

# Roster policy – Nursing and Midwifery

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## NHS Shetland Document Development Coversheet\*

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**\*To be attached to the document under development/review and presented to the relevant group**



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## 1. Introduction

NHS Shetland recognises the value of its workforce and is committed to supporting employees to provide high quality patient care. Whilst acknowledging the need to balance the effective provision of clinical services with supporting employees 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 approach to rostering is paramount to achieving this objective.

Senior Charge Nurses / Midwives or Team Leaders should rely on their professional judgment and area specific nursing and midwifery workforce planning tools to ensure appropriate staffing levels in the clinical area to deliver safe and effective care

A duty roster gives everyone responsibility for ensuring the right staff are in the right place at the right time.

The Health and Care (Staffing) (Scotland) Act 2019 aims to provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high quality care and improved outcomes for service users.

The Act comprises of 4 parts;

- Part 1 Guiding principles for health and care staffing
- Part 2 Staffing in the NHS
- Part 3 Staffing in Care Services
- Part 4 General Provisions

Part 1 – Guiding principles for health and care staffing. The Act leads with a set of principles which Health Boards, the Agency and care service providers must have regard to when carrying out their duty to ensure appropriate staffing under the Act.

- These principles are:
  - that the main purposes of staffing for health and care services are to provide safe and high-quality services and to ensure the best health or care outcomes for service users.
  - that staffing for health and care services is to be arranged while -
    - Improving standards and outcomes for service users;
    - Taking account of the particular needs, abilities, characteristics and circumstances of different service users;
    - Respecting the dignity and rights of service users;
    - Taking account of the views of staff and service users;
    - Ensuring the wellbeing of staff;
    - Being open with staff and service users about decisions on staffing;
    - Allocating Staff efficiently and effectively;
    - Promoting multi-disciplinary services as appropriate.

## **2. Scope**

- 2.1. The purpose of this policy is to determine the framework that senior nursing and midwifery managers and leaders will use to ensure efficient and effective use of the nursing and midwifery workforce across NHS Shetland.
- 2.2. The policy scope specifically relates to employees working within all nursing and midwifery teams across Shetland, acute and community.
- 2.3. This document presents a Roster Policy for the nursing and midwifery workforce of NHS Shetland. The policy sets out the rostering standard for the preparation, approval and publication of both paper and electronic rosters.
- 2.4. A requirement within this policy is that rosters reflect the substantive hours of the employee's (in line with the agreed establishment).
- 2.5. This policy will facilitate services to be responsive to known workload variations such as service provision or seasonal fluctuations.
- 2.6. On-call is part of roster production for those areas that provide this service. On call duties should be rostered in line with working time regulations and NHS Shetland guidance on compensatory rest.

## **3. Roles and responsibilities**

Robust ward, team and department duty rosters are an essential aspect of any well managed area. Outlined below are individual's roles and responsibilities for effectively managing the department and individual's duty roster.

### **3.1. The Role of the Director of Nursing, Midwifery and Allied Health Professionals:**

- 3.1.1. Accountable to NHS Shetland board for ensuring compliance with the Nursing and Midwifery Roster Policy.

### **3.2. The Role of the Chief Nurse/Midwife or Lead Nurse:**

- 3.2.1. Responsible for the implementation of the NHS Shetland Roster Policy in their areas of responsibility.
- 3.2.2. Will provide governance and assurance of roster management within areas of responsibility in line with workforce requirements to deliver safe and effective care, while monitoring the use of supplementary staffing, in order to improve effectiveness and efficiency of resources.

### **3.3. The Role of Clinical Nurse Manager / Midwifery Manager:**

- 3.3.1. Responsible for the implementation of the NHS Shetlands Nursing and Midwifery Roster Policy in their areas of responsibility. Ensure that all direct reports are familiar with the roster policy and understand both expectations and implications.
- 3.3.2. Provide guidance and support to Senior Charge Nurses / Midwife Or Team Leader on specific aspects relating to effective roster management.
- 3.3.3. Will seek assurance that all appropriate steps in rostering have been adhered to and this is reflected in the rosters utilising the Roster Audit tool (appendix 1) six monthly and should be completed by Senior Charge Nurses /or Team Leaders. Audit reports

should be reported to the safer staffing group where recommendations and corrective actions will be agreed with the SCN/SCM/team leader.

- 3.3.4. Adherence to staffing budgets, monitoring of supplementary staffing spend and attendance management are all roster related responsibilities. This must take place in conjunction with professional judgement.

### **3.4. The Role of the Senior Charge Nurse / Midwife or Team Leader:**

- 3.4.1. Responsible for the implementation of the NHS Shetland Nursing and Midwifery Roster Policy in their team and ensuring all employees are familiar with the policy.
- 3.4.2. Before compiling a roster, this policy must be read in conjunction with existing relevant HR Staff Management policies.
- 3.4.3. Responsible for approving and publishing the roster to their employees at least six weeks in advance of the roster being worked.
- 3.4.4. Ensuring the created roster is compliant with the rostering standards outlined in this policy before approving and publishing it for their employees.
- 3.4.5. Ensure the planned rota is in line with the departments funded establishment.
- 3.4.6. SCN should consider any underlying health conditions which would impact on their staff health and ability to work a specific shift. If necessary refer the individual to occupational health for advice.

### **3.5. The Role of the Employee:**

- 3.6. All employees must be familiar with the NHS Shetland Nursing and Midwifery Roster Policy.
- 3.7. Responsible for submitting day off and leave request eight weeks in advance of the roster being worked to allow the department two weeks for roster creation before being approved and published six weeks in advance.
- 3.8. Managing their annual leave entitlement to ensure they take their annual leave throughout the leave year. Agree with their manager leave allocation where it has been identified that leave entitlement will be difficult to accommodate within the remaining financial year.
- 3.9. The employee should inform their line manager of any underlying health conditions which would impact on their health and ability to work a specific shift.

## **4. Production and publication of rosters**

### **4.1. Rostering Standards**

- 4.1.1. Rosters are approved and published a minimum of six weeks in advance of them being worked.
- 4.1.2. All rosters must adhere to the standards set out in this policy, compliance with these standards will be monitored by routine roster audits. Where areas of poor compliance are noted this will be reported through the appropriate line management structure.
- 4.1.3. Rosters are to commence on a Monday, as per SSTS, except in areas where a prior agreement is in place.

- 4.1.4. An employee must have two days off during a rostered week (i.e. Monday- Sunday).
- 4.1.5. Employees must have 2 consecutive days off following 2 or more duties over 10 hours in duration.
- 4.1.6. Rosters must be equitable in allocation of duties and day off requests.
- 4.1.7. The number of hours rostered in consecutive duties must not exceed 48. Therefore the following applies, hours are exclusive of breaks:

<b>Shift length in hours</b>	<b>Maximum number of consecutive duties</b>	<b>Total number of hours</b>
11.25	4	45
9.5	5	47.5
7.5	6	45

- 4.1.8. Internal rotation between day and night duties is promoted within the organisation however the frequency of rotation should be kept to a minimum.
- 4.1.9. Rosters must ensure that there is sufficient time off from when the last working duty ends. Employee must have two clear days off (days in which they have undertaken no working hours) following the last working night duty before rotating to a day duty. (e.g. if the employee finishes night duty on Monday morning they would not be available to work until Thursday day duty)
- 4.1.10. Breaks allocation must comply with Working Time Regulations (WTR) Minimum breaks guidance (appendix 3).
- 4.1.11. Employees must be rostered for a rest period of not less than eleven consecutive hours between duties (for employees under 18 this entitlement is not less than twelve consecutive hours).
- 4.1.12. Band 7 team leader/SCN/SCM roles will work core hours (Monday to Friday day shifts with the exception of public holidays). Funded establishments do not allow for band 7 enhancements so core shifts are essential for budgetary management.  
  
If band 7 post holders are required to work weekend or night shift to provide unplanned senior cover, this must be agreed with the chief nurse or hospital coordinator who may be on call.
- 4.1.13. Provision of senior advice on nursing and midwifery real time staffing can be sought at the daily huddle, out with these times senior advice can be sought from the on call hospital coordinator.
- 4.1.14. Time off in Lieu should be pre agreed with line manager and recorded on SSTS when it is taken and also as the hours are accrued. TOIL should be taken at the earliest convenience to the department and employee. In line with AFC Terms and conditions TOIL must be paid if not taken within 12 weeks where there has not been the opportunity to take it.



## **4.2. Predicted Absence Allowance (PAA) – Timeout**

During the roster period there will be times where employees are unavailable for work. PAA should be within the agreed allowance set out in the NHSS Nursing and Midwifery Workforce Governance Framework as identified below:

- Annual Leave – 14.5% (including Public holidays)
- Sickness – 4%
- Maternity Leave- 1%
- Study Leave – 2%
- Other paid leave – 1%
- Total – 22.5%.

## **4.3. Public Holidays/Annual Leave**

- 4.3.1. The Senior Charge Nurse/Midwife or Team Leader is responsible for approving all annual leave.
- 4.3.2. Employees are required to book annual leave at least eight weeks in advance allowing the department two weeks for roster creation.
- 4.3.3. The target percentage of employees on annual leave at any one time is 14.5% of total employees in post (with a tolerance range of +/-1.25%).
- 4.3.4. Each department must calculate how many annual leave hours of registered and unregistered employees can be allocated in any one week using the rota and leave planning tool. The Senior Charge Nurses / Midwife or Team Leader will recalculate this allowance as changes occur to the rostered establishment.
- 4.3.5. An agreed number of hours will be set and must be adhered. The Senior Charge Nurse / Midwife or Team Leader can use some professional discretion in allocating leave as long as skill mix is maintained and it does not impact the need for supplementary staffing.
- 4.3.6. Employees should be made aware of the need to maintain this number constantly throughout the year. Senior Charge Nurse/Midwife or Team Leaders will agree leave allocation following discussions with the employee.
- 4.3.7. A maximum of 21 consecutive calendar days of annual leave can be requested at any one time. Any more than this will need approval from the Senior Charge Nurse / Midwife or Team leader and this should be kept within the employees file.
- 4.3.8. Annual leave can be confirmed or cancelled up to the point the roster is approved.
- 4.3.9. Annual leave requests that will exceed the documented acceptable level for the department will not be approved.
- 4.3.10. Annual leave requests after roster approval can only be given if staffing levels meet service demands.
- 4.3.11. If additional leave has to be allocated, following accumulated leave while an employee is on extended periods of leave (e.g. sick or maternity leave), this must be discussed between the Senior Charge Nurse / Midwife or Team Leader and their Nurse / Midwifery Manager.

4.3.12. Where services do not provide 24/7 cover, public holidays should not be worked. Exceptions to this include; Clinical activity directed by visiting services from other boards or ambulatory care that is time sensitive, however these exceptions should be approved by the chief nurse who will require assurances that care cannot be provided 24 hours later. For departments that remain open on PHs but elective services are reduced, their staffing levels should reflect this.

#### **4.4. Sickness Absence**

4.4.1. Sickness Absence will be managed in accordance with the NHS Scotland's Attendance Policy.

#### **4.5. Skill Mix**

4.5.1. Each ward / unit or department should have an agreed total number of whole time equivalents (WTE), and skill mix within this, determined through the workforce planning process outlined in the NHSS Strategic Nursing Group.

4.5.2. In areas where the workload is known to vary according to the day of the week, staff numbers and skill mix should reflect this.

4.5.3. Each ward/unit or department should aim to have an agreed level of staffing with specific competencies on each duty.

#### **4.6. Day Off requests**

4.6.1. All day off requests will be considered in light of patient care and service needs and the Senior Charge Nurse / Midwife or Team Leader 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.

4.6.2. The maximum number of requests per four week roster is equal to the maximum number of duties the individual would do in one week of a four week roster period.

4.6.3. The approval of day off requests cannot be guaranteed.

### **5. Changes and Additions to Approved Duty Rosters**

#### **5.1. Duty Changes**

5.1.1. Duty changes should be kept to a minimum. Changes should be recorded on Appendix 2, including the reason for changes.

5.1.2. A copy of the original approved roster prior to any changes must be kept for audit purposes.

5.1.3. Flexible use of permanent employees within individual clinical areas should always be considered before the use of supplementary staffing e.g. changing and moving employee's in-between wards and units. If supplementary staffing is required, escalation and budgetary control procedures should be in place and appropriate levels of authorisation confirmed.

5.1.4. Employees are responsible for negotiating their own changes once the roster is approved and published. These changes must be documented and approved, as long

as the appropriate skill mix is maintained, by the Senior Charge Nurse / Midwife, Team Leader or nominated deputy. All duty changes should be made in line with the rostering standards where practicable.

- 5.1.5. All roster changes that do not meet the rostering standards, including additional or overtime hours, must be recorded in the document provided and will be reviewed during the Roster Audit (appendix 1).
- 5.1.6. Where employees are allocated as a mentor to a student, duty changes should not occur without ensuring the student either changes with their mentor, or is allocated to another suitable mentor. The student must be made aware of the change.
- 5.1.7. All updates to the roster must be made as soon as practicable after occurrence, taking into consideration system update deadlines (this includes changes to duties, inclusive of start and finish times e.g sickness and annual leave).
- 5.1.8. The actual worked roster must be verified by the Senior Charge Nurse / Midwife or Team Leader within the timescales required for system updates. It is the Senior Charge Nurse/Midwife or Team Leader's responsibility to ensure appropriate staff have access and are trained to make these changes in his/her absence.

## **5.2. Adding Student Duty Rosters**

- 5.2.1. The roster standards apply to students on placement.
- 5.2.2. Students should undertake the duty pattern of the placement location they are assigned to. They are not able to self-roster.

Any changes to the approved and published roster should be agreed by their mentor and discussed with the Senior Charge Nurse/Midwife or Team Leader.

## Appendix 1: Roster audit tool

Ward/Department:

Audit completed by:

Date completed:

Question	Yes	No	Comments	Actions
<b>General Compliance</b>				
Are all staff aware of the roster policy?				
Do staff have the roster 6 weeks in advance of it being worked?				
<b>Published Duty Roster</b>				
Are employees rostered for more than 48hrs in consecutive shifts (e.g > 4 x 11.25, >5 x 9.5, 6x 7.5)? Are employees rostered 2 days off in a rostered week (Mon-Sun)?				
Are employees rostered 2 days off in a rostered week (Mon-Sun)?				
Are employees who work consecutive long days (>10hrs) provided with 2 days off following 2 or more consecutive shifts?				
Are employees rostered 2 clear days off off before rotating from day shift to night shift?				
Are employees rostered 1 clear day off before rotating from a day shift to night?				
Is the AL managed within the allowance?				
<b>Published Duty Roster</b>				
Where the changes don't meet the standards are the reasons clearly documented and justified?				

## Appendix 2: Duty Roster Changes and Additions Record

### Roster Beginning:

This document is to record all changes and additions to the roster after publication. This includes duty swaps, moves and any additional and overtime duties worked. Duties changes and additions that don't meet the rostering standards should only occur in exceptional circumstances. This record must be kept up to date and is used for the purpose of roster Audit

<b>Week beginning</b>	<b>Name</b>	<b>Change / addition (C/A)</b>	<b>If change rostered Date</b>	<b>Date change to/ Additional Duty date</b>	<b>Rostering standards compliant? (Y/N)</b>	<b>Standard breach (e.g. 4.1.5)</b>	<b>Rational for change</b>	<b>Approver signature</b>

### Appendix 3: Working time regulations – minimum break requirement

<b>Table 1 – Minimum breaks</b>	
<b>Length of shift</b>	<b>NHSS minimum</b>
Shifts up to and including 6 hours	No entitlement to a break
Shifts over 6 hours	30 minute unpaid meal break “in shift”*
Young workers (under 18 years of age) 4.5 hours or more	Entitled to 30 minute unpaid rest

Table 2 gives guidance using examples of good practice rest breaks.

<b>Table 2 – Examples of good practice rest breaks</b>	
<b>Length of shift</b>	<b>Example*</b>
Shifts up to and including 4 hours	No entitlement to a break
Shifts of more than 4 hours and up to 6 hours	10 minute paid courtesy break**
Shifts of more than 6 hours	30 minute unpaid meal break “in shift”* and 10 minute paid courtesy break
Shifts between 7.5 hours and 10 hours	30 minute unpaid meal break “in shift” and a 10 minute courtesy break**.
Shifts of over 10 hours and 12 hour shifts and all variations thereof	2 x 30 minute unpaid meal breaks and a 10 minute paid courtesy break**
Young workers (under 18 years of age) 4.5 hours or more	Entitled to 30 minute unpaid rest break

\* Note applicable to all meal breaks

Breaks should be a break in working time, therefore should be taken during the shift and not either at the start, or end, of the working day (As per WTR 1998).

\*\*Note applicable to all courtesy breaks

Courtesy breaks should not be routinely extended or abused and are granted at the discretion of management in line with the needs of the service at any given time. Absence of a courtesy break does not incur TOIL or compensatory rest.

Where under exceptional circumstances unpaid breaks cannot be taken at the allocated time or re-allocated within the shift, approved by the manager, an equivalent period of TOIL or compensatory rest is allocated, normally within two weeks (reference T&C’s Handbook). Good management planning should ensure that allocating compensatory rest for breaks would be the absolute exception rather than the norm.