West Moreton Hospital and Health Service

Business case for change:

Structure and Function of the Offender Health Services

March 2013

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Executive Summary

Background

The Offender Health Services (OHS) Directorate within the Division of the Chief Health Officer became operational on 1 July 2008 when staff and services were transitioned from Queensland Corrective Services (QCS) to Queensland Health (QH) as part of a Machinery of Government change. The Directorate included a State-wide Unit located in Brisbane and eleven health centres located in the publicly-run correctional centres across the state.

Workflow Analysis of Offender Health Services, Final Report (KPMG, November 2009), identified 6 key areas for improvement to existing services:

1. Defining the model of care and principles for delivery of healthcare in a correctional setting.
2. Considering information technology support to deliver healthcare services effectively and efficiently.
3. Identifying core healthcare services, tasks and activities required at Correctional Centres
4. Expanding the range of professional roles within Offender Health Services
5. Clarifying the role of nurses within current scope of practice and extending and maximising nursing practice within current scope.
6. Considering training strategies, workforce development and career pathways to support healthcare centre staff.

From the above report, recommendations were made to introduce a Primary Model of Care for all centres. A document was produced, Offender Health Services Primary Care Model, model description (KPMG, December 2009) which outlines, defining a primary care model and principles for delivery of health care in Queensland Correctional Centres and ensuring that the OHS workforce is able to effectively implement a Primary Care Model.

Queensland Health Division of the Chief Health Officer Offender Health Services Strategic Directions 2010-2013, was developed following the above reports and provided the governance for both organisational capacity and clinical services.

In October 2011, the Queensland Nurses Union (QNU) filed a dispute in the Queensland Industrial Relations Commission (QI RC) in relation to nurse's staffing levels and workload issues in Offender Health Services. This dispute was resolved in May 2012 with increases in staffing levels and a commitment by QH to resolve workload issues and develop new strategies for workforce development. The new positions are fully funded and were to be transferred to the Hospitals and Health Service's (HHS) following approval to transition.

In line with the Government's commitment to more localised ownership of healthcare decisions, it was proposed Offender Health Services (OHS) which was managed by the Division of the Chief Health Officer (DCHO), be devolved to the Hospital and Health Service (HHS) for where the service is geographically located.

Therefore on 1 July 2012, West Moreton Hospital and Health Service assumed responsibility and management of the Wacol precinct which consists of three separate Correction Centres:

❑ Brisbane Correctional Centre	BCC	542
❑ Brisbane Women's Correctional Centre	BWCC	258
(Includes Helana Jones at Albion)	HJ	37
❑ Wolston Correctional Centre	WCC	600
	Total	**1467**

On Transfer of OHS, to the WMHHS, two Memorandums of Understanding (MOU) were included in the Transfer Notice:

1. 2008 MOU details the relationship and responsibilities between QH and QCS, in relation to the provision of offender health services. The Business Planning Framework (BPF) signed off in May 2012, used this MOU to support the approval decision. (2012 MOU Draft, has been developed and currently being progressed)

2. 2012 MOU on sharing confidential information – This MOU will be regulated against the HHS Act on 1 July 2012 and replaces the 2008 MOU. The MOU enables the sharing of confidential information between QH and QCS

The MOU outlines Queensland Health Responsibilities which states that the Health and Hospital Services will consider the application Health Services policy, procedure and/or guidelines and the Royal Australian College of General Practitioners Standards for Health Service in Australian Prisons (1st Edition, 2011).

West Moreton HHS 2012-13 Service Agreement, clearly reflects the MOU and also identifies the commitment to continue to host the state-wide management of medical records for all Queensland prisoners.

In accordance with the Hospital and Health Boards Act 2011 the parties will enter negotiations for the next service agreement at least six months before the expiry of the existing service agreement. Amendments to the service agreement under Section 39, are able to occur inline with the 4 Amendment Windows which are provided within the West Moreton HHS 2012-13 Service Agreement. It is noted that the next Window is the 30 November 2012.

1.0 Introduction

Offender Health Services

The Restructure of the Model of Service for Offender Health Services will ensure classifications are appropriate to job descriptions, responsibilities, scope of practice and requirements for this diverse working environment. The aim is to align all Offender Health Nursing Staff with Queensland health processes, policies and procedures to meet National, State and HHS reform. The workforce balance will move from a Clinical Nurse structure to a structure which incorporates various nursing levels, by using a merit based process. Non financial benefits will allow the Offender Health Service to meet QLD HHS's requirements whilst moving the service towards an internal structure. The new structure will support education, succession planning and sustainability within its workforce, system improvements to enhance quality primary health care to meet the needs of its target population.

The restructure will also facilitate opportunity for new resources and positions to be developed to support areas within Offender Health Services, which have been identified as a 'gap' in service creating various levels of risk for QH/OHS/QCS and our clients. The organisational structure and revised roles and responsibilities must reflect the primary health care model, multi-disciplinary workforce and support the full integration of OHS into the WMHHS and Queensland Health.

2.0 Purpose of the Business Case

This business case has been prepared to comply with Queensland Health's consultation obligations and sets out the details of implementation and benefits of the restructure for Offender Health Service, Primary Health Care delivery and function.

Steps taken to date are consistent with the overarching business case. Division implementation has included:

- Review of the Model of Service – Primary Care Model
- Review of Model of Nursing - Consultation with Nurse Unit Managers representing all 3 Centres- 2 day workshop was held to develop a staffing profile for each service. Utilising the Business Planning Framework and proposed nursing structure, the proposed staffing profile was built to meet the needs and requirements for each Centre.
- Development of roles and nursing duties including data required to be collected, quality activities, patient safety, infection control and occupational health. These lists were used to develop role descriptions for the proposed nursing structure
- Services and staffing restructured to be facilitate, delivery within 'Structured Day', which commenced by QCS 29 October 2012, decreasing access to patients to 10hrs.
- Review of OHS functions and identified areas to complete service integration to Queensland Health and WMHHS.
- Opportunity to implement and include Pharmacy solutions.
- Opportunity to implement and include Information Technology solutions
- Develop an after hours central number for nursing management and staff replacement, supporting the workforce.
- Development of a proposed nursing roster for the 3 centres to complete the transition of Nursing Staff to WMHHS district and payroll systems.

3.0 Governance of the Change Process

Governance of the implementation will be the responsibility of the Executive Director Mental Health and Specialised Services. The consultation obligations will be managed through the WMHHS Executive Meetings, District Consultative Forum, individual and team meetings. The Executive Director may nominate a Transition Lead whose role will be performed in addition to business as usual roles until such time as the leadership positions within the Division are confirmed.

4.0 Acknowledgements/Credits

This business case draws on the Business Case for Change "*Mental Health and Specialised Services Division"* and the overarching business case.

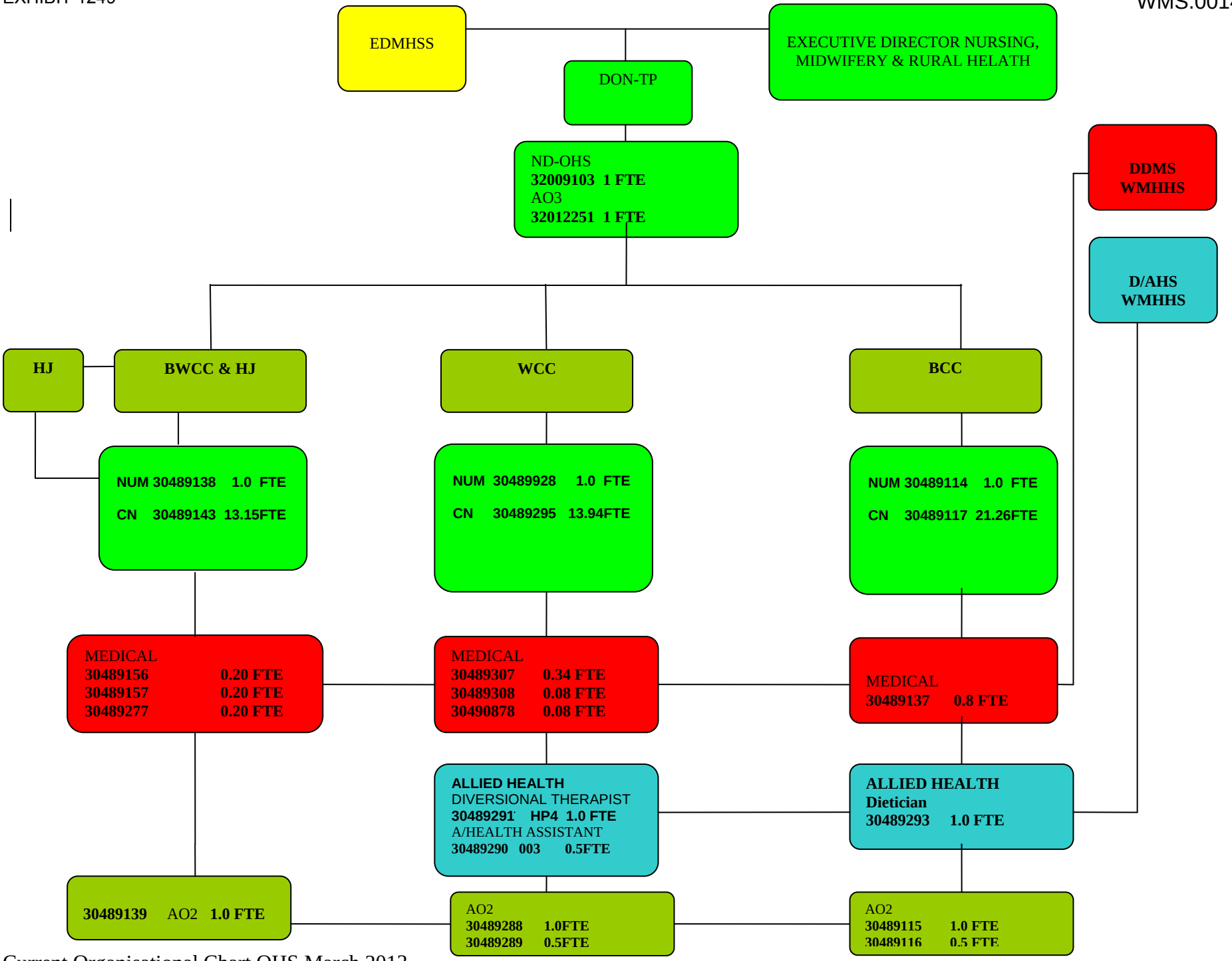
5.0 Proposed Structure and Functions

Restructure of Offender Health Services will incorporate significant changes within the organisational function to improve, workforce, services, patient and staff safety, communication and resources. These changes are reliant on each other and therefore are required to be implemented together. This will enable monitoring, evaluation and governance of implementation and to support change. Primary care services in Correctional Centres will be delivered in the context of the following legislation:

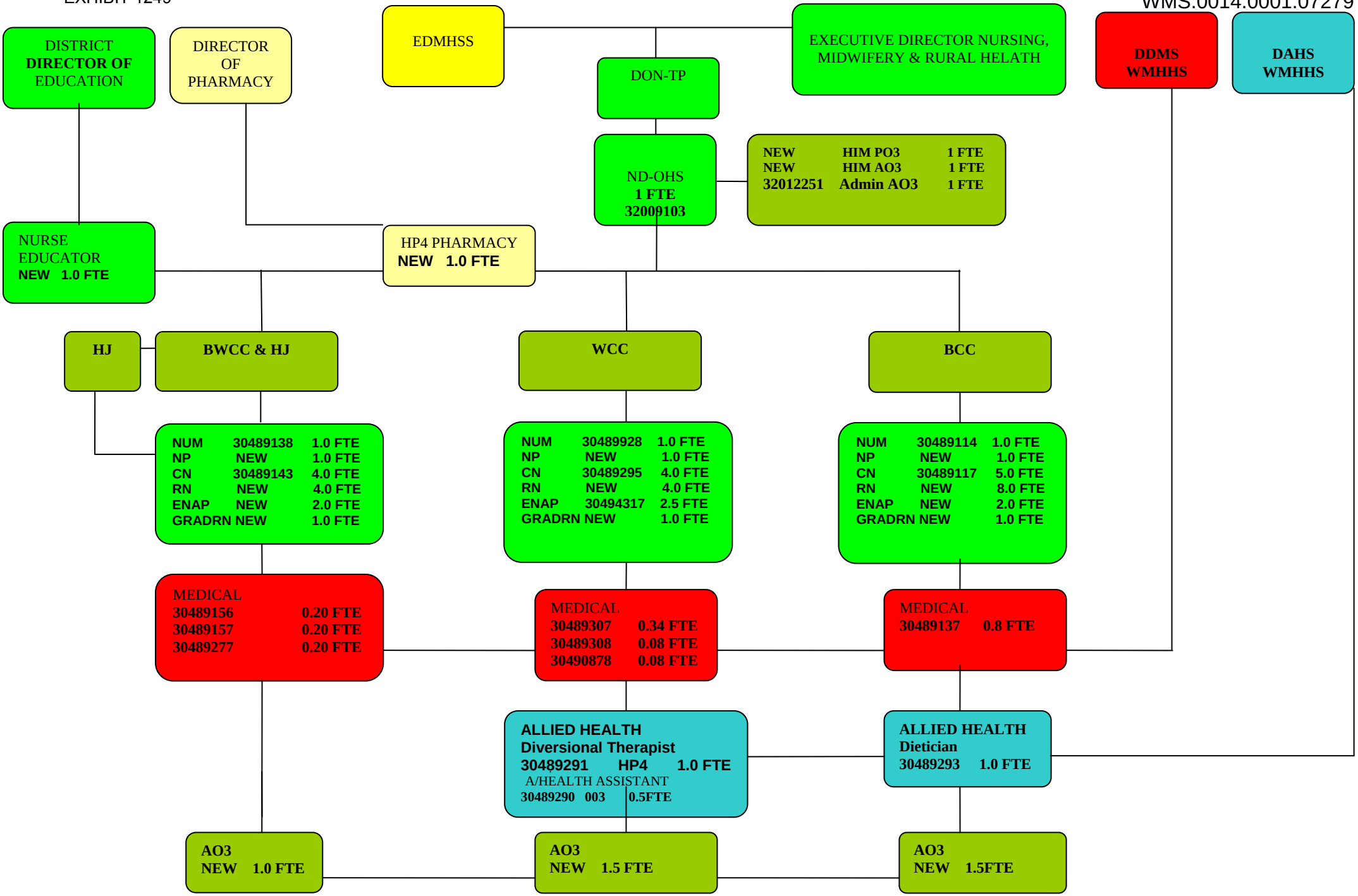
- ❑ *Nursing Act 1992* (as amended 2008)
- ❑ *Health Practitioners (Professional Standards)Act 1991* (as amended 2007)
- ❑ *Medical Practitioners Registration Act 2001*
- ❑ *Health (Drugs and Poisons) Regulation 1996* (as amended 2008)
- ❑ *Health Services Act 1991*
- ❑ *Corrective Services Act 2006* (as amended 2007)

5.1 Workforce Restructure

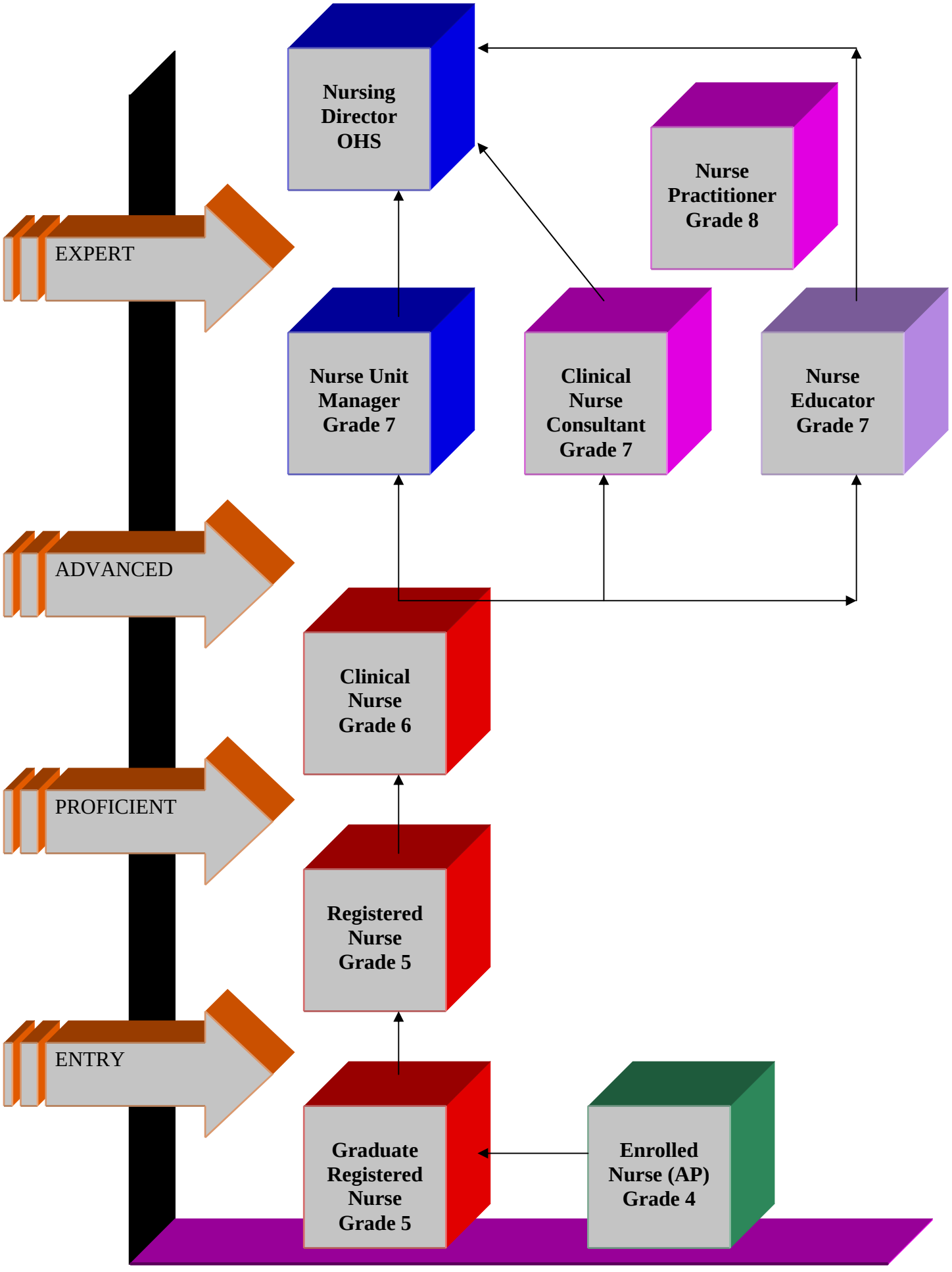
- ❑ Attached summary of Roles and Positions detail.
- ❑ Attached proposed examples of Rosters for OHS Nursing
- ❑ Primary Health Care Team, relationship and function with HHS & QCS – provided
- ❑ Career Pathways – Nursing OHS WMHHS



Current Organisational Chart OHS March 2013

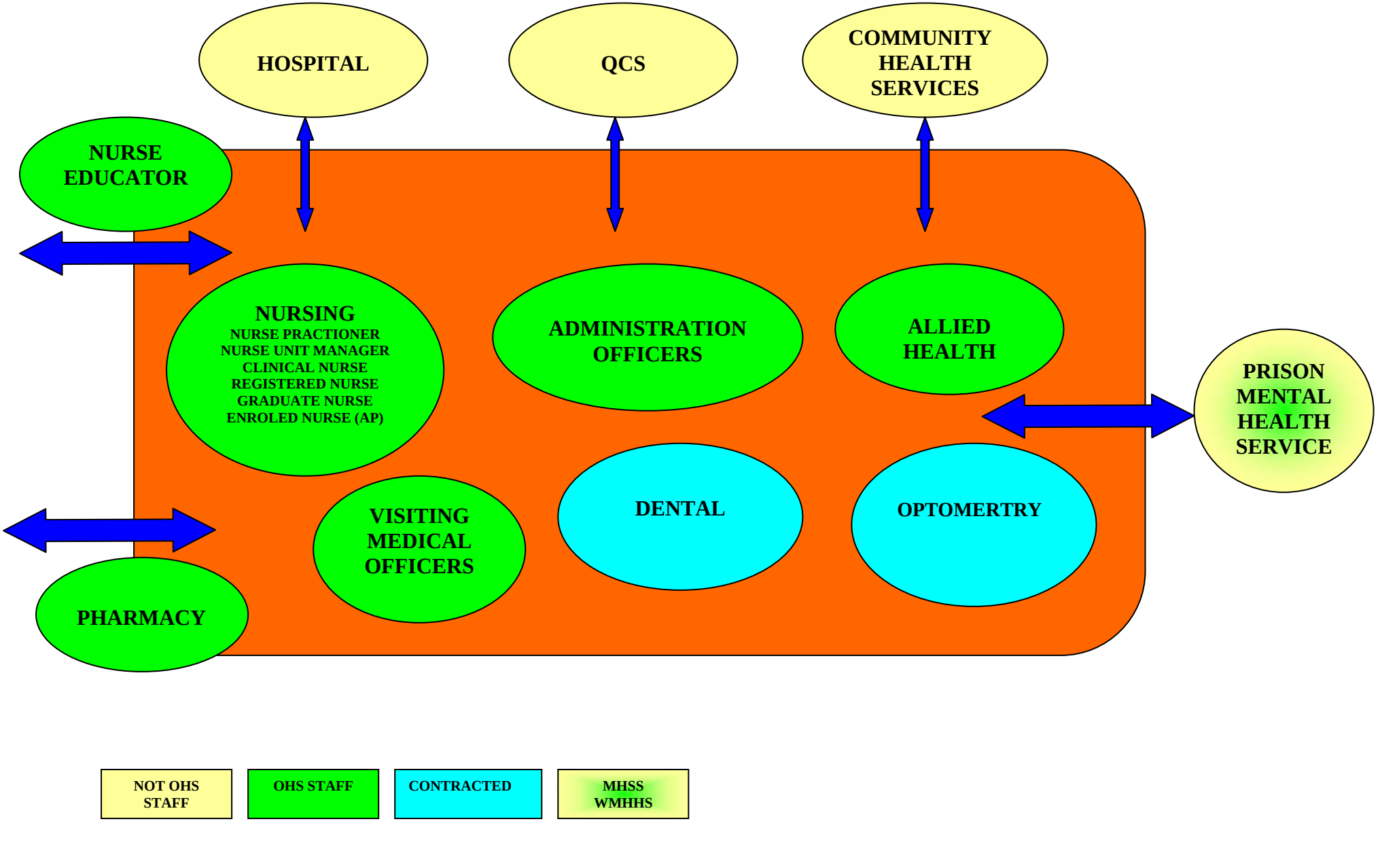


New Organisational Chart OHS March 2013



CAREER PATHWAYS – OFFENDER HEALTH SERVICES WMHHS

PRIMARY HEALTH CARE TEAM WMHHS OHS



5.2 Rosters

- Currently each staff member is entered manually – increase in human error and delays can occur. Roster implementation that is recognised by Queensland Health Payroll Services to enable the uploading and electronic maintenance of rostered shifts and leave.
- Payroll Services are based at Herston as currently not able to be supported by WMHHS due to the current rostering practices.
- 9.5hr shifts. A plan to move to 8hr shifts, would enable the transfer to district and compliance with the *QH Best Practice Framework for Rostering Nursing Personnel,*
- Changes in rostering practices will also support DCS 'structured day' and ensure resources are being utilised efficiently.

5.3 Pharmacy

- Pharmacy system sourced and implemented:
- Improve patient safety
- Align with best practice
- Decrease Work place injuries, clearly documented and reported - Occupational Health and Safety / Workcover / QSuper claims - linked to repetition and long hours dispensing)
- Improve time efficiency (currently the average stated time – 2hrs x 2 nurses per medication round = 8hrs of nursing time per day)
- Will facilitate the structured day by creating increased nursing hours to meet other clinical requirements and duties

- Facilitate strengthened and improved relationships between OHS and DCS by supporting changes within each service. (Time efficiency is essential in meeting the times clearly set out to provide a medication within the Correction facilities).
- Facilitate the inclusion Medical practices and consultation, to ensure that prescribed medications reflect times and dosing to align with structured day.
- **Create a HP4 Pharmacist position to provide governance for medications over the 3 Corrective Centres**

5.4 Hours Outside of Normal Hours

Night duty not included in trial rosters at BWCC or WCC:

- BCC will remain in place due to 24hr receptions of prisoners
- VMO will remain on call for all Centres
- Capacity for nursing staff concerned about night duty penalties and impacts, to rotate across services within the 12mth period if indicated or required
- BWCC has observation beds that are owned by QCS (OHS staff do not have keys to access this area and in accordance with correction policy, must remained locked on entering and exiting) NB this process does need to be clarified in the MOU between OHS & QCS. It is noted that this area has not been utilised for over a 12mth period.
- Where Nursing support is required overnight to assist QCS with use of – Padded Cell/Dry Cell. This is to be coordinated outside of OHS primary health care model. OHS will support QCS to coordinate Nursing staff, however this can not be factored into OHS proposal for funding.

- If it is identified by OHS, that there is Clinical need to increase staffing to cover a night shift. This would be viewed as increase in workload and escalated for approval and staffing arranged.
- The MOU outlines Queensland Health Responsibilities which states that the Health and Hospital Services will consider the application Health Services policy, procedure and/or guidelines and the *Royal Australian College of General Practitioners Standards for Health Service in Australian Prisons (1st Edition, 2011).*
- Flow sheet and Policy/Work Instruction to accompany trial to meet the following Standard: * **Criterion 1.1.3 – Care outside normal open hours**
- DD Key management after hours – Flow sheet and Policy/Work Instruction to accompany trial. Current Key management for keys within QCS is electronically locked and logged. This same process would be employed
- A work around policy is currently in place for QCS staff. This has been developed secondary to staffing issues within OHS, where there has been no available cover for these shifts. This will need to be reviewed inline with the above policy.
- Rationale utilising the Primary Health Care Model – Community standards – GP to be called/attend hospital/attend GP or Pharmacy during business hours the following day.
- Currently there is a GP available 'on call' for each centre.
- After hours nursing support is available through the below process.

5.5 After Hours Management and Staffing Resources

- Central staffing based at The Park, will coordinate calls of staff notifying of sick leave and arrange the replacement of staff.
- After Hours Management, can provide a nurse to attend the correctional centres over night if required. This will be included in the flow sheet and Policy/Work Instruction to accompany trial to meet the following Standard: * **Criterion 1.1.3 – Care outside normal open hours**
- Decrease Agency usage by having a trained, orientated, pool of casual employees
- Central phone number for all staff after hours to call
- Central point of logging leave
- Consistent approach for supporting clinical services.

5.6 Information Technology

- Information systems and data collection in prison healthcare centres are rudimentary and have historically been given low priority.
- Limitations mean that there is limited understanding about the healthcare needs of offender populations at local and state levels and significant barriers to planning and resource allocation for services. There is no electronic patient information system currently in place, all patient files are paper based.
- Patient Safety, diagnostic results, pharmacy, QH staff support accessibility, policies and procedures, other data base access which could provide essential information and support the delivery of a primary care model. With the absence of an IT solution to enable access between DCS and QH systems, OHS QH employees are significantly isolated
- Without reliable data collection, it is difficult to identify quality activity requirements/needs and an inability to measure effects on any strategies implemented.
- **Business plan to address these identified issues – progress**

5.7 Health Information Management

- All release of information requests are managed by OHS WMHHS.
  1. Right to Information Act 2011/ Information Privacy Act 2011 (i.e. Mental Health, deceased, non-personal information, HIV/AIDS or other notifiable infectious diseases)
  2. Medico-Legal (i.e. Crown Law, Mental Health & other courts, Admin Law)
  3. Release of Information (i.e. GP, other health facilities, Administration Access, DoCS, etc)
  4. Other Release of Information (i.e. HQCC, Ministerial)
- *West Moreton HHS 2012-13 Service Agreement*, states that OHS of this HHS, host the state-wide management of medical records for all Queensland prisoners.
- Subpoenas, warrants etc should be issued to WMHHS CEO, as custodian of all records. There are strict time frames in which to respond and if not complied by, the district can be held in contempt of court, dealt with under s399 of MHA or under s274 Uniform Civil Procedure Rules 1999. There are also sections under Criminal practice rules 1999, coroners act etc. There are also penalties with timeframes under the Information Commissioner.
- The volume of requested types, of above 1-4, average of 42 per month.
- All charts require colour scanning and it is not unusual to have excessive volumes for 1 request, making the workload with the current allocated resources unmanageable to meet the request urgency, legal requirements and times.
- Chart tracking within DCS requires approval of the Executive Director DCS. This system allows the ordering of charts. The charts are only approved to be delivered to OHS WMHHS, by DCS, hence, state-wide responsibility
- The review of this process has identified an urgent need for, appropriate allocated staffing and environmental factors to be considered to comply with legal requirements.
- **Create PO3 Health Information Management and AO3 Position**
- **Flow sheet of process APPENDIX**

5.8 Medical Services Review

- A Review of Medical Services, currently provided within OHS WMHHS, will be undertaken.
- The review will be overseen by the EDMHSS, WMHHS
- Medical Services provided within OHS, are not within the scope of this document.

6. Scope of Change

6.1 Work group impacts

Existing work groups and functions have been examined to determine where roles and functions should be realigned to support delivery of new and enhanced functions required by the HHS. The restructure provides an opportunity to realign functions and streamline work processes to ensure staff workloads are reasonable taking into consideration the Establishment Management Program (EMP).and utilising the Business Planning Framework (BPF).

The Division will comply with the requirements of relevant enterprise bargaining agreements, award provisions and relevant Public Service Commission directives which stipulate that departments must consider employees requiring placement to temporary and permanent vacancies before proceeding to fill a vacancy by other means. Where organizational change impacts on a permanent employee's substantive role, the HHS is required to explore opportunities for them to transfer to other suitable positions.

6.2 Staffing impacts

The current OHS service profile does not reflect the described functions and business needs of the OHS. Positional changes across the HHS will require the matching and transfer of eligible permanent staff in other Corrective Centres or work areas to roles within the HHS.

Other strategies that will also be considered include the introduction of flexible work arrangements where operationally convenient including job share and part time work.

6.3 Process for matching staff

Permanent staff working within the OHS who are Clinical Nurses and whose current function/position is changing will be eligible for consideration in the first instance.

An eligible permanent employee will be considered suitable for a role at level if they have the skills and abilities necessary to meet the requirements of the role to a satisfactory level, given a reasonable period of training and on-the-job experience and are fit to undertake the role with reasonable adjustment, if required.

Suitability assessments will involve obtaining referee statements to support placement decisions.

7 Evaluation

- ❑ Monthly meetings with all nursing staff and GM at 3 Centres to monitor and evaluate all changes implemented within the 4 month trial
- ❑ Feed back is paramount to ensure the process implemented for the trial duration is effective for the functioning of OHS and in conjunction with QCS.
- ❑ Involvement and feedback will be encouraged - a reporting process will be implemented to enable all staff to provide input.
- ❑ These will be compiled, tabled at the Nursing meetings and staff will be expected to provide input to solutions for their team and work environment
- ❑ It is noted that each Facility is unique and changes may need to be made to reflect each team and work environment.
- ❑ Achievement of critical deliverables in the operational and turnaround plan for 2012-13
- ❑ Achievement of performance indicators in the Divisional and unit operational plans.

8 Benefits

WHHHS is a growing and complex organisation facing many challenges over the next four years. Addressing these challenges will require an integrated approach to strategy management, with it being the core action that will change the direction of the health service and the service's performance. The restructure and review of the Primary Care Model and Services delivered by OHS, will be supported by an appropriate skilled and competent workforce. This approach will bring a number of benefits to staff and those who care is provided.

- Identification, development, delivery and improvement of healthcare services to offenders, which are equitable to those provided in the community and are equivalent in all Correctional Centres in WMHHS
- Articulation of clear service standards and KPIs which are consistent across WMHHS. Meeting Accreditation Standards.
- Stronger, multi-disciplinary healthcare teams that enable staff to work within their full scope of practice to meet the full range of offender healthcare needs
- Greater efficiency in the use of resources to deliver quality services, through the use of more appropriate staff mix and through stronger links with community based (non Correctional Centre) services.
- Opportunity for career progression within OHS and greater opportunities for recruitment and retention of highly skilled and experienced staff.
- Integration and alignment with Queensland Health (QH) and WMHHS strategies and objectives including service and staffing models, training and development strategies. Alignment with Human Resource Management, Payroll and other services.
- Integration and alignment with QH policies and procedures to support current practice. Specific Work Instructions developed for local practices to accompany QH policies and procedures to support the OHS workforce
- Access to QH information and programs via Qheps will improve staff support, patient safety, and communication of results or enable reporting processes.
- Recognized educational program providing graduate nursing staff the opportunity to enhance and consolidate skills, rotating over the 3 Centres in WMHHS.
- Nurse Educator position will facilitate the Professional Development for OHS WMHHS, and lead Quality activity and Research to support and enhance outcomes.

9 Costs

The cost of the change in roles and functions will be met from within the allocated budget for OHS. The restructure and FTE for the service will enable efficiencies to be gained for service enhancement and safe function of OHS. The approach to costs and expenditure will be affordable, reflect the achievement of the HHS requirement of a balanced budget and FTE cap contained within the HHS Service Agreement.

Budget integrity will be enhanced by the significant decrease of Agency usage, along with much improved efficiency and cost savings secondary to pharmacy solutions implemented.

10 Sensitivities and Risks

Transitional sensitivities and risks specific to the OHS Division are included in Appendix 2 – High level transition plan

RISK ANALYSIS

Risk Analysis
*Describe the risks in the table below, noting that risks with a rating of high and above should be fully considered and included. Please refer to the Integrated Queensland Health Risk Management Framework and Policy:*http://qheps.health.qld.gov.au/audit/IRM_Stream/policies.htm An analysis of the proposal risk exposure against the Integrated Risk Management Framework identifies the following risk profile for the proposal.

No	Risk Event *(what could go wrong)*	Inherent Risk Rating	Mitigating Action *(what are you going to do about it)*	Owner
1	Communications with restructure of OHS and QCS – Following endorsement of Plan. Ensure consultation and clear direction and implementation strategies	Medium	Schedule initial meeting and regular meetings throughout approved time frame for implementation and change Plan with QCS a communication strategy for QCS staff and ability to notify target population	EDMHSS DONMH NDOHS
1.1	No night duty rostered for BWCC and WCC	Low	Work around plan insitu for QCS Work Instruction developed to direct to central number overnight to provide access to on call GP service and Night Nurse Manager. QAS for emergency interventions.	EDMHSS DONMH NDOHS NUM
2	Delivery of Service to change to reflect new nursing skill mix	Low	Each Centre has a unique target population to which they provide service. Using the Role descriptions and skill mix approved, each area will need to develop their own allocation of Nursing resources to meet their Service demands.	NDOHS NUM
3	Pharmacy Solutions timeframe and or issues arising	Medium	Timely implementation, monitoring and communication with all staff. Identify any issues and address immediately. Close consultation with the pharmacy solution provider	NDOHS NUM HP4 Pharmacy Director of Pharmacy
4	Inability to commence trial with Nurse Practitioner	Low	The Nurse Practitioner role development for OHS has commenced. The commencement of the trial will be filled with a temporary contract meeting CNC role description, for the duration of the trial	NDOHS NUM

LIKELIHOOD		CONSEQUENCES				
		Negligible	**M**inor	**M**oderate	**M**ajor	**E**xtreme
	Rare	Low	Low	Low	Medium	High
	Unlikely	Low	Medium	Medium	High	Very High
	Possible	Low	Medium	High	Very High	Very High
	Likely	Medium	High	Very High	Very High	Extreme
	Almost **C**ertain	Medium	Very High	Very High	Extreme	Extreme

11 Recommendation

Offender Health Services to implement the approved organisational structure to support effective governance, partnerships, planning, performance and achievement of excellence in Primary health care delivery. Once confirmed, the Executive Director and leadership positions within the OHS will lead the continued implementation of the 4 month trial.

Appendix 1 – High Level Transition Plan

1.0 Transition Principles

1. Alignment	There will be a clear line of sight between the objectives to be achieved by the Division and the functions performed.
2. Articulation	Functions are defined and described, then articulated into the activities required for the Division to perform their role.
3. Clarity	The role of each Division, business unit and individual will be clearly defined.
4. Outcomes	The outcomes required will be defined and measured against agreed KPI's.
5. Accountabilities	Performance will be regularly reviewed to ensure deliverables are being achieved.
6. Quality	We will embrace a quality management approach to how we do business.

2.0 Implementation

Activity	Timeframe					
	29/1/13	5/2/13	12/2/13	19/2/13	26/2/13	5/3/13
7Confirmation of OHS – Structure and Function Mapping	X					
Confirmation of Unit structures and FTE		x				
Executive Director MHSS to lead consultation on Division structure with staff and unions			x			
Divisional Business case endorsement by Chief Executive			x			
Business case to DCF			x			
Commence EMP processes						x
Matching of staff to Division positions						x
Create and Update role descriptions as necessary					X	
Direct transfer or limited pool closed merit selection						x
Send copy of new role descriptions and PMR paperwork to Turnaround Team						x

Activity	Timeframe					
	12/3/13	19/3/12	26/3/13	18/3/13	25/03/13	2/4/13
Commence staff movements	x					
OHS and HR (individual Meetings)	x	x				
Complete employee movement paperwork		x	x			
Pharmacy solution complete	X					
Division orientation and on boarding				x	x	

3.0 Key Success Criteria and Implementation Risks

Key Success Factors	Risk	Risk Cause	Risk Impact	Risk Treatment
Employees have the required capability and capacity to achieve OHS objectives	Required outputs and outcomes not realised	Insufficient skilled resources or capacity	Outcomes and outputs either delayed, not delivered or not delivered to required standard	Following confirmation of OHS structure, undertake detailed capability/capacity mapping to identify critical gaps/vulnerabilities
OHS staff are engaged and expectations managed	Employee distress, lack of motivation and disengagement	Poor communication with and engagement with staff during transition process	Low levels of acceptance of change	Regular communication with staff Encourage staff to seek clarification early
Required resources (FTE, budget) Pharmacy solutions IT, Education, HIM solutions	Unable to deliver required outcomes with the existing profile and budget	Poor due diligence in relation to financial processes and approved plan	Unable to measure performance and accountabilities	Required positions transferred to OHS via HR movement process Due diligence of identifying associated resources completed Review, create or transfer required cost centres and associated budget

ATTACHMENTS		REFERENCE FROM DOCUMENT
Appendix 2.	Summary of Nursing Roles and Structure	5.1 Workforce Restructure
Appendix 3	Proposed Nursing Rosters	5.2 Rosters

GRADE 4
Enrolled Nurse (Advanced Practice)
An Enrolled Nurse (EN) (Advanced Practice) is an Enrolled Nurse who demonstrates advanced practice within each of the following four domains:

1. Care Delivery/Clinical Responsibilities
The EN (Advanced Practice) will demonstrate a greater depth of knowledge and experience, and more effective integration of theory to practice. The EN (Advanced Practice) provides care at an advanced level under supervision of a Registered Nurse and in accordance with the Queensland Nursing Council's Scope of Nursing Practice Decision Making Framework. This would include ability to practise more autonomously with supervision by the Registered Nurse being more often indirect rather than direct. The EN (Advanced Practice) would also collaborate with the Registered Nurse in the development of nursing care plans and the provision of nursing care in order to complement the Registered Nurse role.

2. Learning and Inquiry
The EN (Advanced Practice) will demonstrate performance that enhances self professional development and professional development of others. This will include initiation of an ongoing professional development program for self, involvement in peer review and participation in activities related to the enhancement of context specific practice. The EN (Advanced Practice) will also contribute to clinical research at a unit level and contribute to and support the implementation of evidence based practice.

3. Leadership Responsibilities
In the demonstration of leadership responsibilities, the EN (Advanced Practice) will act as a role model within the health care team. This would include contributing to the development, implementation and review of ward/service business plans. The EN (Advanced Practice) will also provide support and direction, within their level of competence, to other Enrolled Nurses and Assistants in Nursing. The EN (Advanced Practice) may also take responsibility for unit activities other than direct patient care eg. workplace health and safety officer, manual handling coordinator.

4. Networks, Partnerships and Teamwork Responsibilities
The role requires the EN (Advanced Practice) to demonstrate sound and effective communication skills with members of the health team, patients, families, visitors and staff from other agencies. This would include initiating, maintaining and using team

GRADE 5
Registered Nurse
A Registered Nurse is a nurse licensed to practise nursing without supervision and who assumes accountability and responsibility for own actions and acts to rectify unsafe nursing practice and/or unprofessional conduct. It is essential that the nurse is registered by the Queensland Nursing Council and holds a current practising certificate.
The degree of expertise will increase as the Registered Nurse advances through this level. The nurse may be a beginning practitioner or a Registered Nurse returning to the field after a period of absence.
Responsibilities
The Registered Nurse provides nursing care based on the ANMC National Competency Standards to a group of patient/clients in collaboration with other health service providers.

These ANMC National Competency Standards competencies are grouped into 4 domains:

1. Professional and Ethical Practice
   A Registered Nurse demonstrates a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing, and the protection of patients'/clients' rights.

1. Critical Thinking and Analysis
   A Registered Nurse undertakes self-appraisal, professional development and values evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for patients/clients, is considered an important professional benchmark.

2. Provision and Coordination of Care
   A Registered Nurse is required to assess patients/clients, as well as plan, implement and evaluate their care.

3. Collaborative and Therapeutic Practice
   Competencies are essential for establishing and sustaining the nurse/patient relationship. It integrates the maintenance of safety, skills in interpersonal and therapeutic relationships, and communication as well as organisational skills to ensure the provision of care. It also includes the ability to interact with other members of the health care team.

GRADE 6
Clinical Nurse
A Clinical Nurse/Midwife means a Registered Nurse or Midwife who is appointed as such. The Clinical Nurse/Midwife role requires a broad developing knowledge in professional nursing issues and a sound specific knowledge-base in relation to a field of practice. The Clinical Nurse assumes accountability and responsibility for own actions and acts to rectify unsafe nursing practice and/or unprofessional conduct.
A Clinical Nurse is responsible for a specific client population, and is able to function in more complex situations while providing support and direction to a Registered Nurse and other non-registered nursing personnel.
The Clinical Nurse identifies, selects, implements and evaluates nursing interventions that have less predictable outcomes.
The Clinical Nurse is able to demonstrate the following:

- ❑ advanced level clinical skills and problem-solving skills;
- ❑ planning and coordination skills in the clinical management of patient care;
- ❑ ability to work without a collegiate/team structure;
- ❑ awareness of and involvement with quality; and
- ❑ contribution to professional practice related to area of expertise.

Responsibilities
Provides nursing care to a group of patients/clients.
Acts as a role model for Registered Nurses and other non-licensed personnel in the provision of holistic patient/client care.
Takes additional responsibility which clearly differentiates the role from that of the Registered Nurse.

GRADE 7
A Registered Nurse may be appointed to an advanced practice position as identified below. Specific leadership roles and responsibilities of each of these advanced practice positions may include, but are not limited to the following:
integrates key objectives from the Strategic Plan (facility/division, clinical service) into service delivery for a clinical unit /departments; overall coordinates, formulates and directs policies relating to the provision of nursing care or speciality services which includes integration of patient care across the continuum of care (inpatient and ambulatory care);

operationalises the strategies (across a facility/division/clinical service) for a work based culture that promotes and supports education, learning, research and workforce development; implements education and applies research initiatives at the unit/division/clinical services/facility level; integrates the strategic direction and priorities for quality improvement into a clinical service that establishes a quality framework which confirms/supports the direction a nursing service will take; and manages change at a local level.

Clinical Nurse Consultant
A Clinical Nurse Consultant is a Registered Nurse who is accountable at an advanced practice level for the coordination of clinical practice delivered in a clinical specialty and who:

applies specialised nursing knowledge relevant to area of professional practice;
demonstrates sound knowledge of contemporary nursing practice and theory;
participates directly or indirectly in the delivery of clinical care to individuals/groups; ensures clinical practice is evidence based to facilitate positive patient outcomes; and has sound knowledge and the ability to apply relevant legislation, guidelines and standards

Nurse Unit Manager

A Nurse Unit Manager is a Registered Nurse who is accountable at an advanced practice level for the coordination of clinical practice and the provision of human and material resources in a specific patient/client area and who:

has ability to lead a nursing team in a multidisciplinary environment utilising the principles of contemporary human, material and financial resource management;
demonstrates sound knowledge of contemporary nursing practice and theory;
participates directly or indirectly in the delivery of clinical care to individuals/groups; ensures clinical practice is evidence based to facilitate positive patient outcomes; and has sound knowledge and the ability to apply relevant legislation, guidelines and standards.

Nurse Educator
A Nurse Educator is a Registered Nurse who is accountable at an advanced practice level for the design, implementation and assessment of nursing education programs, managing educational resources and provides nursing expertise relating to educational issues within a nursing service/division/facility/Health Service District and who:

- ❑ integrates the principles of contemporary nurse education into nursing practice;
- ❑ demonstrates sound knowledge of contemporary nursing practice and theory; and has sound knowledge and the ability to apply relevant legislation, guidelines and standards.

GRADE 8
Nurse Practitioner
A Nurse Practitioner is a Registered Nurse appointed to that position and who has been endorsed to practise as a Nurse Practitioner by the Queensland Nursing Council.
A Nurse Practitioner is educated to function autonomously and collaboratively in an advanced and expanded (or extended) clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to:

- ❑ the direct referral of clients to other health care professionals;
- ❑ prescribing medications; and
- ❑ ordering diagnostic investigations.

ORG UNIT NUMBER WM2

Nurse Unit Manager: Shannon Jeanes PHONE:
COST CENTRE CODE 993396

Paid MEAL BREAKS FOR ALL EMPLOYEES

SURNAME / Firstname	Current FTE	PID	PAN	Week one: M	T	W	T	F	S	S	Week Two: M	T	W	T	F	S	S	Week Three: M	T	W	T	F	S	S	Week Four: M	T	W	T	F	S	S	RDO
NUM	1.0																															0
				0700 1500 NUM	0700 1500 NUM	0700 1500 NUM	0700 1500 NUM	0700 1500 NUM			0700 1500 NUM	0700 1500 NUM	0700 1500 NUM	0700 1500 NUM	0700 1500 NUM			RDO	0700 1500 NUM	0700 1500 NUM	0700 1500 NUM	0700 1500 NUM			0700 1500 NUM	0700 1500 NUM	0700 1500 NUM	0700 1500 NUM	0700 1500 NUM			1
																																0
	1.0			RDO	0700 1500 NP	0700 1500 NP	0700 1500 NP	0700 1500 NP			0700 1500 NP	0700 1500 NP	0700 1500 NP	0700 1500 NP	0700 1500 NP			0700 1500 NP	0700 1500 NP	0700 1500 NP	0700 1500 NP	0700 1500 NP			0700 1500 NP	0700 1500 NP	0700 1500 NP	0700 1500 NP	0700 1500 NP			1
	1.0			0700 1500 RAT	0700 1500 RAT	0700 1500 RAT	0700 1500 RAT	0700 1500 RAT			RDO	0700 1500 RAT	0700 1500 RAT	0700 1500 RAT	0700 1500 RAT			0700 1500 RAT	0700 1500 RAT	0700 1500 RAT	0700 1500 RAT	0700 1500 RAT			0700 1500 RAT	0700 1500 RAT	0700 1500 RAT	0700 1500 RAT	0700 1500 RAT			1
	1.0			1400 2200 N	1400 2200 N		1300 2100 R2	2200 0600 ND	2200 0600 ND	2200 0600 ND	2200 0600 ND					RDO	1400 2200 S	1400 2200 S	1300 2100 R1	1000 1800 RF	0700 1500 C1	1000 1800 C2	0600 1400 N			1400 2200 N	1400 2200 N	1300 2100 R2	0700 1500 R	0600 1400 S			
	1.0			RDO		1400 2200 S	1000 1800 RF	1000 1800 C2			1400 2200 S	1300 2100 R1	0700 1500 C1	0700 1500 R	0600 1400 N				1400 2200 N	1400 2200 N	1300 2100 R1	1300 2100 R2	0600 1400 S	0700 1500 C1				2200 0600 ND	2200 0600 ND	2200 0600 ND	2200 0600 ND		1
																																0
	1.0					RDO	1300 2100 R1	1300 2100 R2	0600 1400 S	0600 1400 S			1400 2200 N	1400 2200 N	1400 2200 N	2200 0600 ND	2200 0600 ND	2200 0600 ND	2200 0600 ND				RDO	1400 2200 S	1400 2200 S	1000 1800 C2	0700 1500 C1	0600 1400 S		1000 1800 RF	1400 2200 N	1400 2200 N	2
	1.0			1000 1800 C2	0700 1500 C1	0600 1400 S			1400 2200 N	1400 2200 N	1000 1800 RF	0600 1400 N				0600 1400 S	0600 1400 S	0700 1500 C1	RDO	2200 0600 ND	2200 0600 ND	2200 0600 ND	2200 0600 ND					1400 2200 S	1400 2200 N	1300 2100 R1	0600 1400 N	0600 1400 N	1
	1.0			2200 0600 ND	2200 0600 ND	2200 0600 ND	2200 0600 ND				1300 2100 R2	0700 1500 R	0600 1400 N			1400 2200 N	1400 2200 N	1000 1800 RF	0700 1500 R	1000 1800 C2	0600 1400 S	0600 1400 S					1400 2200 N	1000 1800 RF	1300 2100 R2	0600 1400 S	0600 1400 S	1
	1.0			0700 1500 R			1400 2200 S	1300 2100 R1	0600 1400 N	0600 1400 N	RDO	2200 0600 ND	2200 0600 ND	2200 0600 ND	2200 0600 ND			1400 2200 N	0700 1500 C1	1400 2200 S	1400 2200 S	1300 2100 R1	0700 1500 C1				1300 2100 R1	0700 1500 R			1400 2200 S	1400 2200 S	1
	1.0			1300 2100 R1	1000 1800 C2	0700 1500 C1	0600 1400 N	0600 1400 N			0700 1500 C1	1300 2100 R2	RDO			0600 1400 N	0600 1400 N	0700 1500 R	1400 2200 S	1000 1800 RF	0700 1500 R		0600 1400 N	0600 1400 N			2200 0600 ND	2200 0600 ND	2200 0600 ND			1000 1800 C2	1
	1.0			0700 1500 C1	0600 1400 N	0600 1400 N			0700 1500 C1	1400 2200 S	1000 1800 C2	0700 1500 C1	1000 1800 RF	0600 1400 S	0600 1400 S					1300 2100 R1	0700 1500 R	1000 1800 RF	0600 1400 N	0600 1400 N			0600 1400 N			1300 2100 R1	1000 1800 C2	0700 1500 C1	RDO	1
	1.0				1400 2200 S	1300 2100 R1	1000 1800 C2	0700 1500 R	1000 1800 C2	0700 1500 C1				1000 1800 C2	1400 2200 S	1000 1800 C2	0700 1500 C1	0600 1400 S	0600 1400 N	0600 1400 N	RDO			1400 2200 N	1300 2100 R1	1000 1800 RF	0700 1500 C1	0600 1400 N	0600 1400 N			1
	1.0			1400 2200 S	1000 1800 RF	1000 1800 C2	0700 1500 C1	0600 1400 S					1400 2200 S	1300 2100 R1	1000 1800 C2	0700 1500 C1	1000 1800 C2	0600 1400 N	RDO				1400 2200 N	1000 1800 C2	0600 1400 S	1000 1800 RF	0600 1400 N	0600 1400 N			1000 1800 C2	0700 1500 C1	1
	1.0			1000 1800 RF	0600 1400 S	0700 1500 R			1400 2200 S	1000 1800 C2	0700 1500 R	0600 1400 S	0600 1400 S	1000 1800 RF	0700 1500 R			1400 2200 S	1000 1800 C2	RDO				1400 2200 N	1000 1800 C2	0600 1400 S	0600 1400 S	1000 1800 RF	0700 1500 C1	0700 1500 R			1
	1.0			0600 1400 N	0700 1500 R	1000 1800 RF	0600 1400 S	0700 1500 C1			0600 1400 N	1000 1800 C2	0700 1500 R	0600 1400 N	0700 1500 C1			RDO	0600 1400 S	0600 1400 S	1000 1800 RF	0700 1500 C1			0700 1500 C1	0700 1500 R	1000 1800 C2	0600 1400 S	0700 1500 C1			1
	1.0			0600 1400 S	1300 2100 R1	1400 2200 N	0700 1500 R	1400 2200 N			0600 1400 S	1000 1800 RF	1000 1800 C2	1300 2100 R2	1300 2100 R1			1000 1800 C2	1300 2100 R1	0700 1500 R	0600 1400 N	RDO			1400 2200 S	1400 2200 S	1300 2100 R1	1400 2200 S	1400 2200 N			1
	1.0			1300 2100 R2	1300 2100 R2	1300 2100 R2	1400 2200 N	1400 2200 S			1400 2200 N	1400 2200 N	1300 2100 R1	0700 1500 C1	1000 1800 RF			1300 2100 R2	1300 2100 R2	1300 2100 R2	1400 2200 N	1400 2200 S			0700 1500 R	1000 1800 C2	RDO	1000 1800 C2	1400 2200 S			1
	0.5						1300 2100 R2	1000 1800 RF			1300 2100 R1	1400 2200 S	1300 2100 R2	1400 2200 S	1300 2100 R2						1300 2100 R2	1000 1800 C2				1300 2100 R2		1300 2100 R2				0
																																0
																																0
FTE total	18.0																															0
Day																																
8-4																																
Evening																																
Night																																
				Optional shift counter - These cells will need formatting to match unit shift times														Optional shift counter - These cells will need formatting to match unit shift times															

Code Options
(Edit to suit unit shifts)
When booking leave, plot the leave plus the shift the staff member would have worked to avoid fatigue penalty

0600 1400 N
0600 1400 S
0700 1500 R
1000 1800 RF
0700 1500 C1
1000 1800 C2
0700 1500 RAT
0700 1500 NUM
1400 2200 N
1400 2200 S
1300 2100 R1
1300 2100 R2
2200 0600 ND
0700 1500 NP
RDO

ORG UNIT NUMBER WM2

Nurse Unit Manager: Vanessa Brooks
COST CENTRE CODE 993385

DRAFT

Paid MEAL BREAKS FOR ALL EMPLOYEES

SURNAME / Firstname	Current FTE	PID	PAN	Week one: M	T	W	T	F	S	S	Week Two: M	T	W	T	F	S	S	Week Three: M	T	W	T	F	S	S	Week Four: M	T	W	T	F	S	S	RDO
																		6	6	6	6	6											
				0700 1500			0700 1500	0700 1500				0700 1500		0700 1500				0700+ 1500			0700 1500	0700 1500				0700 1500			0700 1500			0
																																0
				0700 1500	0700 1500			1300 2100	1300 2100	1300 2100	0700 1500	0700 1500	0700 1500			1300 2100	1300 2100	1300 2100	0700 1500	0700 1500			1300 2100	1300 2100	1300 2100	1300 2100	0700 1500	0700 1500	RDO			1
				1300 2100	1300 2100	0700 1500	0700 1500	0700 1500			1300 2100	1300 2100	1300 2100	0700 1500	0700 1500			RDO	1300 2100	1300 2100	0700 1500	0700 1500					1300 2100	1300 2100	1300 2100	1300 2100	0700 1500	1
						1300 2100	1300 2100	0800-1600 OTP	0700 1500	0700 1500	RDO			1300 2100	1300 2100	0700 1500	0700 1500	0700 1500			1300 2100	1300 2100	0700 1500	0700 1500	0700 1500	0700 1500			0700 1500	0700 1500	1300 2100	1
				0800-1600 OTP	0800-1600 OTP	0800-1600 OTP	0800-1600 OTP	RDO			0800-1600 OTP	0800-1600 OTP	0800-1600 OTP	0800-1600 OTP	0800-1600 OTP			0800-1600 OTP	0800-1600 OTP	0800-1600 OTP	0800-1600 OTP	0800-1600 OTP			0800-1600 OTP	0800-1600 OTP	0800-1600 OTP	0800-1600 OTP	0800-1600 OTP			1
																																0
				0730 1530	0730 1530	HJ 0730 1530	0730 1530	0730 1530			0730 1530	0730 1530	HJ 0730 1530	0730 1530	0730 1530			0730 1530	0730 1530	HJ 0730 1530	0730 1530	0730 1530			0730 1530	0730 1530	HJ 0730 1530	0730 1530	RDO			1
				1230 2030	1230 2030	1230 2030	0800 1600 NREC	0800 1600 NREC			1230 2030	1230 2030	0630 1430	0630 1430	0630 1430					1230 2030	1230 2030	0630 1430	0630 1430	0630 1430	RDO			1230 2030	1230 2030	0630 1430	0630 1430	1
				SC 0800 1600			1230 2030	1230 2030	1230 2030	0630 1430	RDO			1230 2030	1230 2030	0630 1430	0630 1430	0800 1600 NREC	0800 1600 NREC			1230 2030	1230 2030	1230 2030	0800 1600 NREC	0800 1600 NREC			0800 1600 NREC	1230 2030	1230 2030	1
				0800 1600 NREC	0800 1600 NREC	0630 1430	RDO			1230 2030	0800 1600 NREC	0800 1600 NREC	1230 2030	0800 1600 NREC	0800 1600 NREC			1230 2030	1230 2030	0630 1430	0800 1600 NREC	0800 1600 NREC			1230 2030	1230 2030	1230 2030	0800 1600 NREC	0630 1430			1
				0630 1430	0630 1430	0630 1430	0630 1430	0630 1430			0630 1430	0630 1430	0630 1430			1230 2030	1230 2030	0630 1430	0630 1430	0630 1430	0630 1430	RDO			0630 1430	0630 1430	0630 1430	0630 1430	0630 1430			1
																																0
																																0
				0630 1430	0630 1430	0630 1430			0630 1430	0630 1430	0630 1430	0630 1430	0630 1430			0630 1430	0630 1430	0630 1430	0630 1430	0630 1430	0630 1430	RDO			0630 1430	0630 1430	0630 1430	0630 1430	0630 1430			1
				HJ 0700 1500	DR 0800 1600		DR 0800 1600	DR 0800 1600				DR 0800 1600		DR 0800 1600	DR 0800 1600			HJ 0700 1500	DR 0800 1600		DR 0800 1600	DR 0800 1600			HJ 0700 1500	DR 0800 1600		DR 0800 1600	DR 0800 1600			0
							0630 1430	0630 1430	0630 1430		HJ 0700 1500			0630 1430	0630 1430						0630 1430	0630 1430	0630 1430							0630 1430	0630 1430	0
																																0
																																0
																																0
EN	0.0																															0
																																0
FTE total	0.0																															0
Day				5	4	4	5	5	3	3	4	5	4	5	4	3	3	5	4	4	5	5	3	3	4	4	3	4	5	3	3	
8-4				3	3	1	3	3			2	3	1	3	3			2	3	1	3	3			2	3	1	3	3			
Evening				2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Helana Jones				1		1					1	Completion of Nursing Support Services Unit						1		1					1		1						
				Optional shift counter - These cells will need formatting to match unit shift times														Optional shift counter - These cells will need formatting to match unit shift times															

EXHIBIT 1249

WMS.0014.0001.07297

ORG UNIT NUMBER				Nurse Unit Manager: Lore Reid COST CENTRE CODE 993397							PHONI 3271-0483																			
Paid MEAL BREAKS FOR ALL EMPLOYEES				Week one:							Week Two:							Week Three:							Week Four:						
SURNAME / Firstname	Current FTE	PID	PAN	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	RDO
NUM																																0
	1.0			0800 1600	0800 1600	0800 1600	0800 1600	0800 1600			0800 1600	0800 1600	0800 1600	0800 1600	0800 1600			0800 1600	0800 1600	0800 1600	0800 1600	0800 1600			0800 1600	0800 1600	0800 1600	0800 1600	0800 1600			0
NPC																																0
	1.0			0700 1500	0800 1600	0800 1600	0800 1600	0800 1600			0800 1600	0800 1600	0800 1600	0800 1600	0800 1600			0800 1600	0800 1600	0800 1600	0800 1600	0800 1600			0800 1600	0800 1600	0800 1600	0800 1600	0800 1600			1
CN	4.0																															
	1.0			0700 1500	0700 1500	0700 1500	0700 1500	0700 1500				0700 1500	1500 2300	1500 2300	1500 2300	1500 2300					RDO 1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300			0700 1500	0700 1500	0700 1500	1
	1.0					1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300			0700 1500	0700 1500	1500 2300	1500 2300	2300 0700	2300 0700			0700 1500	2300 0700	2300 0700	2300 0700	2300 0700	2300 0700	2300 0700	RDO 1500 2300			1
	1.0			1500 2300	1500 2300	RDO 1500 2300			0700 1500	0700 1500	2300 0700	2300 0700	2300 0700	2300 0700	2300 0700			0700 1500	0700 1500	0700 1500	0700 1500	2300 0700					1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1
	1.0			2300 0700	2300 0700	2300 0700	2300 0700	2300 0700			0700 1500	0700 1500	0700 1500			0700 1500	0700 1500	1500 2300	1500 2300	1500 2300			0700 1500	0700 1500			0700 1500	0700 1500	0700 1500	0700 1500	RDO 1500 2300			1
RN	4.0																															0
	1.0			1500 2300	1500 2300	RDO 1500 2300			0700 1500	0700 1500	2300 0700	2300 0700	2300 0700	2300 0700	2300 0700			0700 1500	0700 1500	0700 1500	0700 1500	2300 0700					1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1
	1.0			2300 0700	2300 0700	2300 0700	2300 0700	2300 0700			0700 1500	0700 1500	0700 1500			0700 1500	0700 1500	1500 2300	1500 2300	1500 2300			0700 1500	0700 1500			0700 1500	0700 1500	0700 1500	0700 1500	RDO 1500 2300			1
	1.0					1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300			0700 1500	0700 1500	1500 2300	0700 1500	2300 0700	2300 0700			0700 1500	2300 0700	2300 0700	2300 0700	2300 0700	2300 0700	2300 0700	RDO 1500 2300			1
	1.0			0700 1500	0700 1500	0700 1500	0700 1500	0700 1500					1500 2300	1500 2300	1500 2300	1500 2300	1500 2300			RDO 1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	0700 1500			0700 1500	0700 1500	0700 1500	1
GRAD RN	1.0			0700 1500	0700 1500	0700 1500	0700 1500	0700 1500			1500 2300	1500 2300	1500 2300	1500 2300	1500 2300					RDO 1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300			0700 1500	0700 1500	0700 1500	1
EN	2.5																															0
	1.0			0700 1500	0700 1500	0700 1500	0700 1500	0700 1500			0700 1500	0700 1500	1500 2300	1500 2300	1500 2300			1500 2300	1500 2300			1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	0700 1500	0700 1500	RDO 0700 1500			1
	1.0			1500 2300	1500 2300	1500 2300	1500 2300	1500 2300					0700 1500	0700 1500	0700 1500	0700 1500	0700 1500			0700 1500	0700 1500	0700 1500			RDO 1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	1500 2300	0700 1500	0700 1500	1
	0.5							0700 1500	0700 1500	0700 1500	1500 2300	1500 2300								0700 1500	0700 1500							0700 1500	0700 1500	0700 1500			0
																																0
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																																0
																																0
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FTE total	24.0																															0
Day				4	4	4	4	5	3	3	3	4	3	3	3	3	4	3	3	3	3	3	2	2	2	3	4	4	4	4	4	
8-4				1	2	2	2	2	0	0	2	2	2	2	2	0	0	2	2	2	2	2	0	0	2	2	2	2	2	0	0	
Evening				3	3	3	3	3	2	2	4	2	4	4	4	4	2	3	3	2	3	4	4	4	4	4	3	3	3	2	2	
Night				2	2	2	2	2	0	0	2	2	2	2	2	0	0	2	2	0	0	2	2	2	2	2	2	2	0	0	0	
				Optional shift counter - These cells will need formatting to match unit shift times														Optional shift counter - These cells will need formatting to match unit shift times															