

NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONS (NMAHP) STAFF ROSTERING POLICY

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| Responsible Lead Executive Director: | NMAHP Executive Director |
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| Governance or Assurance Committee | Staff Governance Committee |
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| CONSULTATION AND DISTRIBUTION RECORD | |
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| Contributing Author / Authors | <ul style="list-style-type: none"> • Workforce Planning Project Manager • Joint Policy Forum • Nurse Director, Acute Division • |
| Consultation Process / Stakeholders: | <ul style="list-style-type: none"> • Acute Nurse Workforce Governance Group • Senior NMAHP Leader's Group • Joint Policy Forum • • |
| Distribution: | <ul style="list-style-type: none"> • The policy will be published on NHS Lanarkshire's public facing website. • |

| CHANGE RECORD | | | |
|----------------------|------------------------------------|--|--------------------|
| Date | Author | Change | Version No. |
| May `18 | Deputy Director HR | Policy reviewed against GDPR legislation:- no change required | 3.1 |
| Oct '18 | Workforce Planning Project Manager | Policy reviewed against Corporate Policies Improvement Plan General Data Protection Regulations 2018 statement added into section 3 | 3.2 |
| Dec 2021 | Head of HR – Policy & Governance | Updated review dates and JPF membership Updated policy references due to introduction of Once for Scotland workforce policies. | 3.2 |
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1. INTRODUCTION

This is an NHS Lanarkshire NMAHP rostering policy and should be used in conjunction with the following:

- Agenda for Change Terms and Conditions of employment which includes guidance for pay during annual leave and sick leave
- The Annual Leave Policy
- Learning policy
- Family friendly policies i.e. Maternity leave; Paternity leave; Adoption Leave; Special leave
- NHS Scotland Sickness Absence policy
- Staff Bank policies
- Working Time Regulations
- Raising Concerns and Escalation policy
- NHS Scotland Whistleblowing Standards and policy
- Any other relevant ward / unit documents

2. AIM, PURPOSE AND OUTCOMES

2.1 Aim

- To ensure safe, effective and patient-centred care is available at all times by promoting consistent good practice in the preparation of rosters.

2.2 Outcomes

- To minimise clinical risk associated with the level and skill mix of staffing.
- To reduce reliance on bank and agency.
- To improve monitoring of sickness and absence.
- To improve planning of clinical and non-clinical resourcing.

3. SCOPE

The policy applies to all directly employed NMAHP staff within NHS Lanarkshire, irrespective of age, sex, disability, ethnicity/race, marital or civil partnership status, sexual orientation, religion or belief, pregnancy or maternity or gender reassignment.

3.1 The stakeholders are all directly employed NMAHP NHS Lanarkshire staff and all patients.

3.2 NHS Lanarkshire takes care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

4. PRINCIPAL CONTENT

NHS Lanarkshire 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 and supporting staff to achieve an appropriate work life balance, it is recognised that the organisations prime responsibility is to respond to changing service requirements. A flexible, efficient and robust rostering system is key to achieving this objective.

The Senior Charge Nurse/ Midwife /Team Leader will seriously consider requests for flexible working, but may decline them if this pattern cannot be accommodated into the service needs. **Achieving adequate staffing numbers and skill mix is the main priority.**

NB Standard shifts refers to 7.5 hour day shifts and 9.25 hour night shifts.

4.1 Production of Rosters

- The publication of the roster will take place a minimum of 6 weeks prior to their implementation date and will be recorded in SSTS including non-standard shift times.
- Rosters will commence on a Monday.
- Required Staff Bank requests from the approved roster must be sent to the Staff Bank within 2 days of the roster being published, unless adjustment required due to short notice sickness/other leave.
- Students will be rostered with their mentors or delegated others.
- A mix of night and day shifts where possible should not be rostered in a 7 day period.
- The Senior Charge Nurse / Midwife /Team Leader working pattern will be flexible to ensure and assure the quality of care provision.

- Staff must have a minimum of one weekend off per 4 week roster, in normal circumstances (unless they have a weekend contract). Additional weekends off will be rostered fairly and equitably if the departmental requirements allow.
- The number of consecutive standard shifts for staff to work where possible should not exceed 7.
- Non-standard shift patterns (shifts longer/ shorter than 7.5 hours) will only be permitted in areas where they have been agreed following consultation; with agreed completed flexible working form and within flexible working guidelines. Individuals and managers must agree to individual changes in shift patterns.
- The number of consecutive long shifts for staff to work will not exceed 3.
- Night Duty should not exceed a maximum of 4 consecutive shifts within a 7 day period (i.e. up to 8 in a 2 week period).
- 2 days off **must** follow night shift
- All staff must have a minimum of 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 26 week period, in line with NHSL policy.
- The nurse in charge of each shift will be clearly identified on the roster.
- As a Predicted Absence Allowance of 22.5% is included for each Ward / Unit / Team funded establishment to cover expected absence, standard rosters for “on the floor” staffing should be developed based on the remaining 77.5% of resource:

Planned Leave (16.5%)

- Annual Leave - 14.5% (including Public Holidays)
- Study Leave - 2%

Unplanned Leave (6%)

- Sickness - 4%
- Maternity leave - 1%
- Other paid leave - 1.0%

- Each roster must include a target level of 16.5% of planned leave (annual at 14.5 % / study at 2.0%) unless the Senior NMAHP / Service Manager agree a local variation due to recognized reduction in demand / activity
- Teams of less than 7 WTE will exceed 14.5% with 1 WTE on annual leave so will require to “buddy” with another team and overall annual leave maintained at 14.5%. Alternatively, a local plan for management of workload during annual leave should be agreed with the Senior NMAHP / Service Manager.

- Teams will require to consider staff length of service and corresponding leave allowance to confirm 14.5% is appropriate for their team. NB range can be 13.8% to 15.8%.
- During peak holiday periods the planned leave level should be maintained at 16.5% unless the Senior NMAHP / Service Manager agree a local variation due to recognized reduction in demand / activity e.g. theatres, out-patients.
- There may be the requirement at short notice to change rosters to meet service needs due to unanticipated situations, staff and managers should be as flexible as possible in such circumstances.
- 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 / Midwife / Team Leader within the timescales determined by payroll.

4.2. Breaks

- The Senior Charge Nurse / Midwife / Team Leader or Nurse in Charge is responsible for ensuring that breaks are facilitated and staff have a responsibility to ensure they take their breaks. If breaks are unable to be taken at an agreed time (due to clinical need), they should be taken as soon after this point as possible.
- Breaks should not be taken at the start or end of a shift, as their purpose is to provide rest time during the shift. Sleep within clinical and public areas on NHS Lanarkshire premises on any shift is not permitted. Staff may rest in designated rooms within their break period, but must return to the clinical area to work at the set time.
- All work periods should include a minimum of 20 minutes unpaid break if working in excess of 6 hours. All non-standard shift patterns will include appropriate rest breaks taking into consideration the duration of the shift, Working Time Regulations and the clinical specialty.
- Discretionary 15 minute paid breaks may be given as provision of service allows.

4.3 Staff Requests

- Each area will have a request process i.e. diary, request book, for staff to make requests for all types of leave. These requests will be considered in the light of service requirements.

- Indication can be given as to whether requests are exceptional or desirable. These requests will be considered in the light of service requirements and purpose of request.
- Requests for regular specific shifts or days off can be made on a temporary basis. These are known as temporary personal patterns. Service requirements and equity for other staff members must be taken into account when applying these. Temporary personal patterns must be **agreed, documented and reviewed 6 monthly** by the Senior Charge Nurse / Midwife / Team Leader.
- There is an advisory guide of a maximum of 20% requests) per 6-week roster which Senior Charge Nurse / Midwife / Team Leader can apply. This will need to be calculated according to individuals shift patterns and will only be granted if staffing needs of wards / unit / department are covered.
- It cannot be assumed by staff that the Roster will be written to accommodate them; this includes exceptional requests. Service needs will take priority. Staff must be considerate of their colleagues and the service requirement and ensure that they are fulfilling their share of weekend and night shifts as per their contractual obligations.
- Requests should be submitted a minimum of 8 weeks in advance to ensure rosters can be published 6 weeks in advance.

5. ROLES AND RESPONSIBILITIES

5.1 Staffing establishments including general levels and skill mix will be agreed between General Manager and Associate Professional Director following use of nationally agreed workforce planning tools, where available. Staffing levels include a 22.5% predictable absence allowance.

5.2 Accountability for overall monitoring and review of usage and expenditure of NMAHP staff is the responsibility of General Managers.

5.3 Senior NMAHPS /Service Manager are responsible for:

- Monitoring, reporting and reviewing staffing levels against performance management measures, in conjunction with the NMAHP, risk management, workforce and finance and reporting through Divisional /CHP performance mechanisms.
- Workforce monitoring and temporary staffing usage against unit establishments.

- Monitoring staff absence and ensuring that management teams following NHS Lanarkshire sickness absence policy, managing interventions in line with the scope of the policy.
- Approving and monitoring any supplementary hours agreed above the required staffing resource (6%).
- Supporting the Senior Charge Nurse / Midwife / Team Leader to maintain in-post staffing levels at 94% of the funded establishment where appropriate.
- Approving rosters 6 weeks prior to their start date.
- Discussing with the General Manager/ADN any issues prior to the rosters being published.

5.4 Senior Charge Nurse / Midwife / Team Leader are responsible for:

- Ensuring that a quality roster is produced, maintained and finalised in line with this policy and 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
- Fair and equitable allocation of weekends, night duty, annual leave and study leave
- Amending the rosters for unexpected events and negotiating with the individuals concerned to provide cover.
- Ensuring that their expenditure does not exceed the allocated budget unless otherwise authorised.
- Confirming that all entries within SSTS are clear, concise, accurate, and are a true record of hours/shifts worked and leave e.g. study, annual, sick, maternity and other leave.
- When nominating a deputy they must ensure that they are appropriately trained in rostering and the use of SSTS
- Considering and monitoring all roster requests from staff, ensuring fairness and equity.
- Clearly communicating which shift changes they approve / disapprove.
- Ensuring that all staff are aware of this rostering policy.
- Analysing reports on staffing, quality of patient care, expenditure, patient experience in their area of responsibility.
- Regularly reviewing supplementary staffing levels
- Reporting concerns regarding patient safety with regard to staffing levels.
- Maintaining a written record of individual staff with locally agreed variations in shifts and the defined review period.
- Ensure the 2% study leave allowance is used to prioritise mandatory training requirements for staff.
- Supporting staff recruitment to maintain an in-post staffing level of 94% of the funded establishment where appropriate.
- Providing rosters to Senior NMAHPS / Service Manager for approval 6 weeks prior to start date.
- Ensuring that staff breaks are planned and facilitated.
- Developing, maintaining and making staff aware of the local request process.

- Finalising all 'live' rosters by Monday lunchtime of the following week and ensuring a second signatory for their own shifts/days on the roster to comply with NHS Lanarkshire Standing Financial Instructions.
- Escalating to the Senior NMAHPS / Service Manager or hospital cover problems with staffing. These may include:
 - Emergency bed pressures
 - High levels of sickness and vacancies of NMAHP staff or high level of unfilled requests of bank staff.
 - Report risk through DATIX
 - Periods with less than optimal staffing.
 - Shifts/days for which temporary staff are currently planned for. Senior Charge Nurse / Midwife / Team Leader to discuss with Senior Nurse/Service Manager option of using staff from within the directorate, rather than Bank staff, to cover gaps.
 - Any of the agreed parameters that have been exceeded.

5.5 Staff are responsible for:

- Attending work as per their roster
- Adhering to the local request process. Submitting request a minimum of 8 weeks in advance and being reasonable, flexible and considerate to their colleagues with their roster requests
- Booking their annual leave at least 8 weeks in advance except in exceptional circumstances.
- Negotiating and seeking approval of changes from the Senior Charge Nurse / Midwife / Team Leader once the roster is completed. All changes should be with an equal grade.
- Reviewing the roster weekly to ensure awareness of any roster changes made by the Senior Charge Nurse / Midwife / Team Leader.
- Working their share of contractual nights and weekend shifts where applicable.
- Working a variety of shifts and shift patterns in accordance with the needs of the service, their contractual agreement and taking into consideration any exceptional circumstances agreed with management.
- Ensure they take their appropriate breaks.

6. RESOURCE IMPLICATIONS

The resource implications of this policy may be the initial and ongoing training and awareness raising for the current Senior Charge Nurse / Midwife / Team Leaders and any new to post. There may be additional time required by Senior Nurses / Service Managers to support monitoring the rotas on a regular basis to ensure compliance.

7. COMMUNICATION PLAN

Information on staff rostering will be made readily available to all staff and guidance on how to view this will be given to all new starters as part of their induction. The Board wide policy is available on Firstport.

8. QUALITY IMPROVEMENT – Monitoring and Review

This policy will be reviewed at regular intervals in line with the NHS Lanarkshire policy governing review of policies, procedures and guidelines.

Review may also be required to ensure the rostering is undertaken efficiently and effectively across NMAHP services.

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EQIA



(tick box)

10. Summary or Frequently Asked Questions (FAQs)

Mix of Days and Night shifts in one roster period.

Q: As staff work an 11.5hr night shift, they often work a half day (3 hr) day shift the same week. Is this acceptable?

A: Where possible, this should be avoided. This may require a change in shift patterns or monitoring working hours over a month rather than each week i.e. making up the 3 hr in their next day shift week.

7 Maximum standard shifts

Q: If staff work 7 consecutive shifts (Mon- Sun) and then need to take 2 days off, they will be off Monday and Tuesday but Monday is the busiest day in the community.

A: If the service need indicates Monday is the busiest day, this should not be given as a routine rest day (at least not for all staff) so rosters required to be adjusted to prevent this happening. This may require staff to work split shifts across a week.

Applying 14.5% Annual Leave

Q: I have several term time workers on my staff, adhering to the 14.5% severely limits the annual leave the rest of the staff can have during non-term time.

A: Term time working should only be approved if service demand / activity reduce during non-term time. Therefore should be no issue as service would agree to higher levels of annual leave in non-term times. The Senior NMAHP / Service Manager needs to develop a local management plan and agree annual leave provision for other staff.

Q: If I give the full 14.5% of leave, I will not have sufficient staff left to cover the service.

A: The 14.5% must be achieved otherwise staff will not be able to take all their annual leave entitlement. If this leaves insufficient staff, it would suggest an issue with your current staffing establishment that you should discuss with your Senior NMAHP / Service Manager.

Applying 2% Study Leave

Q: The allowance does not seem to be sufficient for small teams during extended study programmes i.e. 1WTE on a 1 /2 week programme.

A: The 2% allowance equates to about 5 days per WTE pa so for small teams one individual on an extended study programme will exceed the allowance and the Senior NMAHP / Service Manager will need to consider how this is managed.

Ideally, the 2% should be allocated to each roster to maintain consistency in staff availability but this is not always realistically due to size of team, availability of course, etc. It should be noted that study leave is generally monitored over a month.

Parental Leave

Q: Is Parental Leave included in the 14.5% Annual Leave?

A: No, parental leave is regarded as “Other Leave”. There is only a 1% allowance built in for this so consideration needs to be given as to how this is allocated.

Predictable Absence

Q: How has the figure of 22.5% for absence been determined?

A: Although this figure is recommended by the Nursing & Midwifery Workforce & Workload Planning (NMWWP) programme it has been adopted by AHPs. It is made up of 16.5% planned leave (Annual and Study) and 6% unplanned leave (Sickness, Maternity, Other).

The values attributed to each component have been determined nationally:

- Annual Leave – 14.5% - This is based on Agenda for Change leave allowance for staff and acknowledges a mix of new staff and staff entitled to additional leave for long service in the NHS Scotland nursing workforce. Staff with full long service (41 days) do actually have 15.8% annual leave whereas new starts (33 days) have 13.8%. The 14.5% will work for most areas with a 0.5% tolerance. However, if the entire team have long service need to increase to 15.8% per rota.
- Study Leave – 2% - This supports 5 days training per WTE staff per annum.
- Sick Leave – 4% - This is the level set across NHS Scotland for sick leave.
- Maternity Leave – 1% - This has been agreed taking into account the age /gender profile of the NHS Scotland nursing workforce.
- Other Leave – 1% - This has been determined to cover all other leaves e.g. special, parental, etc.

Staffing to 94% of the Funded Establishment

Q: Why are we advised to only staff our units to 94% of the Funded Establishment? This suggests we are not getting the full amount of staff we need to run our units.

A: Within your Funded Establishment is a 22.5% allowance for predictable absence (see above). Consequently, it is acknowledged that at any point in time a unit will only have 77.5% of staff available to deliver service. 16.5% of leave has a degree of control and planning e.g. annual and study leave but the remaining 6% is wholly unplanned (sick, other, maternity). By retaining 6% of budgets units can have flexibility using this resource to match gaps in staffing (by bank, overtime, excess hours) related to unplanned leave.

11. REFERENCES