Nursing & Midwifery Rostering Policy

This is a new procedural document – please read in full.

Responsible Lead(s)	Nurse Coordinator NMWWP (Acute)
	Nurse Coordinator NMWWP (Partnerships)
Responsible Director:	Nurse Director
Approved by:	Area Partnership Forum
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PLEASE NOTE: Always ensure that you are using the most up to date approved procedural document. If you are unsure, you can check that it is the most up to date version by looking on StaffNet.

Nursing & Midwifery Rostering Policy

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0	12/02/2015	First Draft	Nurse Coordinators (NMWWP)
1.1	25/02/2015	Updated to incorporate Partnership requirements	Nurse Coordinators (NMWWP) Professional Nurse Advisor (MH)
1.2	05/05/2015	Updated to incorporate Partnership requirements	Nurse Coordinators (NMWWP) Professional Nurse Advisor (DN)
1.3	22/06/2015	Updated following HR review	Nurse Coordinators (NMWWP) Corporate HR Advisor.
1.4	22/07/2015	Initial comments circulated via MHS	Lead Professional Nurse Advisor (MHS)
1.5	14/08/2015	Updated collated comments	Lead Professional Nurse Advisor (MHS)
1.6	15/09/2015	Updated collated comments	Board Nurse Director, staff side representatives and nurse coordinators (NMWWP)
1.7	11/12/2015	Updated to incorporate staff side comments and management amendment.	Board Nurse Director, staff side representatives and nurse coordinator (NMWWP)
1.8	1/2/2016	Updated to incorporate staff side comments.	Board Nurse Director, staff side representatives and nurse coordinator (NMWWP)

Nursing & Midwifery Rostering Policy

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FOREWORD

NHS Greater Glasgow & Clyde 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 service with supporting staff to achieve an appropriate work life balance, it is recognised that the Board needs to be able to respond to changing service requirements. A flexible, efficient and robust rostering system is the key to achieving this objective.

This policy is for use by ALL Nursing and Midwifery areas within NHS Greater Glasgow & Clyde.

To assure the provision of safe, effective and person centred care requires planning to ensure there are the right staff available, at the right time, in the right place and with the necessary skills and training required.

Safe and effective rostering relies on a number of key ingredients which include having the correct numbers and skill mix of staff recognised within the funded establishment. The funded establishment should be considered by applying the Nursing & Midwifery Workload & Workforce Planning (NMWWP) tools where applicable and should incorporate a triangulation approach as recommended in CEL 32 (2011)….

…..*"For the nursing and midwifery workforce, professional validated workload measurement and workforce configuration tools should be used. NHS Boards should reference the national nursing and midwifery workload and workforce planning tools (as appropriate) used in deriving the nursing numbers for each clinical area (as appropriate). These tools should be used as part of the triangulated approach incorporating professional Judgement with quality measures.*

In 2013, all validated nursing workforce planning tools have been mandated for use within NHS Boards and form part of the planning and setting of nursing and midwifery establishments, planning future services, local delivery plans and inform the ongoing requirements for nurse and midwife training.

The nationally validated and evidence based tools incorporate an allowance for staff absence of **22.5% - 25%**. All tool outputs are considered using the CEL 32 recommended triangulated methodology i.e. funded establishment, actual staff in post, staff absence with consideration of quality measure outputs including reference to staff activity monitoring which forms part of the triangulated process.

It is recognised that there is a dearth of formal training and guidance on safe effective rostering for new senior charge nurses/midwives and their deputies. This policy document aims to address gaps in understanding around effective rostering and will provide guidance for all nursing and midwifery staff and managers. This in turn will offer a consistent and fair mechanism for managing planned absence whilst ensuring there are the right numbers and skill mix on duty, at the right time to deliver care requirements and assure safe and effective services are delivered.

Doctor Margaret Mc Guire
Board Nurse Director, NHS Greater Glasgow & Clyde

1.   Introduction

1.1   Purpose and Scope

1.1.1   The purpose of this document is to determine the framework that Managers and Senior Nursing & Midwifery staff will use to ensure efficient and effective use of Nursing & Midwifery staff across NHS Greater Glasgow & Clyde and working within Health and Social Care Partnerships'.

1.1.2   Nursing and midwifery teams largely provide a twenty four hour, seven day per week service. The responsibility of preparing rosters that ensure the appropriate number of skilled staff are available to safely manage the care of the patient or client group, whilst maintaining a work-life balance for staff can be a complex and time consuming process.

1.1.3   This document presents a Rostering Policy for the Nursing and Midwifery workforce of NHS Greater Glasgow & Clyde. The policy aims to promote good practice in the preparation of rosters and to guide Line Managers and their staff on the principles of effective rostering and should be used in conjunction with the Nursing & Midwifery Staff Bank Operational Policy.

1.1.4   Adherence to this document will ensure that good practice is consistent across NHS Greater Glasgow & Clyde. It applies to all Managers, Nurses and Midwives working in clinical services and Nurses and Midwives registered with the Nurse Bank across NHS Greater Glasgow & Clyde.

2.   Statement of Policy

2.1   General Principles of Duty Rostering

2.1.1   The nursing and midwifery workforce is a significant resource of the Board, which requires underlying principles to ensure effective utilisation through efficient and safe rostering.

2.1.2   The purpose of this policy is to ensure that duty rosters are produced to an agreed standard, which is consistent for all Nurses and Midwives Board wide.

2.1.3   To achieve this, robust ward/teams and department duty rotas are an essential aspect of any well managed area. Senior Charge Nurses/Midwives and Senior Community Nurse's/Midwives hereafter referred to as (SCN/SCM/SN) are accountable for the effective management of duty rotas within their area, by:

- Minimising clinical and non clinical risk by ensuring that the appropriate number and skill mix of staff is available to provide person centred, safe and effective patient care
- Making sure rosters are prepared using existing resources to meet clinical demand
- Ensuring appropriate leadership within the clinical environment at all times

- Ensuring appropriate deployment of staff within and, where appropriate across service
- Management of the standard of duty rotas within the area of responsibility: ensuring that rosters are fair, consistent, fit for purpose and that no member of staff is disadvantaged through the workings of this policy
- Effective management of "time out allowance" or "predicted absence allowance" added to establishment's e.g. planned annual leave, study leave, etc
- Improving the monitoring and management of sickness and absence by department and/or individual, generating comparisons, identifying trends and priorities for action
- Enabling the legal requirements of the European Working Time Regulation to be met whilst meeting the demands of the service.
- Making sure staff feel valued as a resource by ensuring a fair and equitable system to manage working time
- Moving staff within and across ward/units/service areas where clinically safe and appropriate to do so within scope of employment contract and sphere of professional competency in order to maintain patient safety and high standards of person centered care.

2.2   Associated Documents

This Policy is to be used in conjunction with a number of Employment and Work Life Balance policies and procedures, which include:

- Agenda for Change, Terms and Conditions (Updated Nov 2014)
- Attendance Management Policy
- Employee Capability Policy and Procedure
- Career Break Policy
- Maternity Leave Policy
- Paternity Leave Policy
- Parental Leave Policy
- Adoption and Fostering Leave Policy
- Flexible Working Policy
- Job Share Policy
- Phased Retiral Policy
- Reduced Working Year Policy (inc Term Time)
- Special Leave Policy
- Secondment Policy
- Workforce Change Policy
- National Approach to Mentor Preparation for Nurses and Midwives - Core Curriculum Framework (Second Edition)
- Equality, Diversity and Human Rights Policy
- Recruitment Process and Supporting Documentation Resource (inc Vacancy Management)

2.2.1 If following completion of a roster, there are gaps due to vacancies and a high level of sickness/absence then refer to:-

- Nursing & Midwifery Staff Bank Operational Policy
- NHSGGC Principles for Monitoring Escalating Guidance Safe Staffing

3.   Guidance

3.1   In conjunction with the European Working Time Directive (EWTD) and Employment Work-Life Balance Policy and Procedures, the effective utilisation of the workforce in Board wide wards, departments and community will support a fair and consistent roster and will provide a safe workforce level, which meets with service needs and demand.

The Board supports the principles regarding work life balance, flexible working and family friendly working. However, this will be set against the optimisation of staff to ensure safe levels of staffing and skill mix to maximise the quality of patient care and reduce clinical and non-clinical risk. The Board in line with public sector duty legislation under the equality act will consider requests for flexible working but may decline them if this pattern does not support the requirements and needs of the service. All other factors are secondary to this, including requests, preferences, team coverage and study leave.

4.   Professional & Operational Roles & Responsibilities of Effective Rostering

4.1   Nurse Director

4.1.1   Holds overall responsibility for ensuring all Board clinical areas and teams are able to deliver safe effective and person centered patient care with appropriately skilled nursing and midwifery staff.

4.2   Nurse Director Partnerships

4.2.1   Holds responsibility for ensuring all Partnership clinical areas and teams are able to deliver safe effective and person centered patient care with appropriately skilled nursing and midwifery staff. Any variance should be escalated to the Nurse Director.

4.2.2   Ensures support mechanisms are in place within the clinical setting to achieve full compliance with the Nursing and Midwifery Rostering Policy.

4.3 Chief Nurse/Chief Midwife /Professional Nurse Advisors/Professional Lead

4.3.1 Ensures support mechanisms are in place within the clinical setting to achieve full compliance with the Nursing and Midwifery Rostering Policy, where applicable.

4.3.2 Responsible for ensuring and reporting through Care Assurance System (CAS) governance structures that effective monitoring/audit is in place within the sectors/ directorates to ensure all clinical areas meet the standards of the **NHS GGC Care Assurance System (CAS)**

4.4 General Managers/Heads of Service/Clinical Service Managers/Operations Managers/Chief Officers

4.4.1 Ensure compliance with the Policy in their clinical areas of responsibility.

4.4.2 Approve and sign off the agreed staffing resource for each ward / department with the Lead Nurse /Midwife and Management Accountant within Acute services.

4.4.3 Approval of each ward/team staffing resource within Partnership services will be approved and signed off by the Chief Officer, Head of Service and Nurse Director Partnerships.

4.5 Lead Nurses /Lead Midwives/Senior Nurses/Service and Operational Managers

4.5.1 Responsible for ensuring policy implementation and compliance within their area of responsibility.

4.5.2 Responsible for monitoring and approving the ward/department/team duty roster on completion (Level 2 Approver). Arrangements between Lead Nurse / Midwife and equivalent roles within relevant Partnership services must be made to cover leave in order to ensure rosters are approved and ready for publication on the wards for teams.

4.5.3 Produce analysis reports on staffing, expenditure and quality of care to regularly review the needs of service are being met within areas of responsibility.

4.5.4 Approving all shifts including out of hours where supplementary/bank staff are requested as per local agreement.

4.5.5 Approve all additional hours and duties according to the needs of service safety.

4.5.6 Providing guidance and support to the SCN/SCM/SN or designated other in the creation of duty rosters.

4.5.7 Notifying where applicable the appropriate operational line manager of any additional hours agreed above the required staffing resource.

4.5.8 The implementation of an early intervention and recovery plan for wards/departments who consistently exceed their appropriate Predictive Absence Allowance (PAA).

4.5.9 Review and monitor compliance with CAS standards and ensuring the development and implementation of appropriate action plans to ensure patient safety at all times.

4.6 Senior Charge Nurse / Senior Charge Midwives /Senior Nurse (SCN/SCM/SN)

4.6.1 The SCN/SCM/SN is responsible for adhering to the agreed nursing establishment.

4.6.2 The SCN/SCM/SN is/can be a roster creator and is also responsible for approving the roster (Level 1, Approver).

4.6.3 Responsible for providing a completed and authorised roster to the clinical team with a minimum of 4 weeks advanced notice prior to start of roster.

4.6.3 Responsibility for the safe staffing of each clinical area lies with individual SCN / SCM/ Senior Nurse in consultation with the Lead Nurse / Midwife / Senior Nurse / Service / Operational Manager/Professional Leads.

4.6.4 SCN/SCM/SN's are responsible for rostering appropriate senior/experienced nursing and midwifery cover to ensure clinical expertise and frontline leadership is available at times of peak activity, the weekend and out of hours.

4.6.5 Senior Charge Nurse/Midwife/ Out of Hours Co-ordinator will only, generally, work week-end shifts/night shifts when their clinical skills/knowledge and leadership is required on these shifts or when, periodically, there is a requirement for them to work in a supervisory capacity. This must be by prior agreement with line manager. Week-end shifts/night shifts should not be rostered as routine or on a regular basis.

Roster Creator

A roster creator is assigned by and responsible to the SCN/M/SN for roster creation

Roster Approver Role/ Responsibility

- Responsible for ensuring the roster is an accurate and maintained record of what has been worked.
- Responsible for updating and authorising rosters every Monday morning.

- Approves the roster and informs the Lead Nurse/Lead Midwife/Senior Nurse/Operational/ Service Manager (Level 2 Approver) that it is ready for their review identifying any areas of concern.

4.6.7 Responsible for ensuring that their expenditure does not exceed the allocated Funded establishment in all wards, units and departments (hereafter referred to as clinical areas).

4.6.8 Responsible for the safe staffing of the ward/team even if they do not directly undertake the task of producing the duty roster.

4.6.9 Responsible for nominating a deputy Roster Creator and ensuring that they are appropriately trained and supported to produce an appropriate roster.

4.6.10 Responsible for ensuring that there are sufficient nurses 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.

4.6.11 Responsible for the fair and equitable allocation of planned leave e.g. annual leave, study leave, parental etc.

4.6.12 Responsible for considering a reasonable number of roster requests from staff, ensuring fairness and equity in working patterns.

4.6.13 Responsible for monitoring the quality of care provided through clinical governance mechanisms e.g. audit, compliments, complaints, small test of change and improvements, clinical benchmarking and addressing any issues ensuring these are communicated to staff to improve the quality of service.

4.6.14 Responsible for investigating any reports of staffing shortages and taking steps to prevent recurrence.

4.6.15 Proactively manage any known gaps in the roster prior to the roster being authorised.

4.6.16 Responsible for monitoring and escalating factors which impact on staffing levels, e.g. sickness, acuity/dependency, bed occupancy rates, seasonal pressures and respond to these appropriately.

4.7 Deputy Roster Creators

4.7.1 In the absence of the Roster Creator, a designated deputy is assigned and responsible for roster creation.

4.7.2 Responsible for bringing any areas of concern to the attention of the SCN / SCM / SN immediately or in his/her absence the Lead Nurse/ Midwife/Senior Nurse/ Operational/Service Manager.

4.8   Staff

4.8.1   Attending work as per the authorised duty roster.

4.8.2   Being reasonable and flexible with their roster requests and being considerate to their colleagues within the rules set out by this policy.

4.8.4   All shift changes should be discussed with and agreed by SCN/SCM/SN.

4.8.5   Staff should notify the SCN/SCM/SN of changes to a planned or worked shift.

4.8.5   Requesting shifts and annual leave locally via agreed mechanism e.g. request book.

4.8.6   Be aware that flexibility is required in terms of working at short notice in another ward or area in order to meet identified, prioritised clinical need, as appropriate.

5.   Staffing Levels / Skill Mix
(Refer to individual agreed funded establishment for each clinical area)

5.1   A risk assessment by the SCN/SCM/SN should be completed if the minimum number is not achieved, then actions taken in accordance with the Board wide Monitoring and Escalation Guidance or proceed within the guidelines of the Nursing/Midwifery Staff Bank Operational Policy**.**

5.2   All staff planned to take charge of the clinical area/team will be able to demonstrate their ability to coordinate or take charge of the clinical area/team. This competency will be assessed annually as part of their appraisal.

6.   Staff Redeployment/Unplanned Moves

6.1   Staff should ensure temporary redeployment is implemented and adhered to within their area of responsibility.

6.2   Staff may be required to work in other areas within the Board to provide a safe and efficient service as stated in employee contract.

6.3   The competence and skills of an individual will be assessed to ensure they are appropriately matched to the requirements of the clinical area they are being moved to.

6.4   The responsible Out of Hours page-holder will agree and authorise which areas a Nurse/Midwife can be moved from, and to, taking into account sphere of competency and contract.

7.   Supplementary Staffing

7.1   Bank/agency staff will be booked in accordance with the Nursing/Midwifery Staff Bank Operational Policy.

7.2   Bank staff will **NOT** be used to cover for annual leave, maternity/paternity leave, parental leave, vacancy cover and study leave, except in extenuating circumstances. Bank Usage Briefing Paper, May 2015

7.3   Escalation will be undertaken when risk to safe staffing is identified, which includes the following examples:
- Emergency bed pressures
- Infection outbreaks or to control infection
- High level of unfilled requests for bank staff
- High dependency patients above those normally managed in critical care
- Reduced resources including staffing
- Increase in number of enhanced observation levels within wards such that available staff are unable to safely meet clinical need

8.   Shift Duration

8.1   The Board has a responsibility to ensure the health and wellbeing of workers, and to comply with working time regulations, Agenda for Change (A4C) terms and conditions of employment.

8.2   For the purpose of clarity, a break will be defined as a rest period. Any alterations to shift times, rest periods must be in conjunction with the clinical area, HR Advisor, Management Accountant and Staff Partnerships prior to any agreement being implemented.

8.3   In line with the Agenda for Change (A4C) terms and conditions of employment and the European Working Time Directive (EWTD), all shifts in excess of 6 hours must include a minimum of 20 minutes unpaid break. It is recommended that any shifts of 12 hours or more have a minimum of 40 minutes unpaid break.

8.4   Standard early and late shifts should be a minimum of 5 hours (4 hours within community nursing) and a maximum of 8 hours duration each (excluding rest allocation), start and finish times can be individualised to each area depending on clinical workload demands.

8.5   Any changes to shift patterns should be discussed with your clinical team; Lead Nurse/Midwife/Senior Nurse; Clinical Service/Operational Manager/General Manager; HR Advisor; Management Accountant (and Staff Partnership representative, if required). Agreement must be in line with this policy.

8.6   The SCN/SCM/SN or individual 'in charge' is responsible for facilitating and ensuring meal breaks are taken.

8.7 Rest periods must be planned, and taken, within working time. Both A4C and EWTD stipulate that rest breaks should not be taken at the start or end of a shift.

8.8 SCN/SCM/SNs should ensure that staff take breaks at the appropriate times. On occasions where this is not possible, ensure local arrangements are in place applying a fair and consistent approach for staff to receive their entitlement.

8.9 In exceptional circumstances accrued hours will be worked/ taken in lieu in negotiation with the SCN/SCM/SN with consideration being given to service needs. Any additional or under worked hours from regular shift patterns must be managed by the SCN/SCM/SN on a monthly basis.

8.10 SCN/SCM/SN must ensure an equitable justification process of approval/ refusal of requests for hours to be worked/ taken in lieu is locally in place.

8.11 Where applicable, staff should be allocated a minimum of one weekend off per roster however this may be at the discretion of the SCN/SCM/SN based on service requirements. The SCN/SCM/SN will document in their local guidance the number of weekends and nights each member of staff is required to work in the roster that is utilised in their ward/area. This should be a guide only, may be subject to change to meet the needs of the service, and managed by the SCN/SCM/SN.

9. Roster Responsibility/Production of Roster

9.1 Rosters will commence on a Monday and be published a minimum of four weeks in advance. This will enable staff to better manage their personal arrangements and to afford the Staff Bank sufficient time to fill vacant shifts.

9.2 All rosters must be composed to adequately cover 24 hours (or agreed set hours to meet clinical activity) by utilising permanent staff proportionally across all shifts (This includes staff on temporary or fixed term contracts).

9.3 The use of nurse bank must be used in line with the Nursing/Midwifery Staff Bank Operational Policy.

9.4 If staff are working variable shift start/ finish times and not working continental shifts or 12 hour shift patterns these must should be entered into SSTS timely to ensure accuracy of hours worked.

9.5 Staff must have a minimum of one weekend off per 4 week roster, in normal circumstances. Additional weekends off can be rostered, if the departmental requirements allow.

9.6 The number of consecutive standard day shifts for staff to work will not exceed **7** or dependent on local agreement of service delivery.

9.7 A week is defined as the period Monday to Sunday and in every week, a staff member will have 2 consecutive days off during this 7 day period.

9.8 The number of consecutive 12-hour shifts for staff to work will not exceed **4**.

9.9 12 hr Night Duty shifts will not exceed a maximum of **4** consecutive nights.

9.10 Internal rotation between day duty and night duty is promoted within the organisation; as a general principle, roster creators should ensure that employees do not work days and nights in the same week. Any requirement to work days and nights in the same week must be supported by a clear business need and be approved by the Lead Nurse/Midwife. If days and nights are approved to be worked in the same week then 3 days off must follow the last night shift.

9.11 If your clinical area works standard shifts (Early/Late/Nights) it is good practice to roster an early before days off and a late following days off during a period of day duty.

9.12 All staff must have 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 17 week period, in line with the European Working Time Directive (EWTD). The Board has agreed that waivers may only be used by agreement of the relevant Director, and at periods where 'exceptional circumstances' may be cited. Any agreed waivers will be for a finite period agreed by the Board.

9.13 Pre Registration Student Nurses/Midwives should be rostered with their mentors (for a minimum of 40% of their shifts). All shifts are supernumerary; therefore students will not be counted in the establishment.

9.14 With agreement between the University, SCN/SCM/SN and the individual, student nurses/midwives in their first year of training can work long shifts /nights.

9.15 Unsociable hours/weekend shifts should be evenly distributed amongst all staff on the duty rota and fair in accordance with agreed contractual restrictions.

9.16 Staff will be able to change a shift from a completed roster only if another appropriately skilled/competent member of staff is available to work the shift and **only with authorisation** from the SCN/SCM/TL. This avoids unforeseen problems with changes in skill mix and continuity of cover to maintain safe, effective and person centered care.

9.17 Sickness/carers leave cover requires the shift leader/coordinator to be responsible that any shortages in staffing are adequately covered and escalated to appropriate Line Managers/Response / Unit Nurse /Out of Hours Unit Cover.

9.18 In areas where the workload is known to vary according to the time of the day or day of the week staff numbers and skill mix should reflect this within the roster.

9.19 Senior staff with the same skill sets should work opposite shifts. They should work in a way that provides optimum use of their skills over the working week.

10. Requests

10.1 To provide patient safety, requests cannot always be guaranteed.

10.2 The granting of requests will remain at the discretion of the SCN/SCM/SN.

10.3 At least one month of forward planning rosters will be visible at any one time for staff to make requests to allow for fair accessibility for all staff. Rosters will close to requests 4 weeks prior to the start date of the roster.

10.4 Any issues relating to requests for personal reasons on a regular basis should be considered depending on service needs. Personal reasons are not considered as requests, and will be considered separately within the HR policy process and monitored on an ongoing basis. This should be linked with the annual review in 9.16.

10.6 As the needs of the service must take priority, it cannot be assumed by Staff that the roster will be written to accommodate them therefore **Requests may be denied**.

11. Predicted Absence Allowance (PAA) - Time Out

11.1 During the 4 week roster period there will be times where staff are 'unavailable' to work. PAA should be within the agreed National Guidance as applicable. This is broken down in to the following categories and percentage allocation.

Allowance	Breakdown				
	Annual Leave	Sick Leave	Study Leave	Maternity Leave	Other
22.5%	14.5%	4%	2%	1%	1%

11.2.1 The total percentage of time out should equate to the applicable nationally agreed predicted absence allowance that is built into each ward/areas establishment.

11.3 It is the SCN/SCM/SN's responsibility to monitor the time out that has been allocated within the roster on a weekly basis. This will allow them to keep within the Predicted Absence Allowance as shown above and in turn keep within the ward/ area financial staffing budget. This can be achieved by running a report on SSTS by using Business Objects which shall be submitted to your Lead Nurse/Midwife/Senior Nurse/Service Manager on a monthly basis.

12.   Leave Management

12.1   Annual leave should be allocated according to Employment and Work Life Balance Procedures. The weekly annual leave granted should be a maximum of **14.5%** of the WTE within the clinical area establishment. Annual leave should be allocated consistently to the maximum % allowed within the PAA through 52 weeks of the year and not just at peak holiday times.

12.2   SCN/SCM/SNs have a responsibility to ensure that this is allocated according to skill mix within the team.

12.3   Annual leave should be allocated in hours for each member of staff.

12.4   The SCN/SCM/SNs will approve all annual leave before it is taken.

12.5   Each clinical area should calculate how many staff should be taking annual leave in any one week. An agreed proportion of the total hours need to be set. Staff should be made aware of the need to maintain this number constantly throughout the year. (An annual leave calculator can be found in the hyperlink in section 16.1 within the suite of on line SCN/M/SN Workforce Planning support tools)

12.6   SCN/SCM/SNs reserve the right to assign annual leave if there are gaps in the roster allocation to keep within the predicted absence allowance.

12.7   Staff have a responsibility to ensure they appropriately manage their annual leave at evenly distributed intervals through the annual leave period and taking remedial action if too much or too little leave is requested.

12.8   Fair and equal allocation of annual leave requests should be available to all staff during high sought after periods such as school holidays, summer months and public holidays.

12.9   Quarterly reviews of annual leave for each member of staff should be made by the SCN/SCM/SNs to avoid accumulation of untaken leave/or inappropriate overbooking of annual leave.

12.10   Any leave of longer than 2 weeks in duration must be formally requested in writing to the SCN/SCM/SNs or operational/service manager (MHS) or appropriate line manager and a copy kept in the personal file.

12.11   Individuals are expected to manage their own annual leave and the full year allowance should be used by 31st March each year. Any annual leave not used by 31st March each year will be forfeited except in exceptional circumstances and where authorised by the SCN / SCM / SN s following discussions with the Lead Nurse / Midwife/Senior Nurse/Service or Operational Manager. The rolled over annual leave should be taken within the first quarter of the annual leave year and be a maximum of 5 days.

12.12 The SCN /SCM / SNs is responsible for ensuring any leave accrued during maternity leave or long-term sickness is following discussion and agreement of the staff member allocated accordingly, in line with terms and conditions of employment and the European Working Time Directive.

13. Special Leave/Study Leave

13.1 Within your budget, provision has been made for special leave and study leave as part of your predictive absence allowance (See section 12.1)

13.2 Special leave should be allocated in conjunction with the Employment and Work- Life Balance Procedures.

13.3 SCN/SCM/SNs must ensure all staff undertake all mandatory and statutory training. This training is equally important as delivering clinical care, and must be protected. The responsibility for identifying such need lies with individual staff in conjunction with their Line Manager.

13.4 Other study leave should be allocated equally with relevance to eKSF and PDP in accordance with the available workforce head count in each individual area.

13.5 Fair and equal allocation of study leave should be available to all staff, including night staff, and requested following Board procedure. Finance Study Leave Guidance

13.6 Study Leave should be for a maximum duration of 7.5 hours per day (excluding unpaid rest period).

13.7 When the 7.5hrs study leave is within a 12 hour shift patterns, local agreement is required to address hours owed e.g. time owed taken in annual leave hours or staff return to ward after study day. However, this should be part of the local roster agreement.

13.8 Link Nurse/Midwife Remit e.g. CAS – The Board recognises link remits are an important commitment that each ward/clinical service area has to factor into the duty roster where possible. The Link remit duties must be taken into account when developing ward/area rosters.

14. Flexible Working

14.1 The Board recognises that there may be occasions throughout their employment when staff are unable to work the 'normal' shift pattern used in their workplace.

14.2 In line with the Board's employment and work life balance procedures, employees who wish to change their hours of work should first discuss this with their line Manager.

14.3 The Work Life Balance policy should be used as a process by any staff unable to work 'normal' working hours/ shift patterns to apply in writing to the SCN/SCM/SN for a suitable variation to these that will continue to provide cover to meet the service need. A formal response must be provided by the SCN/SCM/SN to any application. Applications may not always be granted, and redeployment may need to be considered.

14.4 Flexible working/personal pattern arrangements must be reviewed at 2 monthly intervals to ensure fairness and equality in rostering is maintained.

14.5 Any flexible working arrangements should be openly acknowledged and published, i.e. the number of part time posts a clinical area/team can permit, the number of fixed days (personal patterns) that staff work, which can be safely accommodated per unit. Flexible working arrangements will usually be agreed for a set period and subject to review.

15. Monitoring and Compliance with this Policy

15.1 Key performance indicators and parameters will be set and monitored; each monthly roster will provide evidence of efficient and effective workforce planning.

15.2 SCN/SCM/SN and Lead Nurse/M Chief Nurse/M/Partnership PNA and Inpatient Service Managers should be involved in quarterly reviews of ward/area rosters (see review tool, Appendix 1), to monitor the effectiveness of the roster to meet service need and maintain fairness and equality to all staff to meet Standard 12 within the Care Assurance System.

16. Equality Impact Assessment

Rostering Policy - Full
Equality Impact Asses

17. References & Hyperlinks

17.1 NHS GGC Bespoke SCN/M Workforce Planning Toolkit

17.2 Scottish Government CEL 32(2011), Revised Workforce Planning Guidance for NHS Boards

Appendix 1 - Rostering Review Tool

Ward/ Department/Area: _____

Audit completed by: _____   **Date:** _____

	Question	Yes	No	Comments	Actions
1	Are all staff aware of the rostering policy?	☐	☐		
2	Do the shift and break times conform to UK Working Time Directives as set out in the policy?	☐	☐		
3	Are the approved minimum numbers of staff rostered for each shift?	☐	☐		
4	Is the skill mix maintained?	☐	☐		
5	Have any staff been moved within sector/directorates/areas or across the Board to cover vacant shifts?	☐	☐		
6.	Was the member of staff moved to support the area identified as having the staffing risk appropriate i.e. required, experience /knowledge & skills.	☐	☐		
7.	Is annual leave allocated as per policy?	☐	☐		
8.	Is study leave allocated fairly as per policy?	☐	☐		
9.	Are any of the Work-Life Balance Procedures in use for any person in the ward/ department?	☐	☐		
10.	Are there a minimum of 4 weeks of completed rosters available for the staff to view?	☐	☐		
11	Does the ward have adequate handover time?	☐	☐		
12	Are break time guidelines being followed?	☐	☐		
13	Is there evidence of annual review of existing work patterns?	☐	☐		
14	Does Lead Nurse/Midwife/ Service Manager approve roster?	☐	☐		
15	Has annual leave been consistently allocated weekly within PPA	☐	☐		
16	SCN/M/SN regularly works Monday to Friday to cover highest period of clinical Leadership /service need.	☐	☐		