



Mercy Health

Care first

CHANGE IMPACT STATEMENT

Implementation electronic rostering system - “RosterOn”

Mercy Hospitals Victoria – all non-medical staff

1. Background

Mercy Health has a range of different methods of rostering in Health Services that has not developed to cater for the growth in services and an ever increasing demand for health services.

Mercy has identified the need for significant operational improvements to rostering to support both current service and future growth.

2. Current State

The current rostering practices:

- Are heavily dependent on administrative tasks
- Are entered manually via paper-based and/or spreadsheet format, increasing risk of error
- Are complex and unable to integrate with current systems
- Have limited automation capability
- Have poor accessibility of reporting to support efficiency
- Lack standardised rostering processes

3. Proposed Change

Building and maintaining rosters will be streamlined through a single platform, known as RosterOn. The system facilitates electronic rostering, providing fewer processes and touchpoints which in turn, optimises quality assurance. RosterOn is a system that is already used across many Victorian health sector services.

This online system will deliver visibility of rostering practices and will support optimal utilisation of available staffing.

The system provides consistent rostering processes, including where staff work across multiple areas, allowing for roster managers to manage their rosters from the same platform. Employees will be able to access rosters

remotely on their personal devices should they wish, and submit additional availability if they choose.

The roll-out of the system will be phased across craft groups, commencing in late January 2020. The first group will be nursing and midwifery employees.

At the time of writing this document it is noted that the system has capacity for managing leave requests online, however a final decision re the adoption of this functionality is yet to be confirmed.

4. Benefits of Proposed Change

The proposed change provides:

- Single system for rostering across Health Services including casual allocations.
- Mobile/remote access to rosters and requests.
- Creates an efficient communication tool for staff to fill vacant shifts.
- Managers will more easily be able to ensure diverse skill-mix and that clinician to patient ratios are met.
- Incorporates an in-built EA and Award interpretation and rostering rules which will facilitate the application of rostering protocols, ensuring standardised processes.
- Consistent interpretation of EA or Award conditions.
- Time savings for those involved in the process of building rosters and reduction in rostering errors due to manual processes.
- Allows roster administrators to be more responsive to demand and better aware of the budgetary impact of changes.
- Provide fair and transparent rosters and staff allocations.
- Give managers the opportunity to make better informed recruitment and staffing decisions.
- Effectively manage a diverse and complex workforce through one system.
- Managers will have capacity to view the leave balances of their staff when developing the roster.
- Automatically updates the roster when an employee accepts a vacant shift via SMS.
- Improved cost data for roster build.
- Capacity for the system to deliver an online process for requesting and managing leave requests which will eliminate the need for paper-based processes, if adopted.

5. **Employee Impact**

- Managers will be required to use RosterOn to manage master rosters, planning rosters and actuals.
- Employees will have the option to view rosters using Employee Self Service on their personal mobile phone or desktop computer. Hard copy rosters will continue to be printed and published to all employees.
- EA and Award Interpretation will move from PayGlobal to RosterOn. During this process, the Award Rules will be reviewed for interpretation accuracy and reconfigured in RosterOn.
- There will be no change to existing contracted EFT, pay rates or location of work. Efficiencies that are gained are anticipated to deliver a reduction in the use of supplementary staff as well as reduced reliance on unplanned overtime and Agency staff.
- Employees may have the option to apply for planned leave using Employee Self Service on their personal mobile phone or desktop computer, should that component be implemented.

5.1 **Occupational Health and Safety Impacts**

- It is anticipated that greater visibility of actual hours worked will positively influence fatigue management.
- There are no negative OHS impacts identified at the time of writing this Change Impact Statement.

6. **Measures to Mitigate Effects on Employees**

- Communications on the new format of rosters will occur prior to publishing.
- Training sessions and Quick Reference Guides on how to use Employee Self Service will be developed for Managers and Allocations staff who will be required to use the system, and employees.
- The format of a printed roster (i.e. colour coding, rosters will be grouped by Area > Role > Surname in alphabetical order, in accordance with the relevant EA.)

• **Communication with Staff**

We will seek to understand staff members preferred communication channels

- Throughout this process staff will be:
 - Kept updated via intranet communications, email and meetings as appropriate
 - Provided with opportunities to meet individually with management and human resources
 - Encouraged to ask questions

- A Communication Plan is being developed to ensure that staff are informed and prepared for change. Project updates will be provided via staff briefings, project intranet page, email, newsletter and posters as appropriate.
- A rostering Project Steering Committee has been established to provide project governance.
- A Project Team will coordinate the project. The team will work with each department/ward to provide guidance and advice on the current operation of rosters and to analyse and manage the impact of changes to staff.

6.1 Training

- A comprehensive training plan is being developed to ensure all staff receive appropriate training in the relevant components of RosterOn.
- The project team will produce supporting documentation (manuals and fact sheets) to be used for training and ongoing support.

6.2 Employee Assistance Program (EAP)

- Mercy Health's EAP provider is Converge International
- Converge International provide a range of services which may be of assistance to staff during this period, below is a diagram with an overview of their services
- EAP can be contacted on 1300 687 327 at any time, the service is also available to staff member's immediate family members
- A range of additional resources to support staff wellbeing is available on their website:
 - <https://www.convergeinternational.com.au/cvi/portals/eap-portal-login>
 - Username: mercyhealth
 - Password: eap

7. Consultation Process

The purpose of the consultation process is to provide affected employees with an opportunity to influence decision makers prior to a proposed change being implemented.

The consultation process occurs as per the process and requirements in the affected employees relevant EA, an outline and an indicative timeframe for this process is included below.

To commence the consultation process, the following will occur:

1. Staff will be notified of this Change Impact Statement via email on 27 November 2019. They will also be invited to review additional detail, including an FAQ on MercyNet.
2. Where requested Mercy Health will convene a meeting to discuss the change with impacted employees.
3. Where a staff member is on leave, contact will be made with them via email.
4. A copy of the CIS will be provided to the relevant unions.

Affected employees are advised during this process that they are able to have representation including a support person or Union representative present at any time during the change process.

Individual meetings are able to be scheduled for affected employees should they have any further questions or require clarification on this proposed change and consultation process.

Mercy Health will give genuine consideration to matters arising from consultation.

A copy of the affected employees relevant EA is available on the Mercy Health intranet site. Located under [People & Learning > Awards and Agreements](#).

8. Consultation process outline and indicative timeframe

| Step | Action | Indicative Timeframe |
|-------------|--|--------------------------------|
| 1 | Employer provides change impact statement and other written material | 27/11/2019 |
| 2 | Employees and/or Union may provide a written response to any matter arising from the proposed change | 14 days of step 1 |
| 3 | Consultation Meeting/s convened | 7-14 days of step 2 |
| 4 | Further Employer written response | After the conclusion of step 3 |
| 5 | Alternative proposal from Employees or Union | 14 days of step 4 |
| 6 | If alternate proposal provided, Employer to consider alternative proposal/s consistent with the obligation to consult and arrange further meetings with Employees or Union prior to advising outcome of consultation | 14 days of step 5 |

| | | |
|---|--|--------------------------------|
| 7 | Proposed implementation date of change | After the conclusion of step 6 |
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9. Key Contacts:

The below table outlines key contacts in relation to this change. We encourage affected employees to make contact with any of the key contacts listed below to discuss any aspect of this change.

| Name | Role | Email | Phone |
|-------------------|---|--|-----------|
| Mr Ren Rivera | Senior Program Manager | rrivera@mercy.com.au | 8416 7874 |
| Ms Linda Townsend | Director EDONM Ops/ DON Werribee Mercy Hospital | LTownsend@mercy.com.au | 8754 3209 |
| Ms Helen Cull | HR Manager | hcull@mercy.com.au | 8458 4820 |

Note: The above Change Impact Statement is based on information available at the time of writing and may be subject to change.