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| Procedure for preparing a Nursing Duty Roster | Type: Policy Register No: 08061 Status: Public |
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| Developed in response to: | Best Practice Effective use of resources |
| Contributes to HCC Core Standard number: | C7 |

| Consulted With | Post/Committee/Group | Date |
|-----------------------------------|---------------------------------------|------------|
| Amanda Lyes | JCNC | April 2008 |
| Matrons | | June 2008 |
| Professionally Approved By | Gwyneth Wilson Director of Nursing | March 2009 |

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| Version Number | 2.0 |
| Issuing Directorate | Nursing |
| Ratified by: | Document Ratification Group |
| Ratified on: | 23 rd April 2009 |
| Trust Executive Board Date | May 2009 |
| Implementation Date | 27 th April 2009 |
| Next Review Date | April 2012 |
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| Policy to be followed by (target staff) | Nursing staff |
| Distribution Method | Internet and Intranet |
| Related Trust Policies (to be read in conjunction with) | Sickness Policy (yet to be circulated) Leave policy |

Document Review History

| Review No | Reviewed by | Review Date |
|-----------|---------------------------|-----------------|
| 1 | Executive Management Team | 19 October 2006 |
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It is the responsibility of staff to ensure they are accessing the most up to date version of this document which will always be the version on the intranet

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1. Purpose of the Policy

- 1.1 The Mid Essex Hospital Service NHS Trust (MEHT) wishes to ensure that all available nursing resources in post are used to maximum effect to match the patient care needs within the individual clinical areas.
- 1.2 This policy has been developed to assist Sisters / Charge Nurses to achieve operational duty rosters that make best use of their nursing resources within the available budget.
- 1.3 MEHT is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

2. Responsibilities

2.1 Responsibility of the Matron

Matrons have responsibility for providing professional nursing advice, guidance and support to the Sister / Charge Nurses on the completion of the duty rosters. Matrons are required to approve (sign off) rosters in their clinical areas 4 – 6 weeks in advance (as per roster calendar). Matrons are also responsible for auditing the duty rosters in their clinical areas (see example below) to ensure that they comply with the standards outlined in this policy.



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2.2 Responsibility of the Sister / Charge Nurse

Sisters / Charge Nurses have responsibility for ensuring that the nursing staff within their clinical area are deployed efficiently and effectively to meet the demands of the patients within that area. Sisters / Charge Nurses are required to complete their roster in a timely manner such that approval is obtained 4 – 6 weeks in advance (as per roster calendar). They are also responsible for ensuring that any alterations to duties worked are updated on the roster as soon as possible.

Sisters / Charge Nurses also have responsibility to ensure that staff rosters, which may include temporary staff, are within the agreed budgetary establishments and meet the standards outlined in this policy.

3. Layout of the Duty Roster

- 3.1 The duty roster will be generated electronically where possible using the Trust proforma available to all areas, and only agreed abbreviations used.
- 3.2 If this is not possible a computer-generated template should still be completed by long hand.
- 3.3 If not generated electronically and thus held centrally on the 'G' drive, four copies of the Duty Rosters are required (one for clinical area, one for the Matron, one for the Bed Management team and one master copy to be kept by the ward Sister/Charge nurse).
- 3.4 A worked roster (with all changes documented from the initial planned roster) will be available two weeks after the end of the roster period.

4. Contents of the Duty Roster

- 4.1 The duty rosters must be legible and white corrected must not be used.
- 4.2 A minimum of 4 weeks off duty is completed at any one time.
- 4.3 There is a specified date before which the off duty is completed each month (as per roster calendar). A Roster Calendar will be circulated via email as appropriate
- 4.4 The off duty reflects the acceptable staffing levels.
- 4.5 The nurse in charge of the shift is clearly identified on the off duty
- 4.6 Each member of staff has their full name recorded on the roster
- 4.7 All types of leave are clearly identified. (no ward should have more than 21% WTE on leave at any one time.
NB. If the roster cannot be managed within these limits, the Matron must be informed)

As a guide 21% =

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|-------------------|--------------------------|-----|
| - Annual Leave | 15% | |
| - Maternity Leave | 1% - this is centralised | |
| - Sickness | 3% | |
| - Study Leave | 2% | |
| | | |
| Total | | 21% |

- 4.8 There is a recognised system in place for the authorisation of annual leave and study leave, to ensure equity (refer to HR policy).

- 4.9 Changes to the off duty must be dated and initialled by sister/charge nurse or her/his deputy.
- 4.10 Sickness/absence will be recorded on the off duty in red.
- 4.11 All bank/agency shifts will be recorded on the off duty.
- 4.15 All duty rosters must include the number of staff on that shift at the bottom of the roster sheet i.e. 4 / 2 / 3.

5. Resource Management

- 5.1 The duty roster will demonstrate that available resources have been used to maximum effectiveness.
- 5.2 Available skill mix should be used effectively to ensure senior clinical cover is provided at all times.
- 5.3 Staff should not routinely be rostered to work day more than 2 consecutive long days and never more than 3 consecutive long days.
- 5.4 Time owed to staff should also be authorised by the Sister / Charge Nurse and recorded for each staff member. This should be taken within 3 months or be paid as overtime.
- 5.5 Predictable peaks and troughs of activity must be identified in relevant clinical areas (e.g. Accident and Emergency) and duty rosters planned in accordance with this activity.
- 5.6 Consideration should be given to staff off duty requests only once clinical areas have been covered with a good balance of skill mix and total numbers, however the needs of staff will be accommodated within reason.
- 5.7 Nursing staff must be aware that whilst every effort is given to support off duty requests the key priority is to ensure optimal clinical cover. Therefore there is no guarantee that requests will be met.
- 5.8 The roster will be compliant with the Working Time Directive (WTD). A summary of key points relating to the Trust's responsibility for the WTD and how it applies to the roster process will be available to staff in all areas.

6. Audit Process

- 6.1 Matrons will be responsible for auditing the rosters for compliance with the policy.

- 6.2 A proforma will be available for the audit.
- 6.3 Feedback will be provided to Sisters / Charge Nurses and action plans will be compiled to address any issues identified.