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Policy Code: BHSCT/Gen (04) 2021

Title:	**Nursing and Midwifery Roster Management**		
Policy Author(s)	Aisling Pelan, Senior Manager, Nursing, Workforce Planning and Utilisation [redacted] aisling.pelan@belfasttrust.hscni.net		
Responsible Director:	Brenda Creaney, Executive Director of Nursing and User Experience		
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If policy type is confirmed as ***Directorate Specific** please list the name and date of the local Committee/Group that policy was **approved**			
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1.0 INTRODUCTION / SUMMARY OF POLICY

1.1 Background

Effective rostering ensures that there is the nursing and midwifery staffing resource to ensure patient safety and minimise clinical risk. This Roster Management Policy has been developed for use by all nursing and midwifery staff in wards, departments and in community settings to ensure safe/appropriate staffing for all departments using fair and consistent rosters.

1.2 Purpose

This policy outlines best and agreed practice in relation to the rostering of nursing and midwifery staff and should be read in conjunction with the Trust:

- BHSCT Assistance to Study Policy (2019) TP 33/08
- BHSCT Management of Attendance Protocol (2018) TP 57/10
- BHSCT Work Life Balance Flexible Working Policies and Arrangements (2020) TP 25/09
- Authorisation Framework

The purpose of this policy is to maximise the nursing and midwifery staffing resource to enhance patient safety and minimise clinical risk.

1.3 Objectives

- To ensure that the required number of inpatient beds are adequately staffed to meet elective and emergency demand.
- To assist in ensuring safe/appropriate staffing for all departments for all shifts, using fair and consistent rosters.
- To improve monitoring of sickness and absence by department and/or individual, generating comparisons, identifying trends and priorities for action.
- To improve planning of clinical and non-clinical "non-effective" working days e.g. annual leave, sickness and study leave.
- To provide effective management of staffing establishment in the nursing and midwifery workforce across wards/departments.
- To improve the utilisation of existing staff and reduce bank and agency expenditure by enabling Ward Sisters/Charge Nurses and other relevant managers to have clear visibility of staff contracted hours

2.0 SCOPE OF THE POLICY

This policy is for use by all nursing and midwifery and relevant managerial staff within the Trust. The policy will also be used as applicable by Human Resource and Finance staff.

3.0 ROLES AND RESPONSIBILITIES

3.1 Individual staff member

The Individual staff member has a responsibility to:

- Be available to work in conjunction with the policies, guidance and procedures of the Trust.
- Work contracted hours in line with Agenda for Change terms and conditions.
- Be aware of annual leave entitlement and adhere to policy with regard to recommended seasonal allocation.
- Apply for leave appropriately and inform the manager of leave requests in a timely fashion as indicated in the local policy.
- Attend all learning and development activity that is allocated on the duty roster.
- Endeavour to maintain their fitness to work.
- Adhere to local policy for requests for on and off duty must be made in line with local policy. E.g. 4 requests in 4 weeks pro rota. Request will be reviewed and allocated as per service requirements. Staff should not assume that their requests have been granted until the roster is published.
- Work collaboratively and flexibly with colleagues in other areas to best match available staffing to patient care needs.

3.2 The Ward Sister/Charge Nurse/Area/Locality Manager

The Ward Sister/Charge Nurse/Area/Locality Manager has responsibility for:

- Maximising the use of the resources available to them and highlighting any concerns regarding a deficit between staffing availability and patient care needs to their line manager, providing robust supporting evidence.
- Proactively planning, in conjunction with line management, any known likely deficits in staffing resource e.g. maternity leave.
- Publishing the duty roster at least 4 weeks in advance of roster being worked. The Ward Sister/Charge Nurse may delegate this duty but maintains accountability for it.
- Ensuring expenditure does not exceed the allocated budget in their ward, unit, or community settings (hereafter referred to as wards).
- Working collaboratively and flexibly with colleagues in other areas to best match available staffing to patient care needs.
- Reviewing establishments annually or where there are significant on-going changes to patient acuity/dependency.
- Maintaining, updating and finalising rosters and bank system in a timely manner in line with Trust pay cycle.
- The Ward Sister/ Charge Nurse must finalise for payment the shift of staff he / she is managerially responsible for. The Ward Sister Charge Nurse shifts must be finalised by the Assistant Service Manager.
- Bank shifts must be finalised no later than midnight on Mondays to facilitate the pay extract from the Health Roster system.

- As Safe Care is rolled out, patient acuity and dependency levels are recorded as census data and entered within the recognised timeframes.
- Ensuring that all NMC registration is recorded in the roster and updated to provide assurance that staff are not rostered if registration has lapsed.
- Recording all locally assigned skills e.g. IV cannulation
- on the roster

3.3 Responsibilities of Assistant Service Managers (ASMs)/ Lead Nurses /Service Managers/Designated Deputies

- The relevant ASM/Service Manager/Lead Nurse / designated deputy will approve the roster for publication as safe and effective and review the roster analyser to ensure that Healthroster built in KPIs are met:
  - Safety
  - Effectiveness
  - Annual leave compliance
  - Fairness
  - Unavailability
  - Budget
- All additional duties for temporary staffing (bank/ agency/ overtime) created following final approval must be agreed by ASM.
- Will monitor the rosters and ensure that legitimate reasons for the creation of additional duties are in line with service demand and Trust policy e.g. enhanced supervision of patients
- The ASM must finalise the Ward Sister's /Charge Nurse's worked roster for payment.

3.4 Co-Directors/ Service Managers/ ASMs / Service Accountants/ Designated Deputies

- The service's management team are responsible for the continued improvement of all rosters utilising the management dashboard system, Roster Perform.

4.0 CONSULTATION

This roster policy was developed by the E roster Implementation Group consisting of representatives from all Directorates. It has been consulted on by the Senior Nursing Team, HR, Finance and Trade Unions.

5.0 POLICY STATEMENT/IMPLEMENTATION

5.1 Definitions

This policy is for use by all nursing and midwifery staff, either ward or department based. It will also cover any relevant community based staff. It will assist with the production of rosters based on funded establishments agreed by the Directorate management team and where appropriate will be based on

Delivering Care agreed staffing ratios. **ALL** wards/departments will develop and publish their written ward based policies on staffing (Appendix 1).

5.2 Policy Principles

5.2.1 All ward/department duties will commence on a Monday.

5.2.2 Rosters must be completed, published and fully approved at least four weeks in advance of its start date. This will enable staff to better manage their personal arrangements and home/family commitments.

5.2.3 All rosters should be composed to adequately cover 24 hours utilising permanent staff proportionately across all shifts.

5.2.4 Shifts given a high priority i.e. nights and weekends, must be filled firs.t,. Ideally bank staff will be used Monday to Friday to ensure the appropriate supervision and support.

5.2.5 Band 7 staff should not normally work nights, weekends or bank holidays without the express authorisation of the Service Manager.

5.2.6 Intensive care / highly specialist areas must have senior cover across the 24/7 period.

5.2.7 Each area must have a funded staffing level reviewed annually or in line with service reconfiguration. This establishment must be agreed by the Directorate Management Team and Directorate Accountant.

5.2.8 Each area should have an agreed level of staff with specific competencies on each shift, i.e. the ability to take charge, staff able to administer IV drugs etc. as agreed with the Ward Sister/Charge Nurse. The staffing model (Telford) must also be reviewed and agreed annually, in line with the Delivering Care Standards as appropriate.

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

5.2.10 The rosters of senior ward staff must be compatible with their commitment to Directorate requirements e.g. Ward Sister/Charge Nurse meetings. In the absence of the Ward Sister/Charge Nurse , there must be a designated nurse-in-charge who is identified as having the required skills and competencies for a co-ordinating role and who has an overview of the whole ward.

5.2.11 **The** Ward Sister/Charge Nurse and their deputies should work opposite shifts where possible to provide the optimum senior cover for the ward/department/area.

5.2.12 The Ward Sister/Charge Nurse should be on duty where levels of activity in the area are at the highest. Generally, this will be during daytime hours on a Monday to Friday basis.

5.2.13 Ward Sisters/Charge Nurses are 100% supervisory in Phase 1 Delivering Care wards .

5.2.14 For wards and department areas outside the Delivering Care framework, the Ward Sister/Charge Nurse should have 40% of their working week dedicated to managerial and supervisory time to support staff, carry out appraisals, audit etc. If this is delegated to Deputy Sister / Charge the total allocated should not exceed 40% = 15hours per week.NB If the Deputy Ward/Department Sister / Charge Nurse is allocated the hours the Ward Sister / Charge Nurse should undertake the Clinical shift.

5.2.15 Student nurses should be rostered with their mentor for a minimum of 40% of the time. If their mentor is unavailable, an associate mentor should be allocated.

5.2.16 Shift patterns must be arranged to allow staff to have two consecutive days off in the week.

5.2.17 Consideration must be given to flexible working; however, these arrangements must be fair and equitable for all staff and reviewed on a regular basis.

5.2.18 Staff will be required to work a variety of shifts and shift patterns as agreed by their Ward Sister/Charge Nurse. The Ward Sister/Charge Nurse must ensure that staff are compliant with the Working Time Regulations (WTR) and roster policy.

5.2.19 Staff should have working patterns that facilitate adequate rest periods in line with the WTR and Roster Policy (Appendix 2).

5.2.20 Work Life Balance applications for personal working patterns will be reviewed on a six monthly basis.

5.2.21 Rostering of night duty should be consecutive. No more than 4 nights in a row should be allocated to a staff member between substantive and bank positions.

5.2.22 All shifts must include a minimum 30 minute unpaid break if > 6 hours and 60 minute unpaid break for shifts of > 12 hours.

5.2.23 The Ward Sister/Charge Nurse is responsible for ensuring that breaks are facilitated.

5.2.24 Breaks must not be taken at the end of a shift, as their purpose is to provide rest time during the shift and to ensure compliance with the Working Time Regulation.

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

5.2.26 No staff member should work more than four consecutive long days or 12-hour shifts (days & nights).

5.2.27 Non-Effective working days when staff are unavailable during the four week roster period should equate to approximately 22% and 24% for those areas impacted by Delivering Care. (Appendix 3).

5.2.28 Where there is a requirement for a patient to be "specialled" an individual risk assessment should be undertaken to determine how best to meet this need (Appendix 4).

5.2.29 Each ward live on Health Roster should use Employee-on-line for staff to make requests to either work a particular shift or to request a day off. Requests will be considered in light of service needs. (Appendix 5). Average amount of requests are 4 requests per month adjusted on a pro rata basis.

5.2.30 The term Annual Leave is to be used within the context of the Trust Leave provision in line with Agenda for Change Terms and Conditions of Service (Appendix 6).

5.2.31 Study Leave will be assigned in line with the Assistance to Study Policy (Appendix 7).

5.2.32 Sickness must be communicated by telephone to the Ward/Area/Locality Manager with as much notice as possible, prior to the shift commencing (Appendix 8). Emails and text messages are not acceptable.

5.2.33 Once the roster is complete and validated by the Ward Sister/Charge Nurse and the locality manager, any outstanding shifts should be filled from within the existing Directorate resources i.e. inter-ward transfers. Only when all else fails, should Trust protocol be followed and bank be considered (Appendix 9).

5.2.34 Unsocial shifts should be distributed evenly and fairly in accordance with agreed contractual arrangements (Appendix 10).

5.2.35 New staff are entitled to a period of support and orientation to the Ward/Dept/Locality. Cognisance of this should be taken when planning the roster (Appendix 11).

5.2.36 When the Ward Sister/Charge Nurse completes the rosters it must be made available to the appropriate Directorate management team. The relevant Service Manger (SM) or Assistant Service Managers (ASM) should be made aware of:

- Any gaps which remain in the rosters after all of the steps outlined have been followed.

- Shifts which may need temporary staff cover. The option of sourcing cover from other areas must always be explored in the first instance.

5.2.37 Staff who work night duty only are required to undertake a minimum of two weeks day duty per year as part of their professional development. Staff will receive pay protection for all allowances that would be accrued working night duty during this two week period.

5.2.38 Swapping of duties will be considered on a like for like basis and will be kept to a minimum. All swaps must be agreed by Ward Sisters/Charge Nurses and amendments made in a timely fashion on the roster for audit purposes.

A copy of the roster should be made available for all nurses to view at least 4 weeks prior to roster beginning. This copy will be signed and dated by the Ward Sister/Charge Nurse. All changes made after the roster has been approved by the Ward Sister/Charge Nurse, will be clearly marked for audit purposes.

5.3 Dissemination

Central Nursing and Midwifery team
Senior Nursing and Midwifery team
Directorate staff
Human Resources Managers
Trade Unions

5.4 Resources

Workshops for Ward Sisters/Charge Nurses on Good Roster Practice
Workshops on the E Roster System

5.5 Exceptions

None

6.0 MONITORING AND REVIEW

The effectiveness of this policy will be monitored through the Roster perform system .

7.0 EVIDENCE BASE/REFERENCES

Delivering Care: A Framework for Nursing and Midwifery Workforce (DHSSPS 2013b).

8.0 APPENDICES

Appendix 1 Local Policy
Appendix 2 Shift Titles
Appendix 3 Non-Effective Working Time
Appendix 4 One to One Care of Individual Patients (Specials)
Appendix 5 Staff Requests
Appendix 6 Annual Leave
Appendix 7 Study Leave
Appendix 8 Sickness
Appendix 9 Booking of Extra Shifts
Appendix 10 Unsocial Hours/Time Owing
Appendix 11 Changes to Published Rosters
Appendix 12 New Staff
Appendix 13 Roster Key Performance Indicators.

9.0 NURSING AND MIDWIFERY STUDENTS

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in the **Nursing and Midwifery Roster Management**, where required by the student's programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

Direct and indirect supervision

- Direct supervision means that the supervising registered nurse, registered midwife or registered health and social care professional is actually present and works alongside the student when they are undertaking a delegated role or activity.
- Indirect supervision occurs when the registered nurse, registered midwife or registered health and social care professional does not directly observe the student undertaking a delegated role or activity. (NIPEC, 2020)

This policy has been developed in accordance with the above statement.

Wording within this section must not be removed.

10.0 EQUALITY IMPACT ASSESSMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the

responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this **link**.

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact ☐
Minor impact ☐
No impact ☐

Wording within this section must not be removed

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to militate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this **link**.

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved ☐
A full data protection impact assessment is required ☐
A full data protection impact assessment is not required ☐

Wording within this section must not be removed.

12.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this link.

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

Wording within this section must not be removed.

13.0 REASONABLE ADJUSTMENT ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES
(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

[redacted] 26/05/2021

_____

Policy Author **Date:** _____

[redacted] 26/05/2021

_____ **Date:** _____

Director

Appendix1

LOCAL POLICY

These local polices will include:

- Minimum staffing levels (number of staff) and skill mix (experience of staff required) by shift and by day: this must be reviewed on an annual basis in conjunction with the Trust budget setting process
- The production of a roster for a four-week period
- The production of rosters at least 4 weeks in advance
- Both Trust and local rules about all types of leave, and in line with the Agenda for Change terms and conditions
- Will take into account seasonal adjustments and peak periods eg. Winter Presures/Flu season
- Ward-specific requirements for example additional beds or level 2 patients or enhanced supervision
- The maximum number of requests that can be considered for days off on any single date
- How far in advance requests can be entered, in order to ensure that staff joining the team have a fair chance of adding their requests
- Spread the use of leave throughout the year
- Defining local rules with regard to number etc. that are required to take leave in order to maintain the use of leave within the 12-16% parameter for weekly leave.

Any flexible working arrangements must be openly acknowledged and published, i.e. the number of part-time posts a ward can permit, the number of fixed days (personal patterns) that staff work, which can be safely accommodated per ward. Historical working arrangements should be taken into consideration but the needs of the service must be paramount.

The Trust supports the principles embedded in Improving Working Lives (IWL) regarding work life balance, flexible working and family friendly working. However this should be set against the need to ensure safe levels of staffing to maximise the quality of patient care and reduce clinical and non-clinical risk. The Trust will always consider requests for flexible working, but may decline them if this pattern cannot be accommodated into the business needs. Achieving adequate staffing numbers and

skill mix is the main priority. All other factors are secondary to this, including requests, preferences, team coverage and study leave.

Staff have a responsibility to take annual leave in a timely manner bearing in mind the needs of the service.

Appendix 2

SHIFT TITLES

For the purpose of this roster policy it has been agreed to designate a number of commonly used shift titles for Trust wide use;

- Long Day (LD) – a shift that is worked for the whole day (e.g., 7.45am -8.45pm)
- Early (E) – a shift that starts first thing in the morning and lasts for a half day (e.g., 7.45am -2pm)
- Late (L) – a shift that commences after midday (e.g. around 1.30pm) and ends a shift finish time in the evening
- Day shift (DS) – a shift ending before 6pm e.g. 5.15 pm
- Night duty (ND) – a night shift
- Twilight (TL) – A shift that runs from evening through to early night e.g. from 4-30pm- 11pm or midnight

Shift start and finish time can vary in some areas and this should be addressed in local policies. The nursing and midwifery bank office should be informed of any variation in shift times to facilitate the bank office to inform staff of variation from the norm.

Appendix 3

NON-EFFECTIVE WORKING TIME

Non-effective working days are days when staff are unavailable during the 4-week roster period. Funded establishments (FE) have a % built into each ward or department establishment for time out. The total percentage of these should equate to 22%:

- Annual Leave - should be 14%, parameters set to 12 – 16.0 %
- Sickness - should be below 3%
- Working Day i.e. Management day, non-clinical day - less than 2%
- Study Days – less than 3%
- Total – less than or equal to 22%

Services funded through the Delivering Care Model have 24% built into each ward or department establishment for time out. The breakdown should be as follows:

- Annual Leave - should be 15% parameters set to 12 – 16.0 %
- Sickness - should be below 5%
- Study Days – less than 4%
- Total – less than or equal to 24%

Additionally it is proposed that the Ward Sister /Charge Nurse should be 100% supervisory.

There is no additional time out allocated Maternity/Special leave built into the roster. Maternity leave can only be replaced with temporary staff to the value of 60% of WTE from the point that the staff member goes on half pay.

In any rostering period:

- Lost contracted hours – contracted hours not used over a 4-week roster period, should be less than 3%
- Over contracted hours – hours used over those contracted to work should be less than 1%
- Additional duties – any duties allocated that are above the agreed staffing requirements for the ward should be flagged up by the Ward Sister/Charge

Nurse to the appropriate Service Manager for approval as this will be above the agreed establishment/budget.

Appendix 4

ONE TO ONE CARE FOR INDIVIDUAL PATIENTS (SPECIALS)

The Use of Additional Staff to provide one to one care for individual Patients (Specials)

- Individualised risk assessment should be undertaken to determine the requirement for a patient to be "specialled". As part of this assessment consideration should be given to aspects such as the patient's physical location in the ward, their degree of mobility, etc. which could mitigate against the need for one to one observation
- Where possible patients should be 'specialled' out of existing staffing levels. Where this is not possible consideration should be given to the most appropriate grade of the staff member required to care for the patient.
- Consideration should be given to the availability of staff from within the Directorate to provide the additional staffing resource required
- If no-one is available and **all** appropriate steps have been taken to find staff from within the Directorate resources, permission to book a " from bank should be sought from appropriate manager
- The requirement to "special" a patient must be reviewed on a frequent basis and, as a minimum, daily and the rationale for the specialing or why it is no longer required recorded in the patient's care plan and updated on an individual risk assessment to ensure patient safety.

Appendix 5

STAFF REQUESTS

- Staff requests should be made via *Employee online* in areas were E rostering has been introduced.
- In the absence of E rostering request books should be standardised across the Trust
- These requests will be considered in the light of service needs. Staff should indicate if the request is essential or desirable.
- While every effort will be made to accommodate staff requests, it cannot be assumed by staff that the rosters will be written to accommodate them. This includes essential requests. Service needs will take priority. Staff must be considerate of their colleagues, and the requirement that they are fulfilling their share of weekend and night shifts
- To ensure equity all staff should be allowed a maximum number of requests per rota which should be agreed locally
- Requests for specific shifts or days off or on can be made. These are known as personal patterns. Service requirements and equity for other staff members must be taken into account when applying these. They must be agreed and reviewed regularly by the Ward Sister/Charge Nurse as indicated in the local policy.
- Requests from staff, who typically make few requests, should be prioritised over requests from staff who makes numerous requests which are given. Each request should be considered on merit.
- *Employee online* and request books should have a close date and no further requests accepted after this date, in order to prepare the roster.
- If staff wish to change their rosters post publication a fair swap should be made with another member of staff of the same grade and can only take place with the Ward Sister/Charge Nurse's approval.

Appendix 6

ANNUAL LEAVE

The term Annual leave is to be used within the context of the Trust Leave provision in line with Agenda for Change Terms and Conditions of Service.

- Annual leave is allocated in hours for all members of nursing staff and is dependent on length of service in line with Agenda for Change Terms and Conditions of Service.
- The Ward Sister/ Charge Nurse/ Locality Manager, or designated deputy, must approve all Annual Leave.
- Each ward/area/locality should calculate how many registered and unregistered nurses and midwives must be given annual leave in any one week to prevent peaks and troughs in leave arrangements. An agreed number needs to be set and adhered to. Staff should be made aware of the need to maintain this number constantly throughout the year.
- No holiday bookings or travel arrangements should be made until the Ward/Area/ Locality Manager has sanctioned the annual leave requested. An annual leave card must be completed and signed prior to annual leave being taken.
- Annual leave requests for peak holidays will be shared equally amongst those requesting.
- If annual leave is not booked in blocks of weeks and is to be taken ad hoc, all leave must be used before 31st March of each financial year.
- Individual staff members are responsible for taking and appropriately managing their leave.
- Annual leave must be booked or cancelled before a roster is planned. Annual leave requested after this can only be given if staffing levels permit, near to the day.
- Annual leave must be booked at least 6 weeks in advance, except in case of domestic emergencies, and authorised by the Ward Sister/Charge Nurse
- All requests for annual leave longer than 2 weeks must be made in writing. Every effort should be made to give at least 3 months' notice if staff have a request for more than 2 weeks annual leave
- In general 50% of leave should have been taken by staff by the end of September. It is expected that staff should only have 25% of their leave outstanding at the commencement of the final three months of the annual leave year except:
    1. By prior arrangement with the line manager.
    2. Due to the needs of the service.
    3. As a result of ill health/maternity leave.

Appendix 7

STUDY LEAVE (REFER TO TRUST POLICY)

- Ensure that mandatory training/ statutory training is balanced throughout the year and assigned per rota.

- Study leave will be assigned in line with the BHSCT Assistance to Study Policy, and for registrants, the Trust Post-registration Education Commissioning Framework.

Appendix 8

SICKNESS (REFER TO TRUST POLICY)

- Sickness must be communicated by telephone to the Ward/Area/Locality Manager with as much notice as possible, prior to the shift commencing. At this point, a time and date will be agreed for the individual on sick leave to maintain contact with Ward Sister/Charge Nurse.
- If off-duty days follow on from sick days, the Ward/Area/Locality Manager must be kept informed of recovery and unless notified off-duty days can be reclassified as sick leave.

Appendix 9

BOOKING OF EXTRA SHIFTS (taking into account competency required)

Once the roster is complete and validated by the Ward Sister / Charge Nurse /Area /Locality Manager and there are deficits where additional shifts which are required, every effort to fill the shift from existing Directorate resources should be made i.e. inter ward transfers. Staff can also be offered additional hours or overtime. Only when all else fails should Trust protocol must be followed and bank be considered.

- Additional resource should not be sought if annual leave requests exceed the documented acceptable level for the ward
- There should be no use of bank and agency for bank holiday shifts unless approved by the relevant Service Manager in conjunction with the Ward Sister/Charge Nurse
- Bank and agency staff cannot be used to take charge of wards unless they are known to the ward, and have been assessed as competent to do so, and are willing to take charge. This must be approved by the Ward/Area/Locality Manager
- Out of hours the Directorate arrangements must be followed for the booking of staff
- Night and weekend shifts should be covered by substantive staff whenever possible, without imposing unreasonable strain on these staff
- Study leave should not be covered by temporary staff
- Staff that have informed the ward that they cannot work specific dates or times should not be working these on the bank. Additionally staff should not be working bank shifts whilst on any form of special or sick leave in the Trust. In the event additional staff are required outside of Trust Bank Office Opening hours, Deficits should be highlighted to Patient Flow or the Site Co-Ordinator on call within each site for further escalation.

- Off Contract agency requests should not come directly from a ward or department where the shift to be filled occurs after the Trust Bank Office would be re-opened

Appendix 10

UNSOCIAL HOURS / TIME OWING

- Unsocial shifts should be distributed evenly and fairly in accordance with agreed contractual arrangements
- Any additional hours worked which are to be claimed back, must be documented at the time worked – date, time, reason addition time worked – and verified by the person in charge of the ward. When claimed back they should be recorded and signed by a manager. Staff should be paid after 13 weeks if unable to get time off in lieu.
- Time off in lieu (TOIL) documentation should be standardised.

Appendix 11

CHANGES TO PUBLISHED ROSTERS

- It will be the responsibility of the Ward Sister/Charge Nurse/ Area/Locality Manager to amend rosters with non-effective shifts i.e. sickness, no shows, and additional duties.
- Shift changes must be kept to a minimum.
- Staff are responsible for negotiating their own changes once the rosters is completed. These changes must be approved by the Ward/Area/Locality Manager or designated deputy in their absence.
- All changes should be made with an equal grade, and with consideration for the overall skill mix of all shifts being changed.
- Mentors, where they have a student, should not change their shift without ensuring the student either also changes or is allocated to another suitable mentor, and that this is written on the rosters.

Appendix 12

NEW STAFF

- New staff are entitled to a period of support and orientation to the Ward/Dept/ Locality. Cognisance should be taken of this when planning the roster.
- In addition, newly qualified staff should work with their preceptor during their induction period, to ensure that their induction is completed and objectives are met. The Ward Sister/Charge Nurse should follow the guidance contained in the Trust's Preceptorship Portfolio when planning the roster to accommodate the new registrant working with their Preceptor or designated deputy.
- Any new start staff should be added to the roster in advance of their start date and rosters planned for them in a timely fashion.

- In addition, newly qualified staff should work with their preceptor during their induction period, to ensure that their induction is completed and objectives are met. The Ward Sister/Charge Nurse should follow the guidance contained in the Trust's Preceptorship Portfolio when planning the roster to accommodate the new registrant working with their Preceptor or designated deputy.
- Any new start staff should be added to the roster in advance of their start date and rosters planned for them in a timely fashion.

Appendix 13

ROSTER KEY PERFORMANCE INDICATORS.

- **Roster Approval Lead Time**

  The number of days in advance of the first shift that a roster is produced and fully approved. The target KPI lead time is 28 days.

- **Additional Duties Hours (Reasons for Booking Over Funded Establishment)**

  Any duties created and allocated to that are above the agreed Funded Staffing Level (FSL) for the ward/department for example 1:1 specials, high acuity, extra beds, supernumerary staff). The target KPI measurement is 0.

- **Planned vs Delivered Hours (Net Hours);**

  The variance between the number of planned contacted hours and the actual delivered hours for the entire rostered unit. The target KPI measurement will be < 3% of total contacted hours unused per unit.

- **Headroom (% Actual Clinical Unavailability vs % Budgeted Unavailability);**

  Annual Leave: <15%

  Sickness: <5%

  Study Leave: <4%

  KPI target: Total should be less than or equal to 24% in Delivering Care Wards and less than or equal to 22% in Wards that are not part of the Delivering Care Programme.