



Nursing and Midwifery Roster Policy

Co-ordinator:

Fiona Robertson (Chief Nurse)
fionarobertson@nhs.net

Colin McNulty (Senior Nurse Manager)
colin.mcnulty@nhs.net

Reviewer:

GAPF Polices Subgroup

Approver:

Grampian Area Partnership Forum (GAPF)

Date approved by GAPF:

22 August 2019

Effective date:

22 September 2019

Review date:

22 September 2024

Uncontrolled When Printed

Version 1

The provisions of this policy, which was developed by a partnership group on behalf of Grampian Area Partnership Forum, apply equally to all employees of NHS Grampian except where specific exclusions have been identified.

NHS Grampian
Nursing and Midwifery
Roster Policy

This policy is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on Aberdeen (01224) 551116 or (01224) 552245.

This Policy has undergone Equality and Diversity Impact Assessment.

Revision History:

Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading)
N/A	N/A	N/A	N/A

**NHS Grampian
Nursing & Midwifery Roster Policy**

Contents

Section	Section Title	Page
1.	Introduction	4
2.	Scope	4
3.	Roles and Responsibilities	5
4.	Production and Publication of Rosters	6
5.	Changes and Additions to the Approved Duty Roster	9
	Appendix 1: Roster Audit Tool	11
	Appendix 2: Predictable Absence Calculation- Guidance on Calculating PPA	13
	Appendix 3: Duty Roster Changes and Additions Record	14
	Appendix 4: Working Time Regulations(WTR): minimum Break Guidance	15

NHS Grampian Nursing & Midwifery Roster Policy

1. Introduction

NHS Grampian 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 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.

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 Grampian.
- 2.2 The policy scope specifically relates to employees working within all nursing and midwifery teams across Grampian.
- 2.3 This document presents a Roster Policy for the nursing and midwifery workforce of NHS Grampian. 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 establish).
- 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 Grampian guidance on compensatory rest.
[Working Time Regulation - 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/Associate Director, Midwifery and Allied Health Professionals:

3.1.1 Accountable to NHS Grampian 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 Grampian 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 Nurse Manager/Midwifery Manager:

3.3.1 Responsible for the implementation of the NHS Grampian 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.

3.3.4 Adherence to 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 Grampian 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 Minimise clinical and non-clinical risk by ensuring that the roster reflects the available establishment of employees in order to provide person centred, safe and effective patient care, taking into consideration the expertise and skill mix of staff. This includes the requirement for a nominated nurse/midwife in charge of each duty.
- 3.4.6 Ensure roster is fair and equitable.
- 3.4.7 Ensure rosters produced are responsive to known service and workforce fluctuation.
- 3.4.8 Ensure that changes to the roster once approved and published, including substantive employees doing additional hours, meet the rostering standards where practicable.
- 3.4.9 Documenting all roster changes to the approved roster using the change of off-duty template (appendix 3).
- 3.4.10 Effective management of planned leave e.g. mandatory and statutory training, annual leave.
- 3.4.11 Ensure compliance with Paid as if at Work requirements (NHSG: PAIAW).
- 3.4.12 Enable the legal requirements of Working Time Regulations to be met whilst meeting the demands of the service (Working Time Regulation 1998).
- 3.4.13 Monitor the time out that has been allocated within the roster on a weekly basis to allow them to keep within the Predicted Absence Allowance (PAA).

3.5 The Role of the Employee:

- 3.5.1 All employees must be familiar with the NHSG Nursing and Midwifery Roster Policy.
- 3.5.2 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.
- 3.5.3 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.

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 Rosters are to commence on a Monday, as per SSTs, except in areas where a prior agreement is in place.
- 4.1.3 An employee must have two days off during a rostered week (i.e. Monday-Sunday).
- 4.1.4 Employee's must have 2 consecutive days off following 2 or more duties over 10 hours in duration.
- 4.1.5 Rosters must be equitable in allocation of duties and day off requests.

- 4.1.6 The number of hours rostered in consecutive duties must not exceed 48. Therefore the following applies:

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

- 4.1.7 Internal rotation between day and night duties is promoted within the organisation however the frequency of rotation should be kept to a minimum.
- 4.1.8 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)
- 4.1.9 Breaks allocation must comply with NHSG, GAPF Terms and Conditions Sub-group, Working Time Regulations (WTR) Minimum breaks guidance (appendix 4)
- 4.1.10 Employees must be rostered for a rest period of not less than eleven consecutive hours between duties (for employees under 18 this entitled is not less than twelve consecutive hours).

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 NHSG Nursing and Midwifery Workforce Governance Framework as identified below:

- Annual Leave – 15.75% (including Public holidays)
- Sickness – 4%
- Maternity Leave- 1%
- Study Leave – 1.5%
- Other paid leave – 0.25%
- 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 15.75% 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 (appendix 2 Predictable Absence Calculation- Guidance on Planning AL)
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.

4.4 **Sickness Absence**

- 4.4.1 Sickness Absence will be managed in accordance with the NHS Grampian's Attendance Management 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 NHSG Nursing & Midwifery Workforce Governance Framework.
- 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. For electronic rostering this is set out in the demand template within HealthRoster.
- 4.5.3 Each ward/unit or department should aim to have an agreed level of staffing with specific competencies on each duty. For electronic rostering this is managed using Rostering Skills on the demand template.
- 4.5.4 Electronic rosters should have their demand template reviewed at least yearly or where a change in service has occurred, to ensure they are still relevant.

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.
- 4.6.4 The approval of day off requests cannot be guaranteed.

5. Changes and Additions to Approved Duty Rosters (see appendix 3)

5.1 Duty Changes

- 5.1.1 Duty changes should be kept to a minimum.
- 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. Departments should refer to NHS Grampians procedures for the use of supplementary staffing.
- 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.
- 5.2.3 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
General Compliance				
Are all staff aware of the roster policy?				
Do staff have the roster 6 weeks in advance of it being worked?				
Published Duty Roster				
Are employees rostered for more than 48hrs in consecutive shifts (e.g > 4 x 11.25, >5 x 9.5, 6x 7.5) See 4.1.6				
Are employees rostered 2 days off in a rostered week(Mon-Sun) See 4.1.6				
Are employees who work consecutive long days (>10hrs) provided with 2 days off following 2 or more consecutive shifts See 4.1.6				
Are employees rostered 2 clear days off before rotating from day shift to night shift See 4.1.6				
Are employees rostered 1 clear day off before rotating from a day shift to night See 4.1.6				
Is the AL managed within the allowance				

Question	Yes	No	comments	Actions
Worked Roster				
Where the changes don't meet the standards are the reason clearly documented and justified				

Appendix 2: Predictable Absence Calculation- Guidance on Planning AL

The following guidance has been prepared to support departments to understand their predictable absence allowance and how to plan this into the duty roster.

1. How to work out predictable absence in WTE, hours or duties

Whole Time Equivalent (WTE) Formula: **Total WTE in post x predictable absence percentage (converted into decimal for calculation) = Number of WTE** that can be allocated leave

Eg: 28.5WTE x 0.1575(annual leave allowance %) = 4.48 WTE that can be allocated AL per week.

2. How to convert WTE allowance into hours

Hours Formula: WTE allowance for leave (as above) x 37.5hrs= total hours that can be allocated AL per week

Eg 4.48WTE x 37.5hrs = 168hrs

3. How to convert hours allowance into duties

Duties Formula: Hours allowance for leave (as above)/ duty length= duties that can be allocated AL per week

Eg; 168hrs/11.25= 14.9 duties

Annual leave (AL) allowance is 15.75% however there is a tolerance of +/- 1.25%. This means that departments can have between 14-17% of staff off on AL. Departments should be aware of the lower and higher thresholds to understand how many staff they can have off without being in breach of the allowance. Departments should allocate leave in line with the target to ensure as roster changes and requirements occur that will effect leave they remain within the threshold

Example of target AL +/- 1.25%

WTE	Minimum WTE on AL (14.5%)	Target WTE on AL (15.75%)	Maximum WTE on AL (17%)
Total : 28WTE	4.06	4.48	4.85
Reg: 21	2.94	3.3	3.57
Unreg: 7.5	1	1.18	1.27

Please Note: Department with less than 6 WTE employees will not be able to accommodate leave within the target allowance. If leave is covered across rosters these rosters should be combined where practicable.

Appendix 3: 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

Week beginning	Name	Change/ Addition (C/A)	If change rostered Date	Date change to/ Additional Duty date	Rostering standards compliant? (Y/N)	Standard breach (eg 4.1.3 : days off)	Rational for change	Approver signature

NHS GRAMPPIAN

GAPF Terms and Conditions Sub-group

Working Time Regulations (WTR)
Minimum breaks**Introduction**

A working group comprising managers, staff side and HR has considered a proposal for NHS Grampian break entitlements, detail whether paid or unpaid, any exceptional circumstances where different arrangements may need to exist and what happens for existing practices that differ from the proposal etc.

There currently exists within NHS Grampian a wide variety of shifts worked with an even wider variation of breaks being given.

The working group agreed that while in theory the idea of a single break entitlement paper to cover the organisation as a whole was a good one, putting this into practice would have a potential impact on employees pay or length of time in the workplace. As such the group agreed that this was unrealistic and proposed issuing guidance advising the statutory minimum in relation to breaks under the WTR as well as examples of good practice.

Discussion

The WTR 1998 provide for a statutory entitlement to an in-work rest break of 20 minutes when the working day is longer than 6 hours. (Young workers over school leaving age but younger than 18, receive a 30 minute break after more than 4.5 hours work.)

This break is a legal entitlement and as such all staff working over 6 hours (or 4.5 hours for young workers) must be receiving this as a minimum. Within NHS Grampian this break is unpaid and is generally for a minimum of 30 minutes. Courtesy “tea breaks” may also be given in addition at manager’s discretion.

Managers are asked to ensure that staff comply with the above rest breaks as a minimum. Where existing practices already meet the minimum requirements of the WTR as indicated in Table 1 there is no requirement for action to reduce breaks to the statutory minimum.

Table 1 – Minimum breaks

Length of shift	NHSG minimum
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 break

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

Table 2 – Examples of good practice rest breaks

LENGTH OF SHIFT	EXAMPLE 1*	EXAMPLE 2*
Shifts up to and including 4 hours	No entitlement to a break	No entitlement to a break
Shifts of more than 4 hours and up to 6 hours	10 minute paid courtesy break**	15 minute paid courtesy break**
Shifts of more than 6 hours	30 minute unpaid meal break “in shift”* and 10 minute paid courtesy break	30 minute unpaid meal break “in shift”*
Shifts between 7.5 hours and 10 hours	30 minute unpaid meal break “in shift” and a 10 minute courtesy break**.	30 minute unpaid meal break “in shift” and 15 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**	2 x 30 minute unpaid meal breaks and 2 x 10 minute paid courtesy breaks**
Young workers (under 18 years of age) 4.5 hours or more	Entitled to 30 minute unpaid rest break	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.

Where under exceptional circumstances breaks cannot be taken at the allocated time or re-allocated within the shift, approved by the manager, with an equivalent period of compensatory rest allocated, normally within two weeks (reference T&C’s Handbook paragraph 27.15). Good management planning should ensure that allocating compensatory rest for breaks would be the absolute exception rather than the norm.

Research shows that breaks are important to ensure well being and safety (Freeman 2007 & Tucker 2003). Additionally T&C’s Handbook paragraph 27.15 states that “rest breaks must be taken during the period of work, not at the start or end of a period of work and away from their work station”. Display screen equipment users should additionally ensure that they take regular breaks during extended periods of keyboard use (e.g. by varying activity to do some other work).

References:

FREEMAN, L., 2007. Spotlight on taking proper breaks. Personnel Today, (27 November), pp. 39

TUCKER, P., 2003. The impact of rest breaks upon accident risk, fatigue and performance. Work & Stress, 17(2), pp. 123-137

Key risks

- If there is a department who have breaks less than the WTR minimum, breaks will require to increase, however this is deemed to be unlikely.

Conclusions

- All break arrangements must comply with the WTR regulations
- No recommendation that current break arrangements are reduced to comply with the minimum
- Managers must ensure that the WTR regulations are met however when a break cannot be taken at the allocated time or re-allocated within the shift, with the approval of the manager, an equivalent period of compensatory rest should be allocated.

GAPF T&C's Sub-group

October 2010

(approved by GAPF at their 26 August 2010 meeting)