Nursing and Midwifery Rostering Policy

Document Type:	Non Clinical Organisational Wide Policy
Ref:	PCS 06
Author:	Carole Tookey, Care Group Nurse Director
Executive Sponsor:	Executive Nurse Director
Approved By:	Choose an item.
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	1

Target Audience:

People who need to know about this document in detail	Authors and owners of policies, procedures and written control documents)
People who need to have a broad understanding of this document	Board Members, Management Board. Senior Leaders. Board Committees.)
People who need to know that this document exists	All staff involved in the development of Health Board Policies.)

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date: 30/08/2022**
	Outcome: No adverse impact
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained.
Date of approval by Equality Team:	30/08/2022
Aligns to the following Wellbeing of Future Generation Act Objective	Ensure sustainability in all that we do, economically, environmentally and socially

Disclaimer:
If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

CONTENTS PAGE

INTRODUCTION

1. POLICY STATEMENT

This policy describes the standards required of nursing and midwifery staff within Clinical Department / Ward rosters within Cwm Taf Morgannwg University Health Board, to ensure a balance between the needs of the service and those of individual staff members. This principle is essential to the provision of safe and effective patient care and service delivery.

The Lord Carter Report (2016) recommends the use of an electronic Rostering system, due to the ease with which the resultant data can be analysed. This policy will therefore only apply to the nursing and midwifery staff who use either an electronic or a manual rostering system, as the principles and the guidance will assist them in ensuring common processes and maximum benefit from workforce efficiency.

By adhering to this policy, the Health Board will be able to implement the Lord Carter recommendations, by identifying areas of improvement within current rostering practices. The benefit of doing so will result in the right staff being in the right place, at the right time, so that patients and service users receive the care they need. It will also enable the Health Board to more effectively manage our nursing and midwifery workforce, which will have a positive impact on the financial position.

2. SCOPE OF POLICY

The policy is for use by all areas of the UHB and applies to all nursing, midwifery and staff groups allied to the nursing and midwifery teams.

This policy will consider the roles and responsibilities of all nurses and midwives.

Ward / Departmental Manager - responsible for the production of the roster.

Senior Nurse / Midwife – responsible for a cluster of clinical teams and signing off the roster.

Lead Nurses / Midwives – responsible for a care group

Head of Nursing – responsible for a care group service

All are responsible for the delivery of safe, fair, equitable, and effective rosters, which maximise workforce efficiency.

3. AIMS AND OBJECTIVES

• To ensure that nursing and midwifery rosters are efficient and effective to maintain patient safety;

• To ensure the skill mix is planned in accordance with the guiding principles, defined in the Nurse Staffing Act;

- To ensure the appropriate redeployment of nursing and midwifery staff across a care group, to maintain an appropriate and safe ratio skill mix;

- To ensure that rosters are fair and equitable to all staff, in line with the Improving Working Lives Agenda;

- To facilitate the production of effective rosters, which are compliant with the European Working Time Directive;

- To provide a mechanism for reporting against agreed Health Board Key Performance Indicators (KPIs); and

- To facilitate the accurate payment of nursing and midwifery staff, through data being entered at source.

4. RESPONSIBILITIES

4.1   Health Board and Chief Executive

The Cwm Taf Morgannwg University Health Board, Board has overall responsibility for ensuring a robust process for providing effective and efficient rostering is in place across the organisations. It is also responsible for maintaining and reviewing the overall strategic direction and work plan, to ensure the Health Roster system is delivering safe and effective rostering, within the financial pay budgets.

The Health Board uses the Health Roster system to provide the required assurance, on safe staffing levels to the Board, public and statutory bodies.

4.2   The Executive Director of Nursing, Midwifery & Patient Care and Care Group Nurse Directors

Under delegated authorities and as the representative of the Health Board, the Executive Director of Nursing, Midwifery and Patient Care is responsible for:

- The promotion and provision of rostering using the Health Roster system and for the delivery of safe and effective rostering that meets the needs of the patients;

- The Nurse Directors are responsible for the efficient and effective delivery of the Health Roster system through their Care Group Heads of Nursing or Lead Nurses and onwards reporting into the Health Board and the Strategic Nursing & Midwifery Workforce Group

4.3   The Health Board's Health Rostering Team

Reporting to the Executive Director of People, the Health Rostering Team is responsible for:

- The Health Roster Team, who assist with the roll out and maintenance of the Health Roster system;

- Adding and removing staff from the Health Roster system;

- Maintaining and updating the use of the Health Roster system to provide accurate data to enable clinical staff to make decisions on the effective and efficient delivery of nursing / midwifery care;

- Quality assurance of all system and processes associated with the Health Roster system;

- Maintain the gateway between Electronic Staff Record (ESR) and Health Roster and to provide detailed shift, starter and leaver reports;

- Ensuring that all ESR changes are reflected in Health Roster and vice versa;

- All password, access control, provision and guides Health Roster for users; and

- Ensures a seamless service between the Health Roster system and the Bank system.

4.4   The Payroll Department

- The payroll Team is responsible for uploading information provided by the Health Roster Team, to ensure enhancements, overtime and any additional payments are made and the timesheets are uploaded into ESR, to meet payroll dates.

4.5   The Head of Nursing / Midwifery, Lead Nurse / Midwife & Senior Nurse / Midwife

- Are responsible for oversight and approval of all rosters within their area of responsibility and for the use of the nursing / midwifery workforce across their area;

- Are expected to remain competent with the use of the Health Roster system, support any software additions and ensure all staff are trained as appropriate;

- All completed duty rosters within their sphere of responsibility are authorised prior to being published, as an agreed roster. This will be completed within 48 hours of receipt of the roster, unless queries have been raised;

- Ensure all rosters are fully approved and published at least 6 weeks prior to start of roster period available on the eRostering site. If a roster is rejected, this should be discussed with the relevant roster creator and any issues resolved in a timely manner in order to meet the 6-week deadline for publishing;

- Where the Health Roster system is in place, the authorisation must be recorded using the facility in the system; and

- Will review and where appropriate approve any resubmitted rosters, where appropriate changes are required. (A rejected roster cannot be finalised for Payroll therefore enhancements cannot be paid).

- No roster should be published until it is NSA compliant and has been formally authorised by the Senior Nurse / Midwife or Service Lead.

4.6   The Ward / Departmental Managers

The Ward / Department Manager is responsible and accountable for the effective and fair construction of the duty roster for their areas of responsibility within the agreed Ward / Department establishment template. This remains the case where the function is delegated.

- The Ward / Department Manager and their deputies should be visible and provide leadership and ensure roster coverage across the seven day working week;

- Rosters must be partially approved by the Ward / Department Manager more than 6 weeks prior to start of roster period;

- The rosters should be fully approved by the Senior Nurse / Midwife and published at least 6 weeks prior to the commencement of the roster period;

- All wards / department will use the Auto Roster function, where possible to create the duty rosters. All personal and shared patterns should be added when the roster is first opened, prior to requests being added;

- The Ward / Department Manager in consultation with their staff are responsible for ensuring all staff details and working preferences are up to date and current in the system.

- The Ward / Department Manager will be responsible for ensuring a process is in place to ensure full use of all nursing / midwifery staff contracted hours;

- Each Ward / Department template will define any specific competencies required for staff to be rostered, in addition to the standard competency set. The Ward / Department Manager and / or nominated roster creator, must define these as part of the implementation programme. All changes should be submitted to the Workforce e- rostering Team to action;

- The correct competencies must be assigned to staff and kept up to date at all time;

- All completed duty rosters must be authorised by Ward / Department Manager or deputy and finalised within 72 hours of any shift being worked.

4.7   The Employee

Each employee, whether permanent, temporary, or in training, is responsible for:

- Accessing Health Roster to request annual leave, shift requests and directly booking bank shifts, to be worked as appropriate;

- Fulfilling their contractual hours each month; and

- Checking their requests have been authorised.

4.8   The Strategic Nursing & Midwifery Workforce Group

- The group sets the strategic direction and work plan for the HealthRoster system. This includes rollout across the Health Board and resolving any strategic issues highlighted. Their role also includes agreeing business plans for the purchase of system upgrades, improvements and additional functionality, where required.

5. DEFINITIONS

Term	Meaning
Health Roster	The term used to cover the electronic rostering system used within the Health Board.
SafeCare	The electronic system to measure the acuity and dependency of patients on in patient wards (not yet available in the Health Board)
Roster	The schedule produced to allocate staff to their duty, when covering a service. Usually in a shift format.
Establishment and Skill Mix	The Health Board agreed budgeted staffing level for each area and the agreed numbers of staff for each band, required to provide safe care.
Validation and Approval	The assurance process for staff to ensure rosters are produced in line with Health Board policy and strategy.
Finalisation	The sign off process in the system, to validate booked shifts on the roster.

6. IMPLEMENTATION/POLICY COMPLIANCE

6.1   Ward / Department Establishments:

Each ward / department establishment is constructed on the basis of the required number of whole time equivalent staff, of the relevant skill / grade, with an addition of 26.9% for covering absence. Of this 26.9%, this is allocated to the following:

- Annual leave AL and BH provision @ 18.52%
- Sickness absence provision @ 4.5%
- Study leave provision @ 3%
- Maternity leave provision @ 0.88%

Where the Ward Manager role is supervisory (funded above the daily staffing level) they are not included in the daily shift numbers, unless required. When the Ward Manager is required to work clinically, the supervisory shift must be amended to a clinical shift, to reflect the change in role. The Ward Manager is not expected to work regular nights but there is an expectation about working occasional nights or weekends to appreciate the 24 hour responsibility included in their role.

In specialist areas a band 6 or 7 nurse in charge may be required to be allocated to every shift, these roles may be part of the existing roster template and not necessarily supervisory.

6.2   The Use of Temporary Staff to Cover Unfilled Shifts:

Once the roster is authorised by the Senior Nurse / Midwife, requests can be made via the roster to cover unfilled shifts. The requests should be made as soon as possible, to give the Bank workforce as much time as possible to fill the shift. Staffing requests that exceed the available funds within the establishment, must be agreed with the Senior Nurse / Midwife, prior to being booked.

- All requests for bank shifts must be made from the ward / department vacancy grid (red tiles) by the requesting ward / department. The filling of vacant shifts will follow the Bank and Agency Booking Escalation process. The automatic cascade function within the Bank Staff System (e-system used by the Bank Office) has been built to replicate this.

- Any unfilled shifts are initially made available to the local bank workforce who can book direct via Employee Online (EOL). After two week, where appropriate, unfilled shifts are made available to the Collaborative Bank Workforce to book via MeApp.

- Any remaining unfilled shifts that require a qualified nurse, are automatically transferred to all Nursing Agencies on the All Wales Agency Nursing Service Consolidated Contract who engage with CTMUHB to supply Agency Nurses are able to book direct via the e-system portal two weeks prior to the date of the shift. Approval by the Care Group Nurse Director is required before any HCSW shifts are made available to Agency to fill.

- Substantive staff moved to other clinical environments must have appropriate clinical skills unless the requirement is to provide general nursing care that does not require specialist skills;

- Agency workers required for 5 days or more must be approved by the Care Group Nurse Director, before the request is formalised with the Bank Office;

- Escalation of unfilled shifts to off-contract agencies can only be requested within 24 hours of the shift commencement. This request must be on the form included at appendix 1 and authorised by the Care Group Nurse Director in hours and the Executive On Call out of hours.

6.3   Updating Changes to the Roster.

- Health Roster must be updated on a shift by shift basis, in real time;

- All changes to the published duty roster must be updated on Health Roster;

- All Staff (substantive or bank) redeployed to work in other clinical areas to support staffing need, must be appropriately moved to the area worked on Health Roster in real time;

- Any shift cancelled, for any reason, must have an unavailable reason added to the shift or period. This includes those related to sickness absence

  - Assigning and recording overtime and excess hours must comply with Health Board Policy and recorded in accordance with the requirements on Health Roster.

6.4   Removing Staff Leavers

Where staff leave their post in the Health Board or moving between departments, the Rostering Team must be notified to enable to remove or move them to another roster, as appropriate. The Payroll Team must also be informed via the termination / staff changes process, as appropriate.

6.5   Skill Mix

Duty rosters will be planned, taking account of the needs of the patients to ensure there is an appropriate mix of skills available on each shift and in compliance with the Nurse Staffing Act.

6.6   Ward / Department Establishment and Health Roster Rostering Template

- The agreed weekly profile and establishment (agreed and approved by the Head of Nursing / Midwifery) forms the basis of the template for Health Roster;

- Each ward / department will have an agreed baseline number of staff and skill mix, which will be risk assessed by the Ward / Department Manager, in consultation with the relevant Senior Nurse / Head of Nursing/Midwifery; and

- Nurse establishment and skill mix will be reviewed at least annually with the Executive Director of Nursing, Midwifery and Patient Care, as part of the NSA Safe Staffing Framework. Bi-annually this information will be reported in the NSA Board Report presented, by the Executive Director of Nursing, Midwifery and Patient Care.

6.7   Minimum Requirements

- No shift is to be rostered without at least two substantive registered nurses, as a minimum unless the agreed roster is for one registered nurse only;

- No more than two (2) long days to be rostered consecutively, (unless exceptional circumstances to be agreed by Senior Nurse);

- No more than three (3) night duties to be worked consecutively (unless exceptional circumstances to be agreed by Senior Nurse);

- Staff will be routinely rostered to work two full weekends (Friday night, Saturday and Sunday) on and two full weekends off every four weeks, (unless substantive staff are working weekends only as part of a flexible working arrangement);

  - Staff should not be rostered to work days and nights in the same week unless this is by prior agreement;
  - Staff that work a Sunday night shift should not be rostered for a long day on the Tuesday unless this is by prior agreement.

7.   Roster Creation

7.1   Roster Creation

Rosters must comply with the requirements of the Working Time Directive Regulation i.e. minimum daily / weekly rest and break periods. Where on-call arrangements are part of a duty roster, it must take account of any locally agreed on-call policy.

7.2   Use of Auto-Roster

Where possible, the remaining part of the rosters will be compiled using the night / day auto roster function and will be the required method, in which Health Board rosters are first produced.

7.3   Nights and Weekends

The following requirements must form the starting point of the rostering process i.e. before completing Monday - Friday daytime hours.

- Night duty registered shifts to be covered by ward / department staff as a priority. Exceptions will need prior approval by the Senior Nurse

- Ward /department staff will cover weekend shifts, as a priority. Exceptions will need prior approval by the Senior Nurse and

- Staff working a 24/7 pattern will be allocated at least two full weekends off per four week roster period, as a minimum. This applies unless a flexible working pattern is in place.

7.4   Rotation to Days

All staff to work internal rotation to suit the requirement of the service, unless a specific flexible working pattern agreement is in place, or staff are excluded from working nights due to verified health reasons. All staff   will

be expected to work at least 24 hours if full time (or pro-rata) of their monthly shifts, during a weekday to maintain clinical skills and supervision.

7.5   Breaks

At no point during the shift should there only be one registered nurse working alone, for a period exceeding an hour in total i.e. when another registered nurse is on their break.

Generally, there will be no more than 25% of the nursing /midwifery team taking their break at any given time, during the night period.

For example, a ward with 2 registered nurses + 2 healthcare support workers = 1 Nurse takes a break at a time.

7.6   Flexible Working Patterns

• Flexible working patterns can be agreed in accordance with the Health Board's Flexible Working Policy

• This agreement needs to be documented both in the member of staff's personnel file and within Health Roster, with a review date. All flexible working patterns must be reviewed at least annually and

• Where there are concerns regarding a member of staff's level of absences, any agreed personal pattern should be reviewed and changed, if it is determined to be a contributory factor.

8.   **Equity in Number of Requests**

• To ensure equity, all staff should be allowed a maximum of 6 requests (any shifts) within a 4 week roster period (pro-rata). Variation to this should be approved by the Ward / Department Manager and for exceptional circumstances only. Shift swaps between staff of similar skill and band are an accepted approach to providing additional flexibility;

• Where an agreed personal pattern of work is in place via a formal flexible working agreement, the number of requests should be reduced in the roster period (see table below). This can only be varied for exceptional circumstances, with the approval of the Ward / Department Manager;

• Where the personal pattern is for medical reasons i.e. Occupational Health recommendation, the member of staff will have the full number of pro rata number requests;

• Annual Leave requests and specific shifts required for work purposes, DO NOT contribute to the 6 requests; and

• Requests should be made to the Ward/Departmental Manager who will use their discretion to make a decision. Once   agreed these should then be added directly to the roster, with a summary duty note.

- Please Note: All requests will be considered in the light of service needs. Ward / Department Managers will endeavour, as far as possible, to meet individual requests. However, safe staffing and appropriate skill mix are essential. Therefore, while requests for specific shifts or days off can be made, service requirements and equity for other staff members mean requests cannot always be guaranteed.

Hours per week (hpw)	Pro Rata Requests Per 4 Week Roster
37.5 hpw	6
Less than 37.5 to 29 hpw	5
Less than 29 to 20 hpw	4
Less than 20 -10 hpw	3
10 hpw or less	2

9. Unavailability

9.1 Annual Leave

All annual leave must be taken in line with the Health Board's annual leave policy.

- Annual Leave requests must be requested through Employee on Line (EOL) prior to the roster request window closing. If the request is rejected, a relevant reason will be given

9.2 Study Leave

Any study leave must be taken in line with the Health Board's Study Leave Policy.

- Ensure the study day title is added to the comments section, as a reference when booking study time. Study days requested without identifying the course will be rejected.

9.3 Sickness Absence

Sickness Absence will be managed in accordance with the All Wales Managing Attendance at Work Policy.

10 Standards and Key Performance Indicators

10.1 Duty Roster Finalisation

- The finalisation process must be performed daily in ward areas. In other clinical areas (see attached link to rostering pages: http://ctuhb-intranet/dir/eRostering/SitePages/eRostering.aspx) they must be finalised at least weekly at an absolute minimum.

10.2   Measurement and Key Performance Indicators

The key performance indicators currently measured are:

- Compliance with unavailability against annual leave, sickness and training within the rota

- Compliance to 6-week rostering publication

- Unused hours on the Roster

- Overused hours on the roster

- At least weekly sign off of all shifts including bank & agency workers

- Compliance with confirmation of month end rota sign off for payroll

The named roles below are responsible for undertaking the following on-going monitoring to ensure rosters comply with agreed Key Performance Indicators (KPIs).

Executive Director of Nursing, Midwifery & Patient Care or Deputy

Receipt of and discussion about the key performance indicators (KPIs) on a monthly basis, via the Nursing Workforce Strategy Group.

Heads of Nursing/Midwifery

Review the Rostering KPI's with the Senior Nurses and ensure compliance across all rostering areas via the Establishment meetings.

EQUALITY IMPACT ASSESSMENT STATEMENT

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

Appendix 1:

Off-contract agency authorisation form

Form 1 - In Hours
Off Contract Agency

Form 2 - Out of
Hours Off Contract A