NHS BORDERS

Nursing & Midwifery

Rostering Policy for Nursing & Midwifery Staff in Hospitals/Wards

CONTENTS

NHS Borders recognises the value of its workforce and is committed to supporting staff to provide high quality patient care. Whilst acknowledging the need to balance the effective provision of clinical services with supporting staff to achieve an appropriate work life balance, it is recognised that the organisation needs to respond to changing service requirements. A flexible, efficient and robust rostering system is key to achieving this objective.

1. Purpose and Scope

1.1 The purpose of this document is to determine the framework that Managers and Senior Nursing & Midwifery staff will use to ensure efficient and effective use of Nursing & Midwifery staff across NHS Borders.

1.2 Nursing and midwifery teams largely provide a twenty four hours, seven days per week service. The responsibility of preparing rosters that ensures patient safety, whilst maintaining a work-life balance for the staff can be a complex and time consuming process.

1.3 This document presents a Rostering Policy for the nursing and midwifery workforce of NHS Borders. The purpose of the policy aims to ensure good practice in the preparation of rosters and to inform Line Managers and their staff on the principles of effective rostering.

1.4 Adherence to this document will ensure that good practice is consistent across NHS Borders. It applies to all nurses and midwives working in clinical services across NHS Borders.

2. Statement of Policy

2.1 Robust ward/team and department duty rotas are an essential aspect of any well managed area. Senior Charge Nurses are accountable for the effective management of duty rotas within their area including:

- Ensure rosters are prepared using existing resources to meet clinical demand. The SCN will minimise clinical and non clinical risk by ensuring that the appropriate number and skill mix of staff is available to provide person centred, safe and effective patient care. If this cannot be achieved, this should be discussed with the Operational/Service Manager.
- Ensuring appropriate leadership within the clinical environment at all times
- Ensuring appropriate deployment of staff
- Management of the standard of duty rotas within the area of responsibility ensuring that rosters are fair, consistent and fit for purpose and that no member of staff is disadvantaged through the workings of this policy
- Effective management of time out allowance added to establishments e.g. annual leave, study leave,
- Improving the monitoring and management of sickness and absence by department and/or individual, generating comparisons, identifying trends and priorities for action
- Enabling the shift pattern aspects legal requirements of the Working Time Regulations to be met
- Ensure staff feel valued as a resource by ensuring a fair and equitable system to manage working time

2.2 Associated Documents

Before compiling a roster this policy must be read in conjunction with the following documents:-
- Agenda for Change Terms and Conditions of Employment which includes guidance for annual leave
- Relevant HR Policies, such as PIN Guidelines
- Any other relevant ward / unit documents
- NHSB Working Time Regulation document
- Equality Act (2010)

2.3   If, following completion of a roster, there are gaps due to vacancies and a high level of sickness/absence then refer to:-

- NHS Borders Standard Operating Procedure for the use of Nurse Bank/Agency.

3.   Responsibilities and Organisational Arrangements

3.1   Accountability for overall monitoring and review of usage and expenditure of nursing staff is the responsibility of General Managers. Service Managers and Operational Managers will undertake a delegated level of authorisation, monitoring and review of nursing workforce in line with their operational management role and the objectives of their Service.

3.2   Staffing establishments including general levels and skill mix will be approved between General Manager/Service Manager and Associate Director of Nursing following use of nationally agreed workforce planning tools, where available. Minimum agreed staffing levels will be used as a general guide but must be viewed as flexible and dependant upon patient acuity, clinical activity within the area and general risks within the department as a whole.

3.3   Staff are responsible for:-
- attending work as per their duty roster
- adhering to the requirements set out by the roster policy
- being reasonable and flexible with their roster requests and being considerate to their colleagues within the rules set out by NHS Borders Rostering Policy
- working their share of nights and weekend shifts where applicable, recognising the terms of individual contracts of employment
- notifying the Senior Charge Nurse or Deputy of any required changes to a planned shift, informing SCN/deputy as soon as possible in order to give sufficient notice in advance of the planned shift

3.4   Senior Charge Nurses are responsible for:-
- ensuring that a quality roster is *produced, maintained and finalised* in line with this policy
- ensuring that resources are managed as efficiently and effectively as possible and escalating any potential risk to their line manager
- the safe staffing of the ward even if they did not directly undertake the task of producing the duty roster and authorise all changes required after the final roster has been posted for staff.
- confirming that all entries within SSTS are accurate and are a true record of hours/shifts worked. Under no circumstances should rosters be approved if inaccuracies are apparent. If rosters are approved with inaccurate information, this will lead to an investigation following relevant NHSB policy, which may result in disciplinary action.
- when nominating a deputy they must ensure that these staff are appropriately trained

- ensuring that there are enough staff in the right place at the right time, based on the agreed and funded skill mix, with the required competencies, to meet the needs of the service
- the fair and equitable allocation of weekends, annual leave and study leave
- considering all roster requests from staff, ensuring fairness and equity in working patterns
- ensuring that all staff are aware of the NHS Borders policy for rostering
- Monitoring and management of staff absence.

3.5   Service/Operational Managers are responsible for:-
- analysing staffing and quality of patient care and experience in their area of responsibility within agreed budget.
- regularly reviewing supplementary staffing levels
- providing guidance and support to the Senior Charge Nurse
- approving and monitoring any supplementary hours agreed above the required staffing resource.
- monitoring reports in supplementary staff demand and fixed term staffing usage against ward/department establishments
- monitoring and management of staff absence in line with NHSB Management of Sickness/Absence policy.

4.   **Producing Rosters**

4.1   There will be 13 four week rosters per year, commencing on a Monday and published a minimum of six weeks in advance. This will enable staff to better manage their personal arrangements and to afford the Nurse Bank office sufficient time to fill vacant shifts.

4.2   All rosters should be composed to adequately cover 24 hours (or agreed set hours to meet clinical activity) utilising permanent staff[1] proportionally across all shifts. The use of bank and agency should be used in line with the NHS Borders Standard Operating Procedure for the use of Nurse Bank/Agency.

4.3   All staff must be expected to work a fair and equal share of early/late and night shifts unless exceptions are necessary or agreed to meet the needs of the Service; whilst recognising the terms of individual contracts of employment.

All staff are to be expected to cover weekend and night shifts during a set roster period unless exceptions are necessary or agreed to meet the needs of the Service; whilst recognising the terms of individual contracts of employment

4.4   Staff must have a minimum of one weekend off per 4 week roster, in normal circumstances.   Additional weekends off can be rostered if the departmental requirements allow.

- The number of consecutive standard day shifts for staff to work will not normally exceed **8** (a standard shift is defined as any shift up to a maximum of 7.5 hours**)**.

- The number of consecutive long shifts for staff to work will not normally exceed **3**.

- Night Duty should not normally exceed a maximum of **3** consecutive shifts in a week.

- Internal rotation between day duty and night duty is promoted within the organisation. Staff will not be expected to work a combination of days and nights within the same week unless there is reasonable time off following night duty, for example; staff working Sunday night shift would not be expected to return to work until a Wednesday day shift.

- It's good practice to roster an early before days off and a late following days off during a period of day duty.

4.5   All staff must have 24 hours rest in every 7 days OR 48 hours rest in every 14 days. Staff must not work more than an average of 48 hours per week over 17 week period, in line with the European Working Time Directive (EWTD).

4.6   Pre Registration Student Nurses will be rostered with their mentors (for a minimum of 40% of their shifts). All shifts are supernumerary; therefore students will not be counted in the establishment.

4.7   Timeout Allowance

Within each Ward/Unit/Team the following timeout Allowance is included in the unit budget to cover expected absence.

- Annual Leave – 15% (including Public Holidays)
- Sickness – 4%
- Other paid leave – 2%
- **Total – 21%**

4.9   Public Holidays/Annual Leave - The Senior Charge Nurse is responsible for approving all annual leave. Annual leave dates should be mutually agreed between the employee and their manager as far in advance as possible (see NHS Borders Annual Leave Policy). Each member of staff is responsible for booking their annual leave at least 6 weeks in advance, as a minimum.

4.10   The target percentage of staff on leave at any one time is 15% of total staff in post (with a tolerance range of +/- 1%). Each department should calculate how many qualified and unqualified staff **must** be allocated annual leave in any one week, with a defined limit for each band (see appendix 1 for the time out algorithm). An agreed number will be set and must be adhered to. Staff should be made aware of the need to maintain this number constantly throughout the year and the Senior Charge Nurse will allocate leave following discussions with the staff concerned. A maximum of 14 consecutive calendar days of annual leave can be requested. Any more than this will need special approval from the Service Manager.

4.11   Annual leave must be booked or cancelled before a roster is planned. Annual leave requested after this can only be given if staffing levels permit near to the day. Annual leave requests that exceed the documented acceptable level for the department will not be approved. If additional leave has to be allocated due to accumulated leave while on sick/maternity leave, this must be discussed with Service/Operational Manager.

4.12   Peak Holiday Periods - The amount of annual leave taken during peak holiday periods should remain within the 14% - 16% range. Discussions should be encouraged between those requesting time off so that each member of staff has an equal chance of being granted annual leave. Annual leave requests for peak holiday periods will be shared equally amongst those making requests. The use of supplementary staffing to cover annual leave is unacceptable.

4.13 Study Leave - The Senior Charge Nurse will:
- Utilise the available number of study leave days in each roster calculated using the time out algorithm
- Prioritise the Statutory and mandatory training requirements for staff, to include NHS Borders corporate and local induction, as detailed in the departmental training plan.
- Produce a roster to facilitate staff attendance at statutory and mandatory training, as detailed in the departmental training plan.
- Record all study leave time on SSTS

4.14 Sickness Absence - Sickness Absence will be managed in accordance with the NHS Borders Sickness Absence Policy. Sickness must be communicated by telephone to the Senior Charge Nurse or nominated deputy as agreed in the Managing Attendance Policy and in line with local reporting   arrangements.

4.15 Changes to Published Rosters - Whilst it is acknowledged that this task may be delegated, it is the responsibility of the Senior Charge Nurse/Charge Nurse to ensure that rosters are amended and kept up to date with additional shifts and timeout e.g. sickness, absence, study leave, etc. Shift changes should be kept to a minimum; staff are responsible for negotiating their own changes once the roster is completed. These changes must be approved by the Senior Charge Nurse/Charge Nurse. All changes should be made with an equal grade and with consideration for the overall skill mix of all shifts being changed. Where staff are allocated as a mentor to a student, shift changes should not occur without ensuring the student either changes with the staff member or is allocated to another suitable member of staff and that the student is aware of the change and that this change is recorded on the roster. In exceptional circumstances rosters may be changed at short notice to ensure appropriate levels of cover are maintained. Every effort will be made to ensure this is done with fairness and equity.

4.16 All updates to the roster must be made as soon as practically possible after occurrence, taking into consideration Payroll deadlines (this includes changes to shifts, times of attendance, late finishes, sickness and holiday). The actual worked roster must be verified by the Senior Charge Nurse within the timescales determined by payroll. It is the Senior Charge Nurses responsibility to ensure appropriate staff have access and are trained to make these changes in her/his absence.

5.   Skill Mix

5.1 An agreed and funded staffing baseline is essential to delivering high quality care. Each Ward/Unit/Team should have an agreed total number of staff and skill mix determined by the use of agreed national Nursing & Midwifery Workload Planning Tools where available for the specific specialty. The establishment will be approved by the General Manager and Associate Director of Nursing.

5.2 The skill mix and establishment should be reviewed at least annually, with the budget setting and workforce planning process. Skill Mix and establishment reviews may happen more frequently if a need / risk is identified. In areas where the workload is known to vary according to the day of the week staff numbers and skill mix should reflect this.   Each ward/unit/team should have an agreed level of staff with specific competencies on each shift, to enable appropriate cover, e.g.:
- Giving medication
- IV administration
- Taking charge of the shift
- Ability to perform assessments and observations

5.3 The off duty for senior staff must be compatible with their commitment to any bleep holders roster. There must be a designated person in charge for each shift who has been identified as having the required skills and competencies for a co-ordinating role. To achieve a balance of skills across all shifts senior staff should work opposite shifts.

6. Flexible Working

6.1 NHS Borders is committed to the principles laid down by the NHS Scotland Staff Governance Standard and Partnership Information (PIN) Guidelines, to promote the principles and approaches to achieving health and wellbeing, which includes: work-life balance, flexible working and family friendly working (refer to relevant Workforce Policies).

6.2 All applications for flexible working will be considered, but it may on occasion not be possible to agree to requests of individuals if their proposed working pattern cannot be accommodated within service needs. Service needs **will** take priority when creating a roster and achieving safe staffing numbers and an appropriate skill mix is essential.

6.3 Requests should be made with reasonable consideration to colleagues. All requests will be considered in the light of Patient Care and service needs and the Senior Charge Nurse will endeavour, as far as possible, to meet individual requests. However, it cannot be assumed that the roster will be developed to accommodate all requests, including high priority requests, as service needs will take priority.

7. Flexible Deployment

7.1 During staff shortages it is accepted that staff may be required to work in other clinical areas to provide a safe and efficient service. The Service/Operational Manager or delegated SCN or other designated person for each area is responsible for the redeployment of staff within the hospital/service to meet service requirements. Out of hours, this decision will be made by the Bleep Holder / On-call Duty Manager. It is recognised that occasionally staffing needs to be viewed as a whole, i.e. cross site or across Clinical Boards when staffing redeployment within a particular area is not possible.

It is accepted that in the event of a major incident or significant event; staff will be redeployed, taking into consideration their skills and competencies, to provide the best patient care.

Appendix l: Time out Algorithm

Example:

Clinical Area X has **21 WTE** Registered staff and **7.5 WTE** HCSW's.
The percentage of staff on time out at any time is **21%**
Therefore Target Levels are:

Total Time Out
Registered Staff = 21 x 0.21 = **4.41 w.t.e.**
HCSW = 7.5 x 0.21 = **1.57 w.t.e.**

Within that total, annual leave must account for 15% and therefore
Registered Staff = 21 x 0.15 = 3.15
HCSW = 7.5 x 0.15 = 1.13

You would therefore need to allocate 3.15 registered nurses and 1.13 HCSW per week on leave to achieve balance over the year. This equates to 15 – 16 days leave for Registered Staff and 5 – 6 days leave for HCSW.

Please note: This number is based on WTE **in post**; therefore as staff join and/or leave you will need to recalculate the above.

Frequently Asked Questions

Managers

Q)   What training is available for managers to support effective rostering?
A)   A training toolkit will be designed and rolled out to all relevant Senior Charge Nurses. This will incorporate a blended learning approach including e-learning and practical tutorials

Q)   What is the role of the Service Manager regarding rostering?
A)   The Service Manager is responsible for ensuring resources are used effectively to deliver safe and effective patient care whilst ensuring staff are treated equitably to support SCNs with effective rostering and as a point of escalation for any staff concerns?

Q)   What is a week?
A)   A week is a period of seven consecutive days

Q)   What is a long shift?
A)   A long shift is any shift where the actual working hours exceed 7.5 hours.

Q)   Why can only three consecutive nightshifts be worked?
A)   This is guidance issued by both the Health and Safety Executive and the Royal College of Nursing. Follow links:
      http://www.rcn.org.uk/__data/assets/pdf_file/0004/479434/004285.pdf
      http://www.hse.gov.uk/pubns/priced/hsg256.pdf

Q)   Can staff be rostered to work four consecutive night shifts?
A)   Staff should not be rostered to work four consecutive night shifts. In exceptional circumstances to maintain patient safety, a roster may be altered to meet the needs of the ward.
      Staff may request to work four consecutive night shifts and this should only be granted in exceptional circumstances.

Q)   How do we ensure rosters are completed 6 weeks in advance?
A)   This will be the responsibility of the SCN and will be monitored by the Service Manager

Q)   What is a high priority request?
A)   This should be considered as a request which, if not approved, would have significant impact on the staff member e.g. for childcare, funerals

Q)   How is the 15% allocation of annual leave incorporated into the roster?
A)   The 15% allocation of annual leave is planned leave for staff in post. This does not include staff who are on maternity leave, long term sickness absence etc.

Q)   How do managers calculate enhancements for staff on annual leave?
A)   SCN should consider the shifts the employee would have worked and this should be entered on SSTS as the underlying shifts.

Q)   When might disciplinary action be taken against a manager for approving inaccurate rosters?

A)   A conduct investigation may take place where it felt that a roster has been deliberately approved with the knowledge that it contains inaccurate information e.g. authorising overtime hours or unsocial hours that were not worked.

Frequently Asked Questions

Staff

Q)   What is a week?
A)   A week is a period of seven consecutive days

Q)   What is a long shift?
A)   A long shift is any shift where the actual working hours exceed 7.5 hours.

Q)   Why can only three consecutive nightshifts be worked?
A)   This is guidance issued by both the Health and Safety Executive and the
        Royal College of Nursing. Follow links:
        http://www.rcn.org.uk/__data/assets/pdf_file/0004/479434/004285.pdf
        http://www.hse.gov.uk/pubns/priced/hsg256.pdf

Q)   How much notice do I need to give for annual leave?
A)   To support the compilation of effective rosters, staff are requested to give a minimum of six
        weeks notice of annual leave requests.

Q)   How do we ensure rosters are completed 6 weeks in advance?
A)   This will be the responsibility of the SCN and will be monitored by the Service Manager

Q)   What is a high priority request?
A)   This should be considered as a request which, if not approved, would have significant
        impact on the staff member e.g. for childcare funerals

Q)   How will I know that my requests are being treated fairly?
A)   It will be the responsibility of the SCN to ensure all requests are treated fairly and equitably.
        If you believe this is not the case, you can escalate this to the Operational Manger for your
        area or discuss with your staff side representative

Q)   Can I swap shifts easily?
A)   All changes to off duty must be discussed with the Senior Charge Nurse (or nominated
        deputy) and authorised accordingly.