Western Health and Social Care Trust

NURSING AND MIDWIFERY ROSTERING POLICY

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1. Introduction

This document presents a rostering policy for the nursing and midwifery workforce of the Western Health and Social Care Trust. The policy aims to promote good practice in the preparation of rosters and guide Line Managers and their staff on the principles of effective rostering.

Nursing and midwifery teams largely provide a twenty four hour - seven days per week service. The responsibility of preparing rosters that take account of the number of skilled staff required to safely manage the care of the patient or client group, whilst maintaining a work-life balance for the staff can be a complex and time consuming process, as acknowledged by the Health Finance Management Association (HFMA).

Electronic Rostering has been implemented to a large number of clinical services and facilities since 2010. Whilst not all nursing and midwifery teams are using an electronic rostering solution, the principles within this policy will apply equally to manual rostering practices. The electronic rostering system has assisted the Ward Sisters, Charge Nurses and Team Leaders in the timely preparation of rosters and enables them to effectively manage the staffing resource available to them. The system also has the capacity to produce valuable management information which is not possible from a manual system. Regardless of the method used, this policy presents a number of good practice principles to be adhered to in the preparation of effective rosters.

2. Scope and Principles

This policy is applicable to nursing and midwifery staff where rosters are used to manage duty hours to support the delivery of Trust services.

The objectives of the Trust include the promotion of health and wellbeing and a commitment to equality and human rights which improve the working lives of staff.

The overarching principles underpinning rostering is to ensure the effective management of the Trust's staffing resource to:

- Ensure safe and appropriate staffing levels for all wards and departments using flexible, fair and consistent rosters.

- Minimise clinical and non clinical risk by ensuring that the appropriate number and skill mix of staff is available to meet the service demand and workload within the agreed funded staff establishment.
- Support the effective management of staffing establishments, thereby generating efficiencies in the nursing and midwifery workforce across all services.
- Improve the monitoring of absence across the organisation, enabling comparisons, and identifying trends.
- Improve the quality of management information on the deployment of nursing and midwifery staff and the employment of temporary staff including bank and agency staff.
- Staff who work part-time or fixed roster patterns must not be disadvantaged through the application of this policy.

3. Responsibilities

3.1. Managers

Head of Service/Lead Nurse is responsible for the making changes to the funded establishments for wards and teams using the Trusts FE/ITR process in partnership with the Ward Sister, Charge Nurse, and Team Leader. Changes to the funded establishments are usually the outcome of service redesign, new investment, or a skill mix review which must be agreed with the Assistant Director for the Service Directorate and the Assistant Director of Nursing (Workforce Planning and Modernisation). The application of the changes in funding are managed through the respective Service Directorate financial management processes.

Ward Sisters/Charge Nurses/Team Leaders are responsible for ensuring that their expenditure does not exceed the allocated budget for the ward/department and that the baseline staffing has been agreed within this allocation.

The Head of Service/Lead Nurse will monitor rosters, produce analysis reports, and approve all shifts where temporary staff are requested in excess of the Ward's/Teams allocation in accordance with the Trust Delivering Value Principles.

3.2. Training

For areas using E-Rostering, Roster Managers and deputies should attend training in how to use the software, and maintain their skills and knowledge by attending regular training updates. Roster Managers should also ensure that nurses who take charge of shifts and/or admin support should have the appropriate access to view assigned bank shifts as necessary.

3.3. Staff

All staff have a responsibility to fulfil their contract hours to meet the needs of the service. The Trust has supported the implementation of flexible working policies and thus will endeavour to accommodate essential requests where possible. Staff must be considerate of their colleagues, and therefore agree to fulfil all aspects of the duty roster, including evening, night and week end shifts.

4. Production of Staff Rosters

In addition to the requirements of the European Working Time Directive (EWTD) the following principles should be applied in the production of the staff roster:

4.1 All duty rosters must commence on a Monday.

4.2 All rosters should be designed to adequately cover service requirement utilising permanent staff proportionately across all shifts.

4.3 The roster must reflect the skill mix and numbers of staff required to safely manage each shift.

4.4 Shifts which can be more difficult to fill should be filled first, such as night duty, weekends and bank holidays.

4.5 All shifts should be equitably allocated to all staff in accordance with their contract of employment, the Trust's policy on Flexible Working, and the team's overall plan for rotation to day/night shifts and annual leave.

4.6 Ward Sisters, Charge Nurses/Team Leaders should endeavour to comply with all reasonable requests. All staff must have equal access to requests for particular shifts or time off.

4.7 The allocation of annual leave should be spread equally throughout the year.

4.8 Requests for time off during popular periods such as Bank Holidays and School Holidays should be considered equitably.

4.9 The roster must reflect the essential skills required to provide continuity and coordination of care.

4.10 Senior staff should be rostered to provide management cover for the ward/department/team across the working week.

4.11 Where staff members are working a preferred roster pattern this must be recorded on the roster to avoid misinterpretation.

4.12 The completed duty roster must be approved by the Ward Sister/Charge Nurse/Team Leader or designated deputy before publishing.

4.13 Rosters should be planned for a minimum of 4 week periods and completed at two weeks in advance of the start date of the roster period. This will enable staff to better manage their personal arrangements whilst providing more time to fill any vacant shifts.

4.14 Roster Managers must capture and verify actual attendance of their team within 10 days of a roster being worked to ensure data accuracy for payroll enhancements and absence management purposes.

5. Changes to Rosters

5.1 Staff wishing to change their roster should, in the first instance, attempt to exchange shifts with other appropriate team members where approved by the Ward Sister, Charge Nurse, Team Leader or deputy. Changes should be made with a colleague from the same AfC band, and with consideration to the overall skill mix of all shifts being changed.

5.2 All changes must follow the principles outlined above, be approved by either the Ward Sister/Charge Nurse/Team Leader or the authorised deputy, and should not result in the use of bank/agency staff or overtime payment.

5.3 No member of staff should be required to change their rota with less than twenty four hours notice, unless in extreme circumstances when it is necessary to provide essential cover. Any such change to the rota can only be made following discussion and agreement with the member of staff involved.

5.4 When there are unforeseen circumstances, for example, a member of staff reporting absent at short notice, the manager may request a member of staff to work additional hours. In these circumstances an agreement will be reached by the Ward Sister/Charge Nurse/Team Leader as to how these hours will be returned or remunerated.

5.5 Shift changes should be kept to a minimum.

5.6 Any changes to the approved roster must be completed within that working week to ensure that the information being prepared to inform payroll is accurate. Paper copies of off duty must be signed and dated after verifying. There must be two signatures (one of whom must be the Roster Manager) to validate the changes for audit purposes.

5.7 Signed paper copies of Rosters must be retained for 12 months for audit purposes.

5.8 A staff member with an allocated student should not change shift without ensuring that the student changes with them, or is allocated to another suitable member of staff, and that this is noted on the roster.

5.9 New staff must have a preceptorship period and this should be allocated on an individual basis and reflected on the roster.

5.10 New staff should work with their preceptor during the perceptorship period.

5.11 Roster Managers are responsible for ensuring the E-Roster Team are made aware of any changes to staffing, shifts and ward requirements in a timely manner.

6. Unsocial Hours/Time Owing

6.1 Unsocial hours should be distributed evenly and fairly, in accordance with contractual arrangements.

6.2 Any time worked over and above shift times should be authorised by the relevant manager.

6.3 Any time claimed back must be approved by the line manager, recorded and authorised on the roster.

6.4 Ward Sisters/Charge Nurses and Team Leaders must ensure that any staff hours that do not balance over a four week period are balanced over an eight week period. Where possible staff should be allowed to take time owing at the earliest opportunity, provided adequate notice is given to enable the provision of cover.

6.5 All time owing/time in lieu must be agreed in advance where possible. Any accrued or taken hours must be recorded.

6.6 Staff must not accrue more than twenty hours time owing either way. In the event of accumulating time owing in excess of twenty hours, this must be discussed with the Ward Sister, Charge Nurse/Team Leader and a plan to return this time owed agreed.

6.7 Hours agreed above twenty hours must be taken within twenty eight days and any difficulties in achieving this must be brought to the attention of the service manager. Managers may not unreasonably refuse to allow time off in respect of time owing; however, where this is unavoidable it will not result in the loss of any hours.

6.8 Staff who are unable to take time off in lieu within three months for operational reasons, must be paid in line with Agenda for Change terms and conditions.

6.9 The booking of time owing should follow the same principles as for annual leave in that it should not incur unnecessary expenditure.

7. Annual Leave

7.1 All annual leave must be approved by the Ward Sister/Charge Nurse/Team Leader. Fifty percent of annual leave, including time allowed for bank holidays, should normally be booked by 31 May and the remainder by 31 October. Requests to carry forward leave must be approved by the Line Manager and may be subject to Corporate Management Team approval.

7.2 All reasonable steps must be taken to ensure that all annual leave is taken within the relevant financial year.

7.3 Holiday bookings MUST NOT be made until the annual leave request has been approved by the Ward Sister, Charge Nurse/Team Leader.

7.4 When a member of staff moves to another ward/department or team, pre booked annual leave will be honoured where possible.

7.5 Annual leave for school holidays, Christmas, New Year, and other religious festivals and celebrations will be shared equally amongst those requesting leave and will be contingent on service needs being met as a priority.

7.6 Where staff are rostered to work weekends or public holidays – requests for annual leave on these days must be discussed with the Ward Sister, Charge Nurse or Team Leader. A disproportionate number of requests for leave at weekends will not be approved.

7.7 Annual leave will be allocated in hours.

7.8 Each ward/department should calculate the number of registered and unregistered staff that can be given annual leave in any one week. In accordance with Agenda for Change, the annual leave entitlement per individual averages at approximately 15% of their working time. In teams of 10 staff or more this percentage should be used to inform the Manager of the number of staff that can have annual leave approved on any week. Consideration must be given to seasonal peaks in service activity and demand. Should the approved level of Annual Leave not be met by way of requests, the ward/department manager/team leader will allocate leave following discussions with the staff concerned.

7.9 In Teams of less than 10 staff, the Ward Sister, Charge Nurse or Team Leader will agree the maximum number of staff that can be granted leave on any week in line with service demand and activity.

7.10 Annual leave must be booked before a roster is planned. Annual leave requested after this can only be granted if staffing levels permit.

8. Skill Mix and Shift Staffing

8.1 Each ward/department/team must work to an agreed funded establishment which should be reviewed every two years or as a result of a service reconfiguration.

8.2 Each ward/department should have an agreed level of staff with specific competences on each shift, as agreed with the Ward Sister, Charge Nurse or

Team Leader and Service Manager. This will include a designated nurse in charge of each shift who has the required skills for a coordinating role.

8.3 In areas where the workload is known to vary over the week, staff numbers and skill mix should reflect this.

8.4 The rostering of senior staff must be compatible with managerial and supervision requirements.

8.5 Shift patterns should maximise off duty time wherever possible, for example, nurses should have two consecutive days off.

8.6 Staff will be required to work a variety of shifts and shift patterns as agreed with their Line Manager. Managers must ensure that hours do not exceed an average of forty eight hours over a seventeen week reference period in line with the European Working Time Directive.

8.7 Night shifts should be kept together wherever possible. No more than four nights in a row should be allocated to a member of staff.

8.8 Weekend shifts are defined as Friday night, Saturday day or night, Sunday day or night.

8.9 Senior staff should be rostered on opposite shifts to provide leadership and continuity.

8.10 Band 6 deputy staff in Hospital Wards are included in the Staffing complement for the Ward per day in accordance with the Delivering Care: Nurse Staffing Policy. They should be rostered to provide the senior leadership across the full range of days that the service is provided.

8.11 Band 7, Ward Sisters/Charge Nurses/Team Leaders should routinely work across the days Monday to Friday unless rostered to provide site management cover over weekends. Where Band 7 are considered to be supervisory in accordance with the Delivering Care: Nurse Staffing Policy, any alternative work patterns to this must be discussed and agreed with the Head of Service.

8.12 Other Bands of staff may have a minimum of one weekend off per four week roster period in normal circumstances. Additional weekends can be rostered if the circumstances allow.

8.13 Student nurses should be rostered with their mentor to maximise the learning opportunities. If their mentor is unavailable, an associate mentor should be allocated as soon as possible. *

8.14 All shifts over six hours should include a minimum of a thirty minute unpaid break. Shifts of twelve hours or longer should have a minimum of a sixty minute unpaid break.

8.15 The Ward Sister/Charge Nurse/Team Leader is responsible for ensuring that breaks are facilitated. Breaks should not be taken at the end of the shift as their purpose is to provide rest time during the shift.

8.16 The maximum number of consecutive day shifts of eight hours or less recommended for staff to work is five. Staff may work more than this (to a maximum of eight) if they specifically request this. The maximum number of consecutive twelve hour shifts (days and nights) recommended for staff to work is four.

8.17 A member of staff must inform the Ward Sister/Charge Nurse/Team Leader if they are unable to fulfil a shift giving as much notice as possible before the commencement of their shift – in line with the Trust's Absence Management Policy. At this point a time and date will be agreed for the sick member of staff to update their manager.

9. Staff Requests

9.1. Staff can make change requests via existing paper based systems or electronically using the rostering system.

9.2. To ensure equity all staff will be allowed **four high priority requests** within a four week rota period (these are scored as '3' in the R-Roster System).

9.3. Requests must be prioritised by the member of staff to identify the level of importance to them to inform the Ward Sister/Charge Nurse/Team Leader when deciding which of the requests can be granted in the light of service needs.

9.4. Application can be made for regular specific shifts or days off (preferred pattern). They must be agreed and reviewed quarterly by the Ward Sister, Charge Nurse/Team Leader and approved by the Service Manager or Lead Nurse who must take into account service needs and equity for other staff members before agreeing to the request.

9.5. Staff cannot assume that their requests will be accommodated. This includes essential requests. Service needs must take priority. Staff should be considerate of their colleagues, and the requirement that they fulfil their fair share of weekend and night shifts. If annual leave is being taken during this period, off duty requests should be pro rata.

9.6 Requests from staff who typically make few requests will be given higher priority than requests from staff making numerous requests.

9.7. The closing date for making requests will be three weeks before the roster is due to be worked (a specific date deadline may be applied by Roster Managers).

9.8. Preferred patterns are not to be considered as requests.

10. Booking of Temporary/Bank/Agency Staff

10.1. Unfilled shifts may be forwarded to be considered for bank nurse cover when the Ward Sister/Charge Nurse/Team Leader has approved the roster. Requests for bank or agency nursing cover should be made in accordance with Trust process for accessing bank and agency staff. *Flowchart available at Appendix 1.*

10.2. It is not permissible to cover annual leave requests that exceed the documented acceptable level for the ward/department or team with bank or agency nursing cover.

10.3. Bank and agency staff should not be used to cover bank holiday shifts unless approved by the Service Manager.

10.4. Bank and agency staff should not be rostered to take charge of a ward unless they are familiar with the ward, have completed a ward induction programme, have been assessed as competent to do so and are willing to take charge. This must be approved by the Ward Sister/Charge Nurse/Team Leaders.

10.5. Night and weekend shifts must be covered by substantive staff whenever possible. Where this is not possible approval for bank or agency staff must be sought from the appropriate manager as these shifts attract enhanced payments.

10.6. Staff who have informed the ward/department/team that they cannot work specific times or dates should not be working these on the bank or agency. Bank Shifts should not take priority of contract shifts.

10.7 The release of staff for study leave should be maintained within 4% of the funded establishment.

In circumstances where additional staff may need to be released for specific training or education the Service Manager or Lead Nurse will be required to authorise this.

10.8 Band 7, Ward Sisters/Charge Nurses and Team Leaders MUST NOT roster themselves for bank shifts on their own ward, team or site. If they are required to work above their contract hours to provide clinical leadership for the ward or team this must be agreed with the Head of Service/Lead Nurse together with an agreement on how the additional hours will be returned or remunerated. This does not prohibit Ward Sisters, Charge Nurses or Team Leaders from working under a bank contract on other wards or teams appropriate to their skills and experience.

10.9 Shifts worked by bank nursing staff must be authorised by the Ward Sister, Charge Nurse, Team Leader – or their designated deputy on the completion of the actual bank shift. For Wards, and Teams using the E-Rostering system, the attendance of the bank nurse must be confirmed on the system. These actions are required to ensure that the bank nurse will be appropriately paid for that shift.

10.10 Queries raised relating to Terms and Conditions of Employment should be raised to the Human Resources Terms & Conditions Team based at Tyrone & Fermanagh Hospital.

These guidelines are designed to establish the ground rules to ensure that rosters provide safe staffing levels with competent staff while preserving equity among all staff across the range of shifts to be covered.

11. System Contingency

11.1 In the event of System downtime, those areas that are using E-Roster will revert to using paper based Rosters. This information will need to be input to the E-Roster System when the system is back online to ensure accuracy for payroll and audit purposes. Depending on when system downtime occurs, the already printed copy from an existing roster will serve this purpose until that roster has expired.

12. Glossary of Terms

1. Fixed Roster Pattern

   This refers to a roster pattern that has been applied for and approved by senior management.

2. Preferred Roster Pattern

   This refers to a roster pattern that a member of staff has negotiated with their line manager for a time limited period.

3. Head of Service/Lead Nurse/Team Leader

   This refers to a manager at tier four in the organisational structure. This acknowledges that differing role titles may be used in different Directorates.

4. Senior Staff

   Senior Staff are referred to in a number of sections in the policy. Senior staff are defined as staff who are considered to be the skills, competence and confidence to manage the ward or team in the absence of the Ward Sister, Charge Nurse or Team Leader. This will include Band 6 and Band 5 staff who have the appropriate knowledge and skills.

13. EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this guidance should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this guidance is:

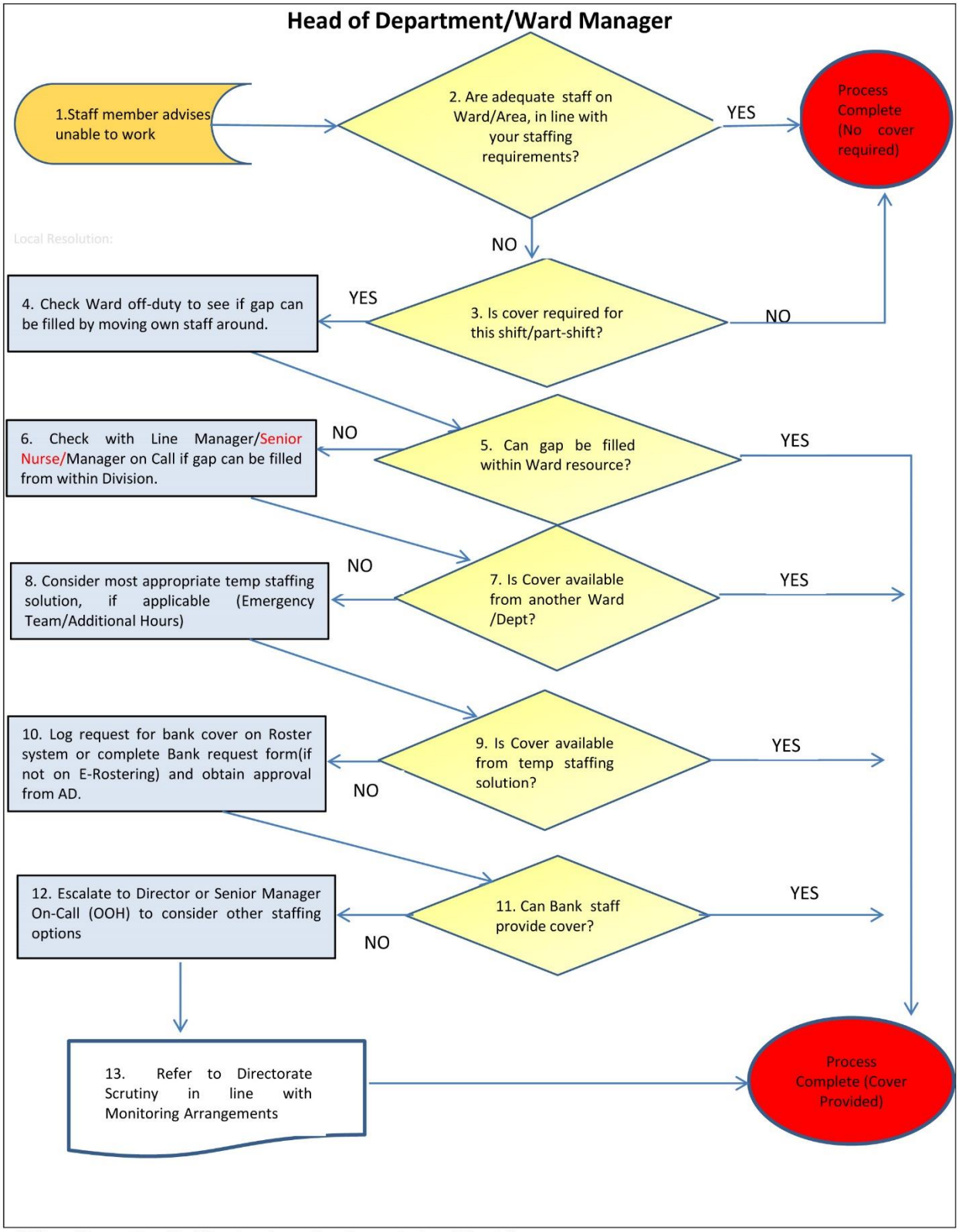
Major impact ☐

Minor impact ☐

No impact. ☒

20.07.15 v0.7

Protocol for Back-fill due to Short-term Immediate Absence (Sickness)



(When Normative Staffing has been implemented on Wards)