability to rotate into and learn different roles was available. The recommendation is to develop current willing and future staff in all areas of the ED to be able to rotate through the departments varying roles. Staff would benefit professionally and financially. Roles will remain the same for those staff who have indicated they do not wish to change roles, normal attrition of staff will allow more positions to become rotating and varied into the future. The organisation would have a larger number of staff available to do the various roles within the department and would reduce overtime that occurs due to unplanned leave. This will be a voluntary opportunity for current employed staff.
3. Current vacancies and future recruitment to the unit provides the opportunity to commence a rotating roster. Staff, currently rostered on AM, PM or night shifts, will be given the option to remain on their existing shifts with rostered days varying, normal attrition will assist to ultimately move to a full rotating roster for all clerical staff in the ED department. Some staff have indicated via a survey and staff rounding that they would appreciate the opportunity to change to 24/7 rotating roster. These requests would be able to be accommodated. Benefits to the organisation - staff are able to work confidently in roles regardless of time or day. This will be a voluntary opportunity for current employed staff.

2. OPTIONS

2.1. Option one – Stay on current set roster with 10 varying start times, varying shift profiles (e.g. 6hr, 8hr & 10hr shifts). Maintain staff in specific roles and shift patterns.

2.2. Option two - Implement the above changes using a staged approach commencing implementation with the

- Shift start and profile,
- Current functions/roles
- Roster Rotation for Staff

3. OPTION COMPARISON

3.1. Non-financial analysis

Options	Non-financial benefits	Non-financial Risks/negatives
1. Do Nothing	<ul style="list-style-type: none"> • Leave roster as currently is and just recruit to the additional FTE in the roles where the vacancies are. 	<ul style="list-style-type: none"> • Unable to cover sick leave and annual leave due to staff not being trained in all areas of the Department. • Staff taking leave when they don't like working with particular staff members that they are permanently rostered with. • The various shift start times/ shift profile makes it harder to cover leave as some staff will not work the 10hour and 6 hour shifts.
2. Implement changes using a staged approach will offer:	<ul style="list-style-type: none"> • Improved rostering practices with three consistent start times within the department utilising 8hr profiles. • Staff will have the option to rotate through the various roles expanding their knowledge and skills within the department. • Staff have greater flexibility with shift swaps, self-rostering by means of "roster requests". • The department will have increased ability to cover leave when staffed are multi- skilled. • Current staff not willing to change will not lose hours each fortnight, or weekend allocation. • Provide varied opportunities to work with different shift partners each shift. 	<ul style="list-style-type: none"> • We have 3 staff that are currently on 10hr profiles who will be required to change to 8hr profiles

3.2. Financial analysis

Options	Financial and activity impact (include revenue, expenses and activity)	Financial Risks/negatives
1. Do Nothing	<ul style="list-style-type: none"> Increased activity pressure on staff when shifts are unable to be covered. 	<ul style="list-style-type: none"> Risk of continued overtime due to lack of staff experience in varied roles.
2. Implement changes using a staged approach	<ul style="list-style-type: none"> Staff being the opportunity to multi-skill and therefore reduce overtime 	<ul style="list-style-type: none"> Nil financial risk

4. RECOMMENDED OPTION

Option two is the recommended option.

5. IMPACT OF RECOMMENDED OPTION ON OTHER SERVICES/DEPARTMENTS/DIVISIONS

The proposed change will not affect any other services / departments as the clerical staffing will still be maintained on a 24 hour basis. As the Emergency Department is the only Department to have clerical staff 24 hours a day they are required to process any eMR changes required after hours. These changes are required to ensure patient data is updated at real time to enable clinical staff in all Departments, e.g. Medical Imaging, Pathology, Theatres, Intensive Care, Inpatient Wards etc., to ensure patient care is not compromised.

6. IMPACT OF RECOMMENDED OPTION ON WORKFORCE

Clerical Staff in Emergency have been on a set roster for many years, and this change will mean that they will remain on their current allocation of mornings, afternoons and evening shifts, but the days may vary. Also there will be an impact on the staff who currently do not work 8 hour shifts.

Whilst it is intended to have a set 6 week roster based on the Emergency Department nursing roster. Staff have been surveyed and consulted during PDR's and asked for their shift and role preferences. Also an Expression of Interest (EOI) will be sought from individual staff interested in changing their current roster, or who may be interested to learn various roles.

6.1. CHANGED

Position Name	Current Classification	Current FTE per fortnight	Proposed Change	Proposed FTE
ED Communication staff	A03	4.42	Move from <ul style="list-style-type: none"> • 10hr shift to 8 hr • 6hr shift to 8 hr • 8hr shift remain the same 	4.42

7. IMPLEMENTATION RISK ASSESSMENT

This section records the risks associated with implementing the proposal. The CCLHD's Risk Management Enterprise-Wide Procedure (PR2010_065) is to be used. Risks can include:-

Risk	Rating (H,M,L)
Disruption of service delivery during implementation	L
Staff, patient and visitor safety	L
Staff unrest and industrial action	M
Benefits are delayed or reduced;	L
Timeframes are extended;	L
Outlays are advanced or increased;	L
Output quality (fitness for purpose) is reduced; and	L
Media interest.	L
Political risk	L

8. IMPLEMENTATION PLAN

Action	Timeline (will be determined by the actions to be taken)
Consultation with unions +/- USCC	February 2021 & Ongoing
Final approval post consultation	May 2021
Position creation and selection	Not applicable
New processes written and approved	May 2021
Change implementation for new model of care	Pre-redevelopment
Physical space sourced	Redevelopment
Equipment purchased	Not applicable
Affected employee management	Ongoing
Change evaluation	Post implementation

9. EVALUATION

KPI's

- Reduced Sick leave
- Reduced Overtime
- Staff satisfaction

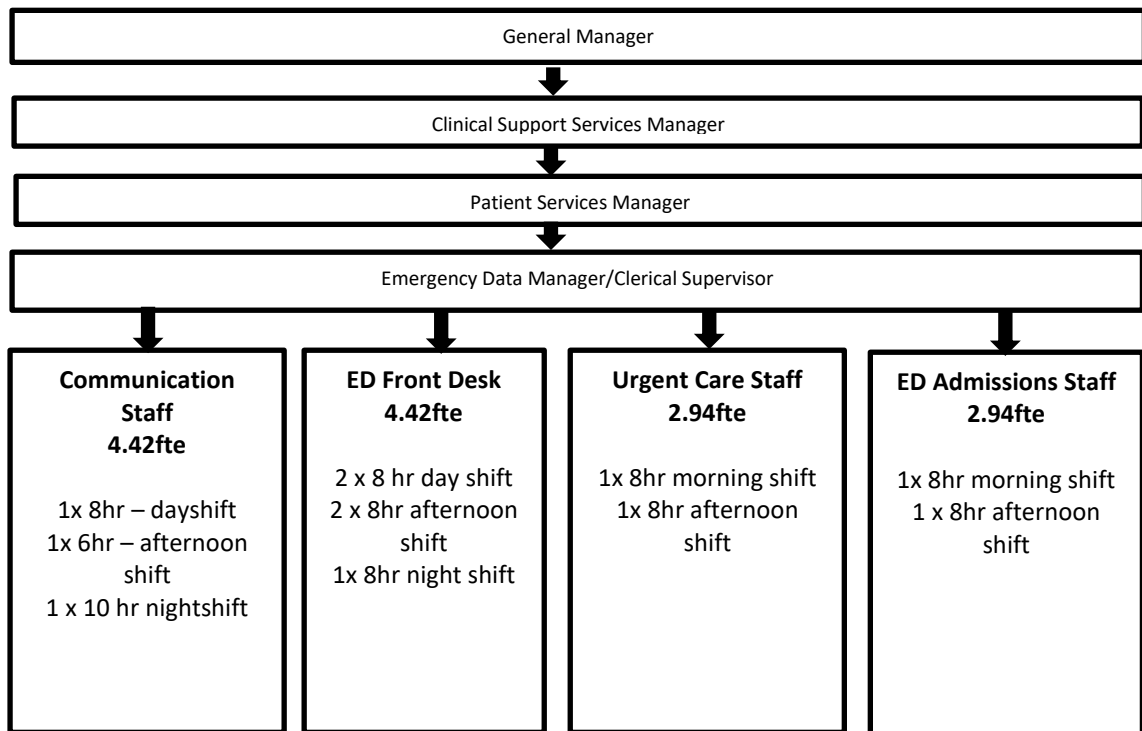
Evaluation will be 6 months post implementation of roster.

10. ATTACHMENTS -

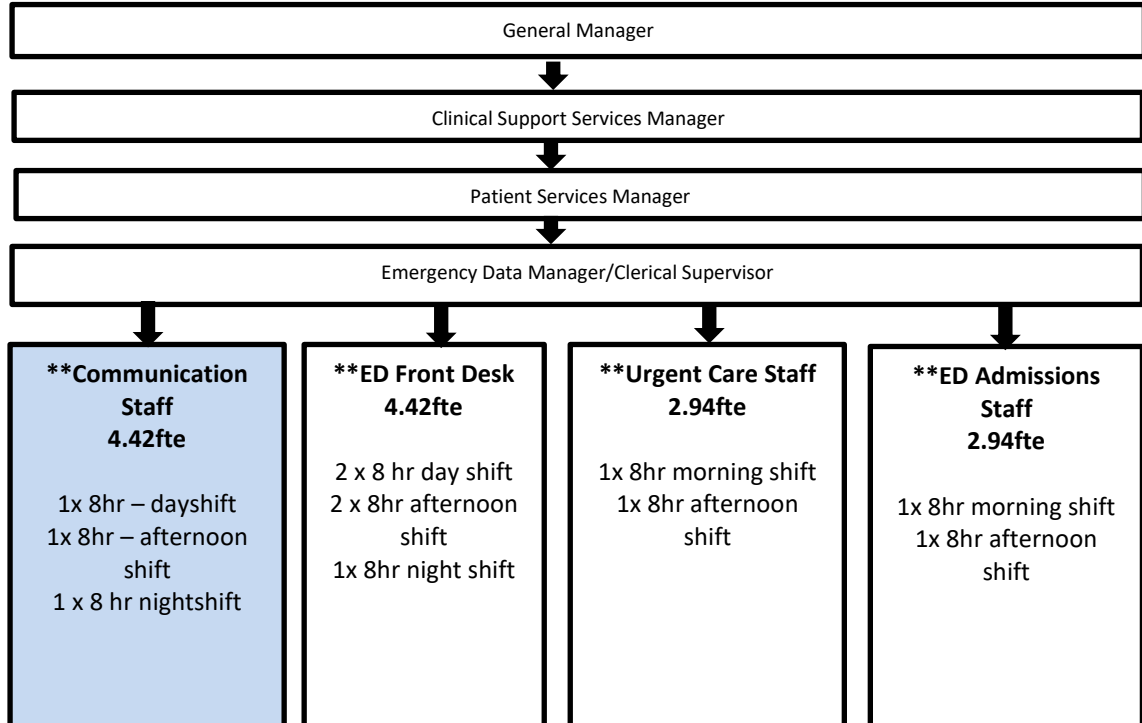
Attachment 1 – Current Organisational Structure

Attachment 2 – Proposed Organisational Structure

Attachment 1 – Current Organisational Structure



Attachment 2 – Proposed Organisational Structure



Staff affected by changed shift pattern highlighted in blue (from 10hrs to 8hrs)

**** Expression of Interest offered to staff to be trained in alternate roles and the opportunity to partake in rotating rosters – this is a voluntary offer, natural attrition will assist in moving the ED department to rotating shifts and varied role opportunities.**

