**Rostering Masterclass**

**HR Session - Frequently Asked Questions**

In order to create the roster, various HR Policies may need to be given consideration e.g. Working Time Directive, Attendance Management, Maternity Leave. This can sometimes raise issues when trying to work within the Predicted Absence Allowance (PAA). Some of the issues encountered as well as other frequently asked questions from roster creators (SCN/CNs) have been summarised below. The answers provided offer a basic guide for new roster creators.

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| **1)** | | | **After a period of sickness absence if a staff member has a phased return to work should they be included or excluded from the Predicted Absence Allowance (PAA)?** |
|  | *Attendance Management Policy*  The level of support required to enable a staff member to return to work will be discussed and agreed through formal attendance management meetings. The level and nature of support offered will be dependent upon the staff member’s specific circumstances.  *Risk Assessment*  The level and nature of support required to enable a member of staff to return to clinical practice involves risk assessment completion. Risk assessment will assist decision making in the event that any temporary measures are required (ie supernumerary status/ return to a different ward/ different working hours)  *Occupational Health*  Recommendations from Occupational Health assist in this local decision making.  *Planned leave*  In the event that phased return has been agreed this will be planned and recorded as annual leave on SSTS. As this is planned leave the roster creator will apply rostering rules accordingly to manage PAA  *Predicted Absence Allowance*  In this situation a member of staff previously sick has now returned to work onto a planned phased return therefore your sickness absence percentage will reduce and your planed leave percentage will increase. You still require to create your roster with a total PAA of 25%. | | |
| **2)** | | | **When a staff member is due to retire is phased retirement included or excluded from the Predicted Absence Allowance (PAA)?** |
|  | Staff wishing to retire must follow a formal process which involves an extended notification period therefore phased retiral will be agreed and planned in advance. The extended notification period also allows time for discussion and planning in the event that the manager requires to consider hours worked /shift pattern etc. This also provides time for recruitment if the vacancy has been authorised.  *Planned leave*  As retirement has been agreed in advance, phased retirement is therefore regarded as planned leave and the roster creator will apply rostering rules accordingly to manage PAA.  *Predicted Absence Allowance*  In this phased retirement situation you still need to require to create your roster with a total PAA of 25%. | | |
| **3)** | | | **If the overall level of sickness absence exceeds the PAA (8%) how should other leave requests be managed?** |
|  | *Predicted Absence Allowance*  The roster creator is responsible for rostering within the total PAA of 25% If sickness absence rises above 8% then consideration must be given to the PAA component parts so that overall total remains 25%  *Planned Leave*  For example annual leave should be planned to ensure fair consistent and equitable distribution of the allocated PAA across the calendar year. Mandatory training should be also planned to ensure a fair consistent and where possible equitable distribution of the allocated PAA across the calendar year. This allows flexibility in terms of managing unplanned leave over the year.  *Unplanned Leave*  Unexpected staffing shortfalls due to sickness absence are required to be managed within existing resources. Leave requests that have NOT been planned in advance cannot be authorised if this exceeds the overall PAA.  *Safe, Effective Person Centred Care*  Safe staffing levels are the priority and every effort must be made to achieve this within existing resources. The manager may require to cancel last minute leave (unplanned) requests and non-mandatory training to ensure safe staffing levels | | |
| **4)** | | | **If a staff member has been suspended, how is this recorded and managed within the PAA?** |
|  | *Predicted Absence Allowance*  Suspension is recorded and managed as a paid absence. The roster creator must apply rostering rules accordingly to manage the overall PAA.  *SSTS/Payroll*  In the event that a nurse has been suspended without pay (i.e. NMC registration has lapsed etc) the line manager must notify SSTS and payroll. | | |
| **5)** | | | **The recommended staffing skill mix for the majority of wards (adult admission) has been identified as 65% (registered) and 35% (unregistered). In the event of high sickness/ absence how does the roster creator manage this recommended skill mix?** |
|  | *Recommended Skill Mix*  The recommended skill mix 65% registered to 35% unregistered has been derived from an evidence base that has suggested this ratio is required for ensuring quality care and patient safety. There may occasions where this recommended skill mix level cannot be met. In this situation a risk assessment should be undertaken to inform local decision making.  *Risk Assessment*  The Senior Charge Nurse (SCN) must assess and manage risk associated with skill mix that falls below the recommended level. A number of factors require to be considered including the skills/ expertise of the available staff, ward occupancy, patient acuity and level of clinical risk  *Shared Resource Management*  If the risk assessment has indicated that the recommended skill mix requires to be met then the roster authoriser may consider the wider resource within the hospital to inform decision making. This may include the temporary deployment of staff across the hospital site to risk manage an identified deficit in the recommended skill mix. | | |
| **6)** | | **In order to ensure quality care and patient safety we all agree that safe staffing levels are paramount but where does the Worklife Balance Policy fit with the Rostering Policy?** | |
|  | *Safe Staffing Levels*  Ensuring quality care delivery and patient safety through safe staffing levels is a priority for each nurse, ward, hospital, board and also the Scottish Government. This priority is being strengthened by the national move to enshrine the Nursing & Midwifery Workload & Workforce Tools (NMWWPT) in law.  *Worklife Balance Policy*  This policy incorporates a series of options to support staff to manage life circumstances and maintain employment. Some options within the policy require an application request. An application request is a formal process. An example of an application request would be parental leave.  *Parental Leave*  The formal process to apply for parental leave requires a significant notice period (at least 4 weeks). If the roster creator has planned leave across the calendar year to ensure a fair consistent and equitable distribution of the PAA then this will assist the line manager to identify if the request for parental leave can be accommodated. In the event that parental leave cannot be accommodated safely within the PAA for the time period requested then this application can be declined with the suggestion for leave to be taken at another time period.  *Flexible Working*  The formal process to apply for flexible working requires a notice period that results in a permanent contractual change. Managers require to give careful consideration on any permanent contractual change in terms of the implications on the overall staffing resource and the service delivery. Consideration includes the impact on the staff resource flexibility and adaptability to meet clinical needs.  *Localised Informal Arrangements*  Roster creators and roster authorisers require to be mindful of attaining optimum staffing levels and skill mix to ensure quality care delivery and patient safety. While individual staff requests may be locally negotiated and managed, caution must be exercised before entering into informally agreements/ inadvertently establishing a personalised shift pattern that may impact on the flexibility/ adaptability of the staffing resource to respond to patient care delivery. Informal arrangements are easy to establish and a challenge to change particularly when negotiating ‘custom and practice’ *Safe Staffing Levels* | | |
| **7)** | | **Can the SCN allocate leave to make sure leave is used evenly? If staff are unhappy about this how can this be best managed?** | |
|  | *Predicted Absence Allowance*  The roster creator and roster authoriser are responsible for ensuring that all leave is managed within the total PAA of 25%. This means that annual leave must be planned to ensure fair, consistent and equitable distribution of the PAA across the calendar year.  *Rostering Policy*  The policy supports planned leave to ensure fair, consistent distribution of the PAA over the calendar year.  *Staff Leave Requests*  All staff have the right to request annual leave. Planning leave over the calendar year allows managers to identify where planned leave requests can be accommodated. It may not be feasible for all planned leave requests to be granted and staff should be made aware that sufficient time must be afforded for planned leave requests to be negotiated with colleagues where required.  *Applying Rostering Rules*  Where a change of rostering practice is anticipated ie planning leave over the calendar year it may be useful in the first instance to raise staff awareness of the rostering policy, suggest staff revisit their contractual agreements and remind staff of other policies to support staff maintain employment i.e. Attendance Management Policy, Worklife Balance Policy etc. | | |
| **8)** | | **The Predicted Absence Allowance of 22.5% only allows 3% for maternity leave/ special leave and study leave. If one person is off on maternity leave this accounts already for the 3%. How can maternity leave/ special leave and study leave be best managed?** | |
|  | *Planned leave*  Maternity leave is planned. If annual leave and mandatory training have been planned over the calendar year this allows the manager to identify options for study leave to be managed at other times.  *Unplanned leave*  New managers may require support with decision making regarding the circumstances for special leave authorisation. Managers are responsible for supporting staff however it may be useful for managers to revisit resources available to ensure that staff are afforded the support appropriate for their needs ie Attendance Management Policy, Occupational Health.  *Shared Resource Management*  If ‘other’ leave exceeds 3% due to a number of staff off on maternity leave then a risk assessment may be undertaken to assess the impact on the overall PAA, safe staffing levels and the recommended skill mix. The roster authorisor may consider the wider resource within the hospital to inform decision making | | |
| **9)** | | | **Now that there is a Rostering Policy how will policy compliance be monitored? How will non-compliance in terms of roster creator responsibilities be managed?** |
|  | *Roster Policy Implementation*  Roster creators have been invited to attend Masterclass + Rostering programme Nov 2016 to support the development of rostering practice and assist policy implementation.  *Roster Creator*  Existing roster creators have learned their rostering practice skill informally working in teams and from peers. Effective rostering can be learned and developed. The board acknowledges and supports the development of effective rostering practice through the policy and related resources (SCN toolkit/ BOXI etc)  *Roster Authoriser*  The Rostering Policy supports rostering practice by clearly outlining roles, responsibilities and accountability. Roster creators are responsible for applying rostering rules, balancing and planning the staffing resource to meet the needs of the service. The roster authoriser is responsible for checking that roster creator has successfully planned the staffing resource to meet the needs of the service.  *Policy Compliance*  Staff should be encouraged the first instance to identify their development needs appropriate to their level of responsibility and accountability and be supported to address this at a local level. Failures to fulfil roster creator and authoriser duties may allude to a competence issue that requires more structured support.  *Financial Governance*  Service managers and lead nurses will have implemented local arrangements to monitor the staffing resource efficiency and efficacy. Persistent failures in roster creator and roster authoriser duties may be viewed as potential mismanagement of the staffing resource. | | |
| **10)** | | | **At the point of recruitment staff accept rotational contracts. Once employed some staff have then stated that they are unable to rotate their shift pattern and submit a flexible working application. How can this situation be best managed?** |
|  | *Contract of Employment*  If employed to work certain shifts then they are required to fulfil their contract of employment. Any change to the contract requires a formal process.  *Flexible Working Application*  Any flexible working application must be considered by management in accordance with the WLB policy giving full consideration to the needs of the service etc. (refer to question 6). An employee needs to have a minimum of 26 weeks continuous service at the time of the application to be eligible to apply and must not have made a previous application during the previous 12 month period. | | |