

Staffing in NICU: Nursing Rostering and Replacement

Sites where Local Guideline and Procedure applies	Neonatal Intensive Care Unit (NICU) JHCH
This Local Guideline and Procedure applies to:	
1. Adults	No
2. Children up to 16 years	No
3. Neonates – less than 29 days	Yes
Target audience	All clinicians caring for infants in NICU
Description	Provides guidance for the requirements for replacement of unplanned nursing/or midwifery vacancies in NICU

[Go to Guideline](#)

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Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:	
<ul style="list-style-type: none"> • NSW Health Policy Directive PD2020_017 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases • NSW Health Policy Directive PD2015_049 NSH Health Code of Conduct • HNELHD Local Guideline JHH JHCH BH_0203: Scope of clinical practice 	
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PURPOSE AND RISKS

This local guideline has been developed to provide guidance to clinical staff in Neonatal Intensive Care Unit at John Hunter Children's Hospital in the management of unplanned vacancies to ensure staffing cover risks are identified and managed.

The risks are:

- *Lack of appropriate staffing cover for the service*

These risks are minimised by:

- *Following the instructions set out in this clinical guideline*

Any unplanned event resulting in, or with the potential for injury, damage or other loss to infants/staff/family as a result of this procedure must be reported through the Incident Management System and managed in accordance with the NSW Health Policy Directive PD2020_020: Incident Management Policy. This would include unintended injury that results in disability, death or prolonged hospital stay.

*It is mandatory for staff to follow relevant: "Five moments of hand hygiene", infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: **H**and hygiene **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment.*

Risk Category: *Clinical Care & Patient Safety*

CLINICAL PROCEDURE SAFETY LEVEL

Every clinician involved in the procedure is responsible for ensuring the processes for clinical procedure safety are followed. The following level applies to this procedure (click on the link for more information):

[Level 1 procedure](#)

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STAFFING IN NICU SUMMARY

- Staffing of services must align with the Public Health System Nurses' and Midwives' (State) Award conditions
- Approval of overtime must occur in consultation with unit management

GUIDELINE

While not requiring mandatory compliance, staff must have sound reasons for not implementing standards or practices set out within guidelines issued by HNE Health, or for measuring consistent variance in practice.

Introduction

Unplanned absences occur due to sick leave, FACS leave and other adhoc short term absences. This procedure describes the process for the replacement of unplanned absences within frontline nursing and midwifery staff.

Hospital/Service Manager Responsibility

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- Ensure that the principles and requirements of this procedure are applied, achieved and sustained
- Ensure that all relevant staff are made aware of their obligations regarding this procedure through staff education
- Ensure that adequate controls are in place to monitor use of this procedure
- Regularly review safety and quality performance data related to staffing levels/skill mix and take action to improve the safety and quality of patient care as considered necessary

Line Management Responsibility

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- Read and understand this document
- Comply with the requirements of this procedure
- Line Manager and delegate to have understanding of Public Health System Nurses' and Midwives' (State) Award conditions
- It is the responsibility of the Manager of Newborn Services or delegate to ensure the correct name, payroll number, designation and hours are entered into Health Roster

Employee Responsibility

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Nursing and Midwifery staff must:

- Read, understand and comply with the requirements of this procedure

Process for Staffing in NICU

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In order to provide patient care and efficient staffing numbers on a daily basis the Manager of Newborn Services is responsible for posting a roster that covers nursing requirements according to the NICU budget, ensuring night duty shifts are covered as a priority.

The Manager of Newborn Services in conjunction with the Nurse Unit Manager are responsible for:

- Ensuring rostered vacancies are filled in advance, where possible
- Ensuring systems are in place to record all staff and their hours worked on the daily allocation sheet
- Reviewing the staffing numbers, and skill mix requirements for the next 24 hours and ensuring weekends/public holidays are covered

- Reviewing and processing any shift swap requests, ensuring appropriate skill mix is maintained
- Communicating the plan for after hours and weekends to their delegate, for implementation
- Where possible, ensuring there are no unfilled vacancies for after hours or weekends
- Ensuring there is a process for capturing the availability of part-time staff who wish to pick up extra shifts
- Ensuring roster changes are entered onto the Health Roster system, daily Monday to Friday, with final changes prior to sign-off made before 10am Monday

Process for Replacement of Staff Vacancies

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- Once a sick leave/or FACS leave call has been received, cross individual out on allocation sheet and document reason for leave so it can be reflected in Health Roster
- Document vacant hours in Team Leader (TL) report under appropriate section

Replacement Opportunities

- When addressing vacant shift, avoid bringing staff member forward from next shift, unless they are able to be replaced
- Review Casual/Part time staff availability folder to identify possible available staff.
- If no staff available, send out Telstra Integrated Message (TIMS) to the casual and permanent contact group notifying staff of available shift
- If shift remains vacant, contact TL/Nurse Unit Manager (NUM) from Paediatric Wards to check their staff availability for possible deployment. If deployment from Paediatric wards occurs, staff member should always be team nursed
- During negotiation process, if a staff member offers to come off a night duty, they must be made aware that they will potentially lose hours, i.e. they will be paid for the hours that they work.
- If a staff member is requested by a NUM or delegate to be brought forward from their 10hr night duty to an 8 hour morning or afternoon shift, they are entitled to still be paid for 10hrs
- Be willing to negotiate with part time staff to work extra shifts as well as full time staff to negotiate alternate days off or change of ADO

Overtime Requirements

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Overtime is to be considered after all of the above steps have been taken.

- Consultation must be sought from NICU NUM who is 'on service' for advice and support to the clinical floor, during working hours. This roster is available for the TL at the NICU staff station. After hours, the executive on call for JHCH should be phoned for advice (ext. # 68538)
- Part time or full time staff on shift may offer to stay and work overtime
- Consider full time staff members on a day off, who could return to the unit to work an additional shift which will be paid as overtime
- If overtime is required on the afternoon shift (i.e. rostered morning, staying on for the afternoon shift), staff are to be offered a meal voucher. A paid meal allowance will only be given where the organisation is unable to provide the staff member with a meal i.e. overtime night duty shift
- Always confirm with the staff member working the night duty overtime shift if they intend on returning for their rostered afternoon shift the following day (if applicable). They must have a 10 hour break (i.e. if finish at 0730hrs, not to recommence until 1730hrs)
- Night duty overtime should only be offered to someone who is rostered on the following morning as a last resort to ensure patient safety. If this occurs, the staff member is entitled to be paid a sleep day for their morning shift

- Always document on the allocation book what time people leave the unit to ensure accurate payment of overtime
- Document in the FARM data book any sick leave and if overtime is required (in hours)
- Always consider the additional hours a staff member may have worked in the current pay period before offering further overtime, to minimise fatigue.
- If the TL cannot find a willing staff member to fill the vacant shift, please consult the NICU NUM during working hours, or the executive on call for JHCH after hours.
- If unit activity and acuity decreases, the staff member working overtime can be released home. Document on the allocation book what time the staff member left the unit to ensure correct payment

Process for Management of Excess Staff

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NICU daily staffing allocation is outlined in Table 1.

DAYS OF WEEK	AM SHIFT	PM SHIFT	ND SHIFT
Monday to Friday	<p style="text-align: center;">18</p> <ul style="list-style-type: none"> • 2 Team Leaders • 15 Clinical staff • 1 Access Nurse 	<p style="text-align: center;">17</p> <ul style="list-style-type: none"> • 1 Team Leader • 15 Clinical staff • 1 Access Nurse 	<p style="text-align: center;">17</p> <ul style="list-style-type: none"> • 1 Team Leader • 15 Clinical staff • 1 Access Nurse
Weekends and Public Holidays	<p style="text-align: center;">17</p> <ul style="list-style-type: none"> • 1 Team Leader • 15 Clinical staff • 1 Access Nurse 	<p style="text-align: center;">17</p> <ul style="list-style-type: none"> • 1 Team Leader • 15 Clinical staff • 1 Access Nurse 	<p style="text-align: center;">17</p> <ul style="list-style-type: none"> • 1 Team Leader • 15 Clinical staff • 1 Access Nurse

Table 1: NICU staffing numbers according to shift and days of week

- Should that number of staff be in excess for the requirements of the unit (based on activity and acuity), any casual staff members shift may be cancelled (must give 2 hours' notice)
- Permanent Part-time staff who have picked up an additional shift beyond their substantive hours, must be given 24 hours' notice of cancellation of their shift
- NICU TL to discuss with all Paediatric wards Team Leaders to discuss any staffing requirements they may have and potential for NICU staff to be deployed to Paediatric wards
- Adhoc annual leave may then be offered to staff

IMPLEMENTATION PLAN

The clinical guideline will be:

- Circulated to Head of Department and Managers in NICU
- Circulated to the clinicians via the Children Young People and Families Network and the Women's Health and Maternity Network (where applicable)
- Made available on the intranet (PPG) and HNEKids website
- Presented at facility/unit meetings and tabled for staff to action.

MONITORING AND AUDITING PLAN

- The person or leadership team approving the clinical guideline is responsible for ensuring timely and effective review of the guideline.
- Evaluation will require a review of the most current evidence as well as consideration of the experience of Neonatal staff at JHCH in the implementation of the clinical guideline.
- Data derived from monitoring and evaluation should inform the review of the clinical guideline either as required or scheduled.
- Implementation, education support and monitoring compliance be completed by local Clinical Educators and Unit Managers.
- Amendments to the guideline will be ratified by the Clinical Director and Manager of Newborn Services prior to final sign off by the JHCH.

CONSULTATION WITH KEY STAKEHOLDERS

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APPENDICES

1. Glossary & Abbreviations
2. Vacant Shift Replacement Flow Chart

REFERENCES

[Public Health System Nurses' and Midwives' \(State\) Award 2019](#)
[Nursing and Midwifery Board of Australia Code of Professional Conduct for Nurses in Australia](#)
[HNELHD Guideline 18_05 Applying Nursing Scope of Practice](#)
[HNELHD Guideline 14_08 Applying Midwifery Scope of Practice](#)

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

APPENDIX 1**GLOSSARY & ABBREVIATIONS**

Acronym or Term	Definition
ADO	Allocate Day Off
AM	Ante Meridiem (i.e. Morning Shift)
FACS	Family and Community Leave
FARM	Financial and Reporting Management
hrs	Hours
HNELHD	Hunter New England Local Health District
JHCH	John Hunter Children's Hospital
JHH	John Hunter Hospital excluding John Hunter Children's Hospital
NICU	Neonatal Intensive Care Unit
N / ND	Night / Night Duty Shift
NUM	Nursing Unit Manager
PPT	Permanent Part Time
PM	Post Meridiem (i.e. Afternoon Shift)
SCU	Special Care Unit
TIMS	Telstra Integrated Messaging
TL	Team Leader

APPENDIX 2

VACANT SHIFT REPLACEMENT FLOW CHART

