

Rostering Guidelines for Nursing and Midwifery

February 2016

Acknowledgements

Best Practice Standards for Rostering Nursing and Midwifery NMDHB, 2014

Best Practice Standards for Rostering, Nursing and Midwifery from CCDHB Hutt Valley DHB / Wairarapa DHB

Nursing Roster Planning and Evaluation 2012 Mid Central DHB

1. Purpose

An effective nursing and midwifery workforce is essential to the provision of health services to the community. To support the delivery of effective care the employing organisation must support safe and healthy rostering practices for the nursing and midwifery workforce.

2. Scope

This document outlines some principles and guidelines which support safe and healthy rostering. The responsibility to achieve this lies both with the employing organisation and the individual nurse and midwife.

3. Values

Respect

Teamwork

Integrity

Innovation

Sustainability

Fit for Purpose

4. General Principles:

The roster must:

- Be fair and equitable for staff members
- Be open and transparent
- Meet all industrial, legal and employment agreement requirements.
- Ensure that appropriate skill mix and staffing numbers are maintained on all shifts to meet patient /service needs.
- Take into consideration circadian rhythm and lifestyle patterns of nurses and midwives.

In designing and implementing rosters to meet service needs, the employer shall ensure the disruption, personal health effects and fatigue associated with shift work are minimised for staff. This process will be done in partnership with staff and their union representatives to ensure the principles of safe staffing and healthy workplaces are met.

5. Standards

- 5.1 A pro-active approach to nursing and midwifery workforce planning is taken.
- 5.2 A nursing and midwifery workforce model is used consisting of strategic and operational components that deliver optimum patient care. This model will also ensure safe staffing and healthy workplace compliance. (Skill mix and patient safety must be considered ensuring equitable and fair rostering for staff.)
- 5.3 Base establishment workforce requirements are predicted for new initiatives, taking into consideration the health and wellbeing of staff and the safety of patients.
- 5.4 There will be a recognised departmental and DHB orientation period for all nursing and midwifery staff appointed to a new position. New graduates will be covered by the NETP orientation programmes.
- 5.5 The recruitment process is initiated on receipt of resignation letters or long term leave requests, or where there is an identified FTE shortage.
- 5.6 Professional development needs are taken in to account and access is evenly distributed.
- 5.7 Rosters reflect clinical requirements such as patient acuity, acute admitting days and determinations may be based on demand tools such as Trend Care.
- 5.8 Each unit/team/organisation has an escalation plan to reprioritise staff allocation.
- 5.9 Annual leave is arranged regularly, it must be planned and agreed in advance for the benefit of the staff member and the clinical service. All staff must have at least one two week period of leave annually. (skill mix and patient safety must be considered in the planning of leave)
- 5.10 Roster principles
 - generally 2 days off together per week
 - shifts should rotate in a clockwise direction i.e. mornings to afternoons to night duty to better accommodate the body's natural biological/ circadian rhythms
 - Shift length (12 hour, 10 hour, 8 hour)
 - 8 hour shift- no more than 80 hours per two week period and no more than 7 days straight; at least a nine hour break between shifts
 - 10 hour shift – no more than 80 hours per two weeks and no more than 5 days straight; at least a nine hour break between shifts
 - 12 hour shift – no more than 120 hours per three weeks and no more than 4 days straight and at least an 11 hour break between shifts for discussion
 - Rosters are published 28 days in advance of the roster commencing

6. Roles and Responsibilities

6.1 The Nurse/Midwife:

- Upholds the Professional Practice Model.
- Is aware of the rostering standards and linkage to patient safety and staff health, Terms of Appointment, and considers continuity of care and safety to practise when making roster requests and changes.
- Maintains the integrity of the roster, ensuring compliance in the intervening time between Charge Nurse/Midwife Manager approval and deployment on the shift.

- Follows the agreed methods for all leave requests, notification of absences, and change of duty process in the area.

6.2 Team Managers

In addition to the Nurse/Midwife responsibilities, the Charge Nurse/Midwife Manager or equivalent, Nurse/Midwife Managers, Duty Nurse/Midwife Managers, Clinical Nurse/Midwife Specialist Leads, Nurse Practitioners, and Nurse/Midwife Directors, and Service Managers:

- Uphold the rostering standards and procedure, monitoring effectiveness and pro-actively managing trends.
- Loads the completed roster at least four weeks in advance and ensures it is authorised and compliant.
- Keeps the master roster system for staff attendance up to date and where appropriate keeps demand tools such as TrendCare up to date at the start of each shift where they are in place.
- Works in conjunction with Service Manager/Charge Nurse/Midwife Manager to cover additional short term planned leave, maternity leave, or ACC.
- As able, allocates staffing on the day to meet demand and follows procedure for any late changes to the published roster.
- Monitors the deployment of rosters on a shift by shift basis and feeds back each day/week to the capacity management meeting.
- Oversees the procedure for safe staffing
- Audits rosters against Roster Standards regularly as determined by the organisation.

6.3 Nurse/Midwife Educators and Clinical Nurse/Midwife Specialists

In addition to the Nurse/Midwife responsibilities, the Nurse/Midwife Educators and Specialists

- Provide an agreed annual calendar of education that is accessible to all staff.
- Ensure all education is advertised 8 weeks before the due date of delivery.
- Minimise education delivery during school holidays and the winter months (i.e. July, August and September).

6.4 Assistant/Associate Director of Nursing/Midwifery, Service Manager and Duty Nurse/Midwife Manager

In addition to the Nurse/Midwife responsibilities:

- Receives the completed roster at least six weeks in advance and ensures it is authorised and compliant. Returns any non-compliant rosters to Charge Nurse/Midwife Manager or equivalent for completion.
- Supports Service Manager/Charge Nurse/Midwife Manager to cover additional short term planned leave, maternity leave, or ACC.
- Keeps the master roster system for staff attendance up to date and where appropriate keeps demand tools such as TrendCare up to date at the start of each shift where they are in place.
- Monitors the deployment of rosters on a shift by shift basis and reviews areas' feeds back each week at the capacity management meeting.
- Maintains data of each areas roster audit against 'Roster Standards and provides results to relevant stakeholders such as the Charge Nurse/Midwife Manager and line manager.