

## Calvary Mater Hospital Newcastle Admin Officers Roster Update

Dear Member,

In this last week, HSU representatives and members were involved in a local disputes resolution meeting with the Calvary Mater Hospital. The meeting related to the proposed rosters that management is attempting to implement for administration officers.

The Calvary Mater Hospital has provided written feedback to issues raised by members and the HSU at this meeting. The response is attached for your information and feedback. Members whose personal circumstances would be significantly impacted by the proposed changes should provide us specific details of how these changes will impact on those circumstances.

Please provide your feedback via email to [michael.kearns@hsu.asn.au](mailto:michael.kearns@hsu.asn.au) and [lincoln.amos@hsu.asn.au](mailto:lincoln.amos@hsu.asn.au) by close of business Thursday 7<sup>th</sup> November. Once the HSU has received all relevant feedback, contact will again be made with management with your responses.

In unity,



Gerard Hayes  
Secretary, HSU NSW/ACT/QLD

### Proposed Roster – Concerns around allocation of shifts that attract penalty rates and weekend shifts

Management would require further information on specific staff members and examples where there are concerns around the allocation of shifts and penalty rates.

### Part-Time staff are being offered more shifts with penalties attached than Full-Time staff

This is not evident to management. Management would require further information on specific staff members and examples where there are concerns around the allocation of shifts and penalty rates.

### Work/Life Imbalance – Staff are working every Saturday/Sunday under the proposed roster

When the new draft roster was initially put together and discussions were had with the 3 affected staff members working 10-hour shifts, the manager expressly said that this is a starting point, and that he was very amenable to varying the roster pattern to accommodate any requests for weekends on/off. This offer is still available to these 3 staff wishing to discuss their draft roster pattern (and any other staff members), and to make alterations accordingly.

### Permanent relief staff do not have an allocated roster in the 12-week plan

Permanent relief staff never have a set roster pattern in the 12-week rotation. Permanent relief staff are rostered according to demand and leave cover requirements. All staff (including relief staff) have a published 4-week roster posted 4 weeks in advance of commencement.

### Casual staff are being offered shifts before permanent staff

Management does not agree with this. All staff are afforded the same opportunity and timeframe to be considered for additional shifts. 2 weeks before a roster is finalised and published, an email is sent to ALL staff (permanent and casual) with a list of available shifts attached, and that can be requested by anyone. The manager will collate all responses and distribute shifts according to demand. If only 1 person requests an available shift, then that one staff member will be allocated the shift automatically. If 2 or 3 staff request the same shift, the manager will review the roster for all 3 staff and allocate the shift based on individual capacity and skill set. All staff are completely in control of the hours they work and additional hours requested. If the casual workforce are requesting shifts more regularly than permanent part-time staff, management will roster the shift to a casual in order to fulfil service provision.

### Concerns around the training schedule for new starters - ? Not receiving adequate training in each area. A suggestion that a “train the trainer” system for new starters and existing staff could be implemented.

This is an excellent suggestion and management would like to work with staff in establishing a training plan for new staff members. Management is very happy to work with appropriate staff in each area to set this up. Various “Position Profiles” were developed some time ago that can be refreshed and implemented for new starters.

### Concerns around the new roster plan around and earlier finishing times (AA & EM shifts). Concerns were also raised around the ability for staff to be able to take meal breaks.

This has been noted and the Senior Administration Officer will be spending time in the ED with staff who work the AA shift to review the process for the 2pm bed balance with a view to reducing the overall time taken to perform this function. Currently, a 2-hour window is available to conduct the bed balance. There is obvious room for improvement with the process being reviewed. Regarding meal breaks – management acknowledge this and, if required, meal breaks may need to be structured in order for all staff to have access to their allotted break.

### New roster plan will incur additional costs with RDO's now being accrued for staff previously not accruing RDO's, and the associated costs with covering these

Any new ADO's will be covered with no impact on service provision. This is currently normal practice where other full-time staff accrue an ADO.

### A comparison has been made to the increased hours funded in the Emergency Department Nursing Roster and concerns around why this had not flowed onto the ED Patient Services group

The Patient Services Department budget and staff allocation has incrementally increased over the years in line with activity upturns and changing demands of the department. The ED nursing roster and budget is separate and based on clinical demands of the department. Any increases obtained in that area cannot be compared to the ED Patient Services administration budget and/or FTE. Information was discussed and presented in the meeting today which has been requested for further review.

### An email from the previous manager was produced indicating that an additional 4-hour shift was coming in, without formal executive approval or associated funding attached.

This promised increase was never approved by senior management or costed into any budget. I recognise that the previous Patient Services Manager may have discussed this with staff prior to her resigning however this was not formally approved, nor funded by the hospital executive.

### A staff member was indicating that she had a signed copy of a contract or roster indicating a contractual obligation to 10-hour shifts in the ED only

The employee's copy of her employment contract was sighted during the meeting and there is no written provision for the staff member to be working 10-hour shifts. This was an informal arrangement made to cover a certain area on the roster. In fact, the employment contract states that:

- Hours of Work:
- \* 152 hours in each four week period as rostered
  - \* Starting and finishing times as advised by your manager
  - \* Notice of any change in roster will be in accordance with your award

### A suggestion was made that the change management process of the new roster could have been a group discussion rather than a managerial decision and 1-1 discussions. A suggestion of a "Working Group" was raised as a view to moving forward.

Management acknowledge this suggestion made and, if considered to be of value, will work with staff on establishing a working group for any future roster changes required. Senior management would need to determine the quorum of such a working group in consultation with the Patient Services Manager.

### Feedback was presented about the impact of family arrangements/child care arrangements that the new roster would have.

Management would require further information on specific staff members and examples where there are concerns around the impact of the new roster on family and childcare arrangements.

### Perhaps a "grandfathering" arrangement could be put in place to preserve 10-hour shifts for an individual staff member.

Shift arrangements cannot be permanently grandfathered. However, TIRA (Temporary Individual Rostering Arrangement) would be possible for a period of 6 months to staff who would like sufficient time to transition into the new roster pattern. 6 months would be the maximum period, with the general rule of thumb being 3-months under Rostering Best Practice.