

Document Details		
<b>Title</b>	<b>Policy &amp; Procedure for Staff Rostering</b>	
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1	22.10.15	5.5.3 Addition of final sentence 'Requests should be for days off not shifts to work
2	22.10.15	7.6 Changed from:  The Nurse in Charge on a shift should be a minimum of Band 5 who has completed the relevant competency, which have been discussed and agreed with the CSM. <b>To:</b> The Nurse in Charge of a shift should be at minimum, Band 5 who has

		demonstrated the relevant competency, which have been discussed and agreed with the Clinical Services Manager.
3	22.10.15	9.1 Amended to incorporate tea break. To comply with the European Working Time Directive all shifts longer than 6 hours must include at least a total 20 of minutes unpaid break but preferably 30 minutes, which will accommodate a 10 minute tea break.
4	22.10.15	9.2 Amended from 'individualised' to 'standardised'
5		10.10 Added to provide clarity on number of requests allowed per month
6	22.10.15	13.2 Paragraph amended to provide clarity on newly appointed staff in line with new guidance.
7	22.10.15	17.1 Amended to include staff should not print off rotas and taken them home. IG issue.
8	22.10.15	20.1 Updated detail for booking bank and agency staff in line with SOP.
9	22.10.15	Appendix 1 how to calculate staff rotas unworkable – therefore removed. Further guidance in line with Safer Staffing to be worked up.
10	22.10.15	Appendix 2 KPIs – as above.
11	06.11.15	13.2 Addition of 'newly appointed staff' to section on preceptorship & Student Nurses
12	06.11.15	13.3 Additional paragraph regarding Induction arrangements
13	06.11.15	17.1 paragraph strengthened in relation to staff not being allowed to staff not printing rotas.
14	06.11.15	17.1 Addition of the off duty should not be changed without discussions taking place between affected staff and management'
15	06.11.15	Changes throughout document to ensure policy refers to Community Services Staff.
16	January 2023	Page 5, point 5.1 and page 11, point 16.5 - Director of Nursing removed and replaced with Deputy Chief Operating Officer/Chief Operating Officer.

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## **1. Introduction**

- 1.1 This Policy and Procedure for Staff Rostering sets out agreed governing principles that apply to the production of off duties (rosters). This will support the effective management of the workforce available to provide a safe service and effective standards of care. The content supports established Shropshire Community Health NHS Trust (the Trust) guidance, policies and procedures that are agreed within the Trust and is not intended to supersede them.
- 1.2 Implicit in this Policy is the Trust's support for the principles embedded through Improving Working Lives (IWL) and the European Working Time Directive (EWTD) regarding work life balance, flexible working and employee friendly practices.

## **2 Scope**

- 2.1 The scope of this Policy is in the rostering of the permanent workforce. Additional guidance referring to the temporary engagement and authorisation of bank and agency staff can be found within the Trust guidance document, "Operational Guidance for Temporary Staffing", which should be read in conjunction with this document.
- 2.2 This Policy is not to be automatically limited to nursing staff, clinical staff or even shift based workers. The scope of this Policy takes account of a recognition and consideration for a common standard operational procedure, to bring together the needs of staff and patients across the entire Trust service provision.

## **3 Outcomes**

- 3.1 This Policy will ensure appropriate staffing for all departments using a fair and consistent approach to rostering (creating off duties), which will underpin the service, to support staff.
- 3.2 The outcomes of this Policy are to:
  - Improve the utilisation of existing staff and reduce temporary staffing expenditure by giving clear visibility of usage of staff contracted hours which is published and approved in a timely manner.
  - Minimise clinical risk associated with the level and skill mix of nurse staffing levels, to meet changing patient demand and appropriate bed availability.
  - Improve planning of clinical and non-clinical working days and non-effective day's e.g. annual leave, sickness and study leave.
  - Ensure that the required number of inpatient beds are safely staffed to meet elective and emergency demand.
  - Effect sound management of all staff groups and nursing/AHP staff establishments, across wards, services and departments.
  - Ensure that everyone has an equal and fair ability to request specific shifts and planned absences such as holidays, training days etc.
  - Provide transparency and clarity around working times so that all staff are managed equitably and fairly and that staff take their rest breaks.
  - Support a greater adherence to equality and diversity.
  - Improve overall workforce efficiency.

## 4 Definitions Used

<b>Requests</b>	A mechanism to request shifts, request non effective periods
<b>EWTD</b>	European Working Time Directive
<b>Finalisation</b>	The process, by which each worked roster is completed, approved and published as final.
<b>KPI</b>	Key Performance Indicator. A defined measure used to assess the performance of an activity
<b>Non Effective</b>	A period of time which is not part of a shift. For example annual leave, study day, office day, sickness.
<b>Personal Pattern</b>	A set pattern of agreed shifts that is specific to an employee.
<b>Restriction</b>	A time bound restriction recorded against an employee that indicates the agreed times of day and days of the week which they can be rostered to work.
<b>Working Pattern</b>	A set pattern of agreed shifts that is applicable to one or more members of staff.

## 5 Roles and responsibilities

### 5.1 Deputy Chief Operating Officer, Chief Operating Officer & Quality

5.1.1 Ensure the safe and effective delivery of services they manage. This includes directing and securing resources to support the implementation of this Policy. Ensuring the Trust has the resources required to provide the relevant training and support so this Policy is sustainable.

### 5.2 Divisional Managers

5.2.1 Ensure that a system is in place within the services they are responsible for, in the implementation of this Policy and for monitoring its effectiveness.

### 5.3 Clinical Services Managers and On Call Clinical Site Manager

5.3.1 Inform staff of this Policy and any associated policies, guidelines and documents.

5.3.2 Ensure that the appropriate education, supervision, mechanisms are in place to ensure safe practice.

5.3.3 Identify team capacity and re-distribute staff within localities to manage fluctuating demand. Ensuring there are processes in place for safe and fair rosters in line with the procedures guidelines and timelines outlined in this Policy.

5.3.4 Where the relevant Clinical Service Manager is not available to provide final approval of a roster they will ensure that this responsibility is undertaken by another Clinical Services Manager and confirmed with the Divisional Manager.

5.3.5 Review the worked rosters, upholding the guidance as set out in this Policy and where satisfactory, approving finalisation by the application of signature and date and therefore the authorisation to publish the period rosters.

### 5.4 Ward Manager/Community Team Leader

5.4.1 Ensure safe staffing of each ward/team, even if they do not undertake the task of producing the off duty roster. This may be delegated by appointing a responsible individual to create the

roster within the constraints of this Policy, and the roster will then be partially approved in writing by the Ward Manager/Community Team Leader.

- 5.4.2 Ensure that expenditure does not exceed the allocated budget in all wards, units and community teams (hereafter referred to as ward/teams).
- 5.4.3 Ensure rosters are produced in line with the processes and 6 week timescales outlined in this Policy. The tasks of creating and updating rosters for approval and finalisation may be delegated by the Ward Manager/Community Team Leader to nominated trained members of staff. However, they still maintain responsibility even when delegated to nominated members of staff.
- 5.4.4 Ensure that their staff are aware of the principles set out in this policy and are able to make reference to it on their ward/team.
- 5.4.5 Have the final decision to decline staff requests for specific shifts or annual leave ensuring this is reflected in the applicable roster.
- 5.4.6 Agree any shift changes requested by staff are acceptable to all individuals concerned.
- 5.4.7 Make changes to work patterns or restrictions within a staff member's contracted hours, as a local agreement that does not form part of the work contract, as agreed with the staff member. This may be due to a temporary circumstance. This process does not obligate the staff member to work to these patterns for longer than has been agreed.
- 5.4.8 Ensure that working patterns and any applicable restricted hours are reviewed regularly or as set out in any agreement that an individual may hold.
- 5.4.9 Ensure that designated unpaid breaks are facilitated.
- 5.4.10 Ensure that there are adequate trained and nominated staff to be able to develop a compliant roster and in so doing, to adhere to this Policy.
- 5.4.11 Ensure that timesheets are completed accurately.
- 5.4.12 Where staff are redeployed during staff shortages that any agreed moves are reflected in the relevant roster.

## 5.5 Rostered Staff

- 5.5.1 **All** rostered staff are responsible for complying with this Policy.
- 5.5.2 Ensure they are available for work in line with their contractual obligations to the Trust.
- 5.5.3 Make requests for annual leave or specific shifts or days off no later than 7 weeks in advance of the roster start date. Requests should be for days off not shifts to work.
- 5.5.4 Ensure that their finalised timesheet is correct before the monthly pay deadline.
- 5.5.5 Inform their Line Manager when they have more than one employer. (i.e. may have a permanent contract and work separately on the bank for another employer). The Trust requires workers who have other jobs elsewhere to declare their hours of employment to ensure compliance with the Working Time Regulations.

## 6 Creating a roster

- 6.1 Rosters will be created by the Ward Manager/Community Team Leader or by a member of staff nominated by the Ward Manager/Community Team Leader.
- 6.2 Rosters must commence on a Sunday and run for a 6 week period, for community staff one calendar month.
- 6.3 There should be a date when the off duty is completed and this needs to be clearly recorded so that the 6 week standard can be measured retrospectively.
- 6.4 Optimum and minimum staffing levels (number of staff) and skill mix (experience of staff required) by shift and by day (24 hour period) should be agreed and documented per ward/team.

These staffing levels must be reviewed regularly as the needs of the ward/team may change due to service delivery changes and Trust requirements.

- 6.5 Wards/teams should be utilising permanent staff proportionately across all shifts and prioritise shifts based on the skill mix/ patient requirements. These should be filled with permanent suitably skilled staff first.
- 6.6 All rosters should be composed to adequately cover 24 hours, where appropriate, utilising permanent staff proportionately across all shifts.
- 6.7 We will endeavour to ensure that Rosters are completed, approved and published 6 weeks in advance of the start date. This will enable staff to better manage their personal arrangements, allow opportunities to fill vacant shifts internally or via the Trust Bank.
- 6.8 Staff may work long shifts, short shifts or a combination of both in order to meet the service clinical requirements. Variations to these shifts may be worked but must be agreed with the Ward Manager/Community Team Leader and can be reviewed (and altered) at any time to meet the needs of the service.
- 6.9 All staff, where applicable, must work a fair proportion of day, night and weekend shifts to include a minimum of 4, maximum of 8 night shifts and minimum of 3 weekend **shifts**/maximum of 4 in a 4 week roster period (unless otherwise agreed with the Ward Manager). This should be applied pro rata to part time staff.
- 6.10 Shifts given a high priority must be filled first, (i.e. nights and weekends).
- 6.11 Night duty shifts and weekends must be covered by substantive Trust staff. There may on occasion, be extenuating circumstances as to why this may not be possible, but in such circumstances, the reasons why should be approved by the Clinical Services Manager.
- 6.12 The day and night rota must be identified on one core rota together where applicable.
- 6.13 Nights should be kept together where possible. There should be a minimum of two days off after a rostered night shift unless agreed otherwise with the staff member concerned.
- 6.14 Staff may be expected due to service requirements, to cover night duty at short notice (less than 2 weeks) due to unexpected staff sickness, this would be through mutual agreement of the Ward Manager/Community Team Leader and the individual concerned.
- 6.15 In areas where the workload is known to vary according to the day of the week, staff numbers and skill mix will reflect this and so, in compiling the roster, the Ward Manager/Team may find it necessary to consider rostering a stepped approach to staff coming on and going off duty.
- 6.16 Minimum staffing numbers have been identified in order to ensure safe staffing applies at all times. For this reason, staff should never assume to leave earlier than their published shift time in all circumstances unless by prior agreement with the Ward Manager/Community Team Leader as this will reduce the agreed staffing numbers increasing any risk to patients due to reduced staffing levels.
- 6.17 Shift patterns should maximise work life balance when possible e.g. staff, where possible, should have two consecutive days off unless staff requests mean otherwise and is by mutual agreement between the staff member and Line Manager.
- 6.18 All staff must be expected to work fair and equal share of early and late shifts unless agreement for variation to this by the Ward Manager/Community Team Leader.
- 6.19 Every member of staff should have at least one complete weekend off per 4 week roster period.
- 6.20 Staff are able to change a shift from a completed roster with another member of staff **only** with the authorisation from the Ward Manager/Community Team Leader. This avoids unforeseen problems with changes in skill mix and continuity of care. Staff are expected to work flexibly to meet the needs of the service and to move between community teams/wards or Community Hospitals as required.

- 6.21 Wherever possible, teams should plan for, and accommodate, staff absences within their existing resources and not rely on temporary staff.
- 6.22 Weekend shifts are defined as Friday Night, Saturday day or night, Sunday day or night and Bank Holidays.
- 6.23 On occasion, where Ward Managers/Community Team Leaders feel there is a special case to be made for using temporary staff, they should seek approval from their Clinical Services Manager or equivalent.
- 6.24 All staff should be made aware of the procedure for reporting non-attendance for a shift and the implications if this procedure is not followed.

## **7 Skill Mix and Shift Staffing**

- 7.1 Ward Managers should not normally be rostered for weekends and night shifts unless it is under the Flexible Working Policy or that there is a clinical need to do so.
- 7.2 Ward Managers should generally work 4 - 5 week day short shifts per week, or the pro-rated equivalent for part time staff. This requirement may be altered to reflect service needs in areas where shifts are longer and a higher level of senior cover is required.
- 7.3 The roster of any senior Ward staff must be compatible alongside their commitment to the site rota.
- 7.4 Senior ward/community services staff should work opposite shifts.
- 7.5 The Nurse in Charge of a shift should be clearly identified within the roster.
- 7.6 The Nurse in Charge of a shift should be at minimum, Band 5 who has demonstrated the relevant competency, which have been discussed and agreed with the Clinical Services Manager.
- 7.7 At all times, there should be a designated Nurse in Charge in each area who has been identified as having the required skills and competencies for a co-ordinating role.
- 7.8 The roster should be created using the locally agreed minimum number for each band for each shift to ensure adequate skill mix is maintained and must be achievable within the team budget unless agreed otherwise by the Clinical Services Manager.
- 7.9 Each area's agreed level of staff will possess specific competencies on each shift, (e.g. the ability to take charge, designated staff) and which will be reflected within the skill mix of that staffing. All staff in all areas need to be rostered to meet the service need.
- 7.10 In order to ensure that staff maintain appropriate clinical skills, and have access to mandatory training, new practice and continuous communication all ward staff will be required to rotate from night duty to day duty. This will ensure there is equitable clinical practice delivered 24 hours, in order to maintain standards and reduce the potential to unforeseen risk.
- 7.11 Staff on annual leave and study leave should be clearly identified - no area should have more than 22.5% whole-time equivalent (WTE) staff off on these manageable absences at any one time. There may be circumstances where working within this limit may not be possible under exceptional circumstances only.

## **8 Shift Duration**

- 8.1 Shift time variations used in specialist specified areas (e.g. MIU) must be appropriate to cover service needs.
- 8.2 Long day shifts should be no longer than 12.5 hours duration (excluding meal break times).
- 8.3 Long day shifts should not be rostered to staff unless included in their agreed shift pattern or by prior mutual agreement.

- 8.4 A night shift should be a maximum of 10 hours in duration (excluding break times) or hours locally agreed.
- 8.5 Any hours owing to the Trust from regular shift patterns must be accumulated to provide cover for an extra shift. (E.g. 1 long day (12.5hrs) and 3 standard shifts (7.5 each) = 35hrs/week) It is acceptable that every third week an extra standard shift can be worked to cover the service.

## **9 Staff breaks**

- 9.1 To comply with the European Working Time Directive all shifts longer than 6 hours must include at least a total 20 of minutes unpaid break but preferably 30 minutes, which will accommodate a 10 minute tea break.
- 9.2 Core early and late shifts are 7.5 hours duration (excluding break times), start and finish times should be standardised across Community Hospital provided there is no disruption to service provision and only by prior agreement with the ward manager.
- 9.3 Breaks should never be taken at the beginning or end of a shift, as their purpose is to provide rest time during the shift.

## **10 Staff Requests**

- 10.1 The priority is to cover service needs and requests must be flexible.
- 10.2 All staff requests will be made within a request book held at team level which should be dated and signed by the requesting member of staff. Note paper requests will not be accepted for consideration.
- 10.3 Staff may request for annual leave or days off which (i.e. not days to work) will be considered with the needs of the service at the forefront of any decision.
- 10.4 Equity for other staff members must be taken into account when accepting or rejecting requests.
- 10.5 Indication must be given within each individual request as to whether it is essential or desirable.
- 10.6 Any request which does not give an indication of essential or desirable will fail to meet the required criteria for a request and be rejected automatically.
- 10.7 The granting of requests will remain at the discretion of the Ward Manager/Community Team Leader at all times.
- 10.8 The last day for requesting off-duty before the roster is produced, should be publicised to staff.
- 10.9 All requests for time off will be considered but not necessarily allocated.
- 10.10 Each member of staff will be limited to a maximum of 5 requests per month for full time staff, 4 for staff working 30hrs, 3 per month for 22.5 hours and 2 per month for staff working 15 hours and below. In exceptional circumstances additional requests may be considered in agreement with the Ward Manager/Community Team Leader.
- 10.11 Employees will be able to request annual leave in line with the Annual Leave Policy and approved study leave up to 7 weeks before a requested date but no later than 7 weeks in advance of the roster start date. Any requests made after this time should be of an emergency nature and subject to the Ward Manager/Community Team Leader's approval.
- 10.12 Other/special requests, must be put in writing, may be considered by prior consultation with the Ward Manager/Community Team Leader under special circumstances.
- 10.13 If the maximum requests have already been made by the same staff member, they will be advised about the prioritisation of requests.
- 10.14 Staff should be aware that as the Trust has a service to provide, in order to meet this service need and be able to provide a consistent workforce, requests cannot always be guaranteed to be met.

- 10.15 All staff must accept responsibility for their own requests and liaise with colleagues if a request swap is desired, should this be approved by the Ward Manager/Community Team Leader.
- 10.16 Guidance around the use of temporary staff should not supersede other principles of good management practice. For example, individuals should not be denied access to compassionate or other forms of leave because temporary cover is not available.

## **11 Leave**

- 11.1 Ward Manager/Community Team Leader's should calculate how many staff may be given annual leave in any one week from their staffing complement.
- 11.2 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 and only if the reasons for this late application of leave are exceptional.
- 11.3 Annual leave requested after this can only be given by the Ward Manager/Community Team Leader, if staffing levels permit, near to the day and only if the reasons for this late application of leave are exceptional. For the purposes of this Policy short notice leave has been defined as any leave that is requested within 72 hours of the shift taking place.
- 11.4 Any short notice leave will be considered for exceptional circumstances only after the publication of rosters and this must be approved by the Ward Manager/Community Team Leader only. Where agreed, the total number of hours taken in annual leave must be recorded on the off duty against the staff member taking the leave
- 11.5 In all circumstances including compassionate leave, the total number of hours taken in any type of agreed leave must be recorded on the off duty against the staff member who has taken the leave;
- 11.6 Any time claimed back, must be recorded in writing, as per the Time Off in Lieu Policy.

## **12 Study leave / Professional Development**

- 12.1 Ward Manager/Community Team Leader's should undertake the calculation of the mandatory study leave requirements for staff. These may include induction, link nurse training, away days, and updates.
- 12.2 Ward Manager/Community Team Leader's should ensure that the necessary number of study leave days is used in each roster.
- 12.3 All requests for training must be agreed with the Ward Manager/Community Team Leader that the member of staff reports to.
- 12.4 Fair and equal allocation of study leave should be available to all staff and requested following Trust procedure.

## **13 Newly Appointed Staff, Preceptorship & Student Nurse Mentorship Arrangements**

- 13.1 Individual support and development activities are set out in the Trust Preceptorship Framework Policy and should be tailored to ease the transitional experience of new practitioners. New nursing staff should work with their preceptor during an agreed supernumerary period, to ensure that their induction is completed and objectives are planned.
- 13.2 Newly qualified staff will be enrolled on a preceptorship programme and should work their shifts in line with the guidance laid out in the programme.
- 13.3 Student Nurses will have a mentor identified on allocation of a placement. They will work with their mentors in line with the University requirements.
- 13.4 Newly appointed staff should be enrolled on Corporate Induction and receive local induction into the Ward/Community Team, as soon as possible in line with the Trust's Induction policy.

## **14 Student Nurses**

- 14.1 Student Nurses should be rostered with their mentor where possible and 2 days per week as a minimum. If their mentor is unavailable an associate mentor should be allocated.
- 14.2 Student nurses should not work more than 3 x 12 hour shifts in one week, or more than one weekend in four weeks.
- 14.3 Records of nursing students' off duty should be kept separately from the ward/service off duty as they are supernumerary and should not be counted in the ward/service numbers.

## **15 Work Experience, Modern Apprenticeship and Volunteers**

- 15.1 Work Experience and Modern Apprenticeship placements and Volunteers. This group are temporary staff (where applicable) and supernumerary. They work under supervision at all times and a mentor must be assigned to them from the core team.

## **16 Approval of Rosters**

- 16.1 The act of finalising a roster means that it has been checked for accuracy and that each staff member can be correctly paid as a result if the information recorded in it.
- 16.2 A finalised roster must accurately reflect the actual duties worked.
- 16.3 Ward Manager/Community Team Leader's or their nominated deputies should aim to finalise a roster in a timely manner so that staff can check their duty 6 weeks in advance
- 16.4 A completed roster must be reviewed by the Ward Manager/Community Team Leader and once happy with the roster then they must partially approve it by signing and dating the roster. They must then take responsibility for informing the Clinical Services Manager that it is ready for them to review and give final approval.
- 16.5 The Clinical Services Manager must review the partially approved roster within the parameters as set out above. If the Clinical Services Manager rejects a roster then they should work with the Ward Manager/Community Team Leader to resolve any issues and where there remain any issues, these should be raised in the first instance with the Deputy Chief Operating Officer and where necessary the Chief Operating Officer and in whichever circumstance also with Quality.
- 16.6 Once the Clinical Services Manager (CSM) and Ward Manager/Community Team Leader have approved the roster it can be published. A copy of the off duty should be in the bleep folder/staff notice board at base to allow the person covering the Ward/Team easily to identify which staff are where.

## **17 Publication of approved Rosters**

- 17.1 Once a roster has been agreed and signed by the Ward Manager/Community Team Leader and Clinical Services Manager it is held on the ward desktop computer for staff to view and note their own off duty. The off duty should not be changed without discussions taking place between affected staff and management. It is the responsibility of individual staff members to regularly check their off duty during the 6 week period. It is strongly advised that staff should not print off the rota and take it home as best practice under Information Governance is that rotas containing staff identifiable data are not taken home. Staff are allowed to print off rotas to copy their shifts from, once this is completed the paper copy of the rota should be shredded in the workplace.

## **18 Changes after Publication of the Roster**

- 18.1 Shift changes should be kept to a minimum and should only reflect unavoidable changes following the approval of the roster. Changes should not occur as a result of more requests after the cut-off date, other than those that are deemed exceptional circumstances.
- 18.2 Changes may occur as a result of service needs. Any changes made after the roster has been published must be and with agreement of the individual(s) concerned in discussion with the

Ward Manager/Community Team Leader of the shift and will be clearly marked for audit purposes.

- 18.3 Once the off duty has been published, all changes/amendments should only be authorised by the Ward Manager/Community Team Leader. These changes are to be signed and dated and to amend any change(s) to the roster as they occur.
- 18.4 Where there is an unavoidable reason which requires a change to be made and approved by the Ward Manager/Community Team Leader, all changes should be made with an equal band, and with consideration for the overall skill mix of all shifts being changed. It is not acceptable for an untrained member of staff to change with a trained member of staff or a trained member of staff to change with an untrained member of staff.
- 18.5 It is the responsibility of the Ward Manager/Community Team Leader, or designated roster updater, to amend the off duty and master copy (in red ink on the master copy) with non-effective shifts i.e. sickness, absence and additional duties or unpaid leave.
- 18.6 A finalised master roster must accurately reflect the actual roster reflecting what was worked and this should include information such as additional hours, details of sickness, maternity leave and other leave, e.g. special leave, study leave.
- 18.7 Any amendments to the off duty are dated and signed, by the Ward Manager/Community Team Leader agreeing to the change at the time of agreement, in order to ensure transparency of staff on duty in the event where an adverse incidence occurs

## **19 Sickness Absence**

- 19.1 Sickness absence should be clearly identified on the off duty entry and must be signed and dated recording the number of hours lost. The sickness reason must be given to the Nurse in Charge on notifying sickness which should then be recorded on the Electronic Staff Record (ESR). Sickness hours recorded should correlate with contracted hours.
- 19.2 If off-duty days follow on from sick days, the Line Manager must be kept informed by the member of staff of recovery and, unless notified, off-duty days can be reclassified as sick leave.

## **20 Bank and Agency Temporary Staffing in Nursing Areas**

- 20.1 Temporary staff should be booked by following the authorisation process as detailed in the Standard Operating Procedure (SOP) for booking Bank and Agency Workers.
- 20.2 In order to establish bank and agency usage weekly returns are submitted to Senior Managers, these are discussed twice weekly (Tuesday & Friday) via conference call.

## **21 Policy Implementation Plan**

- 21.1 It is the responsibility of all Ward Managers/Community Team Leaders to ensure an effective roster is produced using the protocols and guidelines from Policy
- 21.2 All staff in each area are to be informed by the Ward Manager/Community Team Leader of the new Policy and any changes to be made to the rostering process in line with the content with immediate effect.

## **22 Monitoring and Review**

- 22.1 The Ward Manager/Community Team Leader should periodically review the rosters to ensure the production of an effective roster is meeting the service need and will review the rosters profiles against the standards as set out within this Policy.