



# NURSING & MIDWIFERY ROSTERING POLICY

This document can be made available in alternative formats or other languages, on request, as is reasonably practicable to do so.

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

<b>Policy Owner:</b>	Director of Nursing & Patient Experience Nursing and Midwifery Board
<b>Approved by:</b>	Health Board Partnership Forum
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## Amendments - December 2019 Approved by Health Board Partnership Forum.

- Changed the ABMU Logo to Swansea Bay UHB
  - Changed any ABMU wording to Swansea Bay UHB
  - 7.2.2 – Requests pro rata. Changed from weekly to 4 week roster period. Needed to consider that more staff working 12 hour shifts
  - 9.3 – additional - Roster Efficiency Scrutiny meetings
  - 9.4 – use of roster perform for areas on Health Roster
  - Appendix 2 – revised Temporary Nurse Staffing Decision Checklist
  - Appendix 7 – Standard Operating Procedure – Roster Scrutiny meetings
- 
- Policy has been amended to provide clear guidance in relation to the scrutiny process and the monitoring of KPI's

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# SWANSEA BAY UNIVERSITY HEALTH BOARD

## NURSING & MIDWIFERY ROSTERING POLICY

### 1. INTRODUCTION

The effectiveness of the utilisation of nursing staff and resources within SBU Health Board is crucial to the quality of care patients receive. The Lord Carter report (2016) recommends the use of an E-Rostering system due to the ease with which the resultant data can be analysed. This policy should therefore only apply to the nursing and midwifery sector using either electronic or manual rostering systems as the principles and the guidance will assist 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 mean that the right staff are in the right place at the right time so that patients receive the care they need and we are better able to manage our workforce and as a consequence, our finances.

### 2. PURPOSE AND SCOPE

The purpose of this policy is to ensure the effective utilisation of the nursing and midwifery workforce, which also includes staff groups allied to the nursing team.

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

**Nurse** – is used in its generic sense and refers to Midwives, Community Specialist Public Health Nurses.

**Sister/Charge Nurse** - refers to the person who is responsible for production of the roster.

**Matron** – refers to a clinical manager who has responsibility for a Service group area within a Service Delivery Unit (SDU).

Senior Matrons, Heads of Nursing, Unit Nurse Directors, and Senior Management are responsible for the delivery of safe, fair, equitable and efficient rosters.

### 3. OBJECTIVES

- To ensure that nursing rosters are effective and efficient to maintain patient safety.
- To ensure that skill mix is planned in accordance with the guiding principles defined in the Nurse Staffing Act.
- To ensure the redeployment of nursing staff across a Delivery Unit to maintain appropriate skill mix.
- To ensure that rosters are fair and equitable to all staff and are 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 set Health Board Key Performance Indicators (KPIs). (Appendix 5)
- To facilitate the payment of staff through data being entered at source.

#### 4. FOR USE BY:

All Nurses and HCSWs within SBU Health Board.

#### 5. RELATED POLICIES

- Managing Attendance at Work policy
- Study Leave policy
- Improving Working Lives- HB110
- Special Leave policy – HB97
- Annual Leave policy – HB122
- Dignity at Work policy - 87
- Capability policy – HB71
- Pre-Emptive Discharge policy

#### 6. RESPONSIBILITIES

##### 6.1 Nurses and HCSWs

The Nurse and HCSW has a duty to consider the need to cover the service when making requests and working shifts.

##### 6.2 Sister/Charge Nurse

The Sister/Charge Nurse is responsible for ensuring that an efficient and effective roster is produced in line with the Nurse Rostering policy and clinical need. **They are also responsible for ensuring the worked shifts are recorded accurately and finalised for pay in a timely manner.**

##### 6.3 Matron/Senior Matron/Head of Nursing

The Matron is responsible for ensuring the most effective use of staff resource across the service area, undertaking roster scrutiny, approval and finalisation of rosters and reporting against KPIs.

It is the responsibility of Matrons and Senior Matrons to ensure shifts that have been worked are validated by the Ward Manager in a timely manner to fall in line with payroll requirements.

The Matron is responsible for finalising shifts that have been worked by Band 7's.

**Shifts must be verified and finalised by 10.30 hrs every Monday for weekly paid staff and by 12.00 hrs every Friday for monthly paid staff. All rosters must be fully finalised monthly in line with the payroll deadline to ensure staff are paid correctly.**

##### 6.4 Unit Nurse Director (UND)

The Unit Nurse Director is responsible for ensuring that appropriate structures are in place for effective rostering to occur. Delivery Units/Services should be divided into "Service Areas" (SAs) with a named Matron/Senior Matron/Head of Nursing.

The Unit Nurse Director is responsible for holding monthly Roster Efficiency scrutiny meetings (Appendix 7) to monitor the roster KPI's and agree and ensure effective corrective actions are taken for any exceptions.

Key exceptions and agreed actions to be report through the Delivery Unit performance mechanisms and to the Health Board Nurse Staffing Group meeting quarterly.

## **6.5 Designated Person**

The Designated Person (Senior Matron/Head of Nursing) is responsible for maintaining and calculating the number of nurses or midwives required (funded establishment) to provide patient centred care that meets all the clinical requirements using the NSA triangulated methodology. The calculation undertaken by the designated person must result in the required establishment and planned roster for the ward area. This must be signed off by the Delivery Unit Finance and Business Partner and Unit Nurse Director, and must be within the financial budget.

The agreed staffing resource is derived from the skill mix and number of staff required to deliver quality patient care and an effective service that is aligned to The Nurse Staffing Levels (Wales) Act (2016).

Within each funded establishment there is a built in headroom allocation (26.9%) that allows for staff when taking annual leave, sickness and study leave. The agreed NSA headroom is 26.9%. In line with the NSA requirements the Band 7 Sister / Charge Nurse should not be included in the clinical numbers.

In line with the NSA requirements the funded establishment reviewed and agreed every 6 months or where there is a change of service, or as deemed necessary subject to other quality or safety indicators.

The Finance and Business Partners will review the KPIs that affect the use of resources with the Unit Nurse Director to ensure that the nursing resource is managed efficiently thus providing corporate assurance.

## **7. Quality of Service Provision**

SBU Health Board is committed to the delivery of high quality services. The Health Board recognises that staff are its greatest asset and therefore the deployment of this resource is vital to optimising service delivery. Quality indicators should include:

- Agreeing skill mix requirements for each shift
- Ensuring the person "in charge" requirement for each shift is met
- Sister/Charge Nurse Assignment
- Supporting nurse learning
- Annual Leave allocation

- Request processes
- Skill mix

### 7.1 Unit Establishments

- An agreed and funded staffing establishment is essential to delivering high quality care.
- Each Delivery Unit must have an agreed total number of staff and skill mix for each shift, approved by the Unit Nurse Director.
- The skill mix and establishments are reviewed bi-annually in line with the Nurse Staffing Levels (Wales) Act, to link with the budget setting and workforce planning process. Skill Mix and establishment reviews may happen more frequently if a service need or risk is identified. These reviews should be completed following the standard operating procedure for staffing establishment and skill mix reviews.

### 7.2 Skill Mix Requirements

The Nurse Staffing Levels (Wales) Act, places an overarching duty on Health Boards and NHS Trust in Wales to ensure that nurses have time to care sensitively for their patients and codifies current best practice for determining staffing levels, requiring Health Boards and NHS Trusts in Wales to calculate and maintain staffing levels in specific clinical areas. The Act applies to adult acute medical and surgical in-patient settings but may extend to other care settings in the future. The key principles include:

- Each area must have an agreed total number of staff and skill mix for each shift across the week. The funded establishment will need to be agreed, reviewed and validated by the Finance and Operational Managers.
- It is essential that any changes to the establishment are reflected within the Oracle Finance System, Electronic Staff Record System and the Rostering Systems, in conjunction with the policy for the Management of Workforce data through the Processing of Notifications.
- Each area must have an agreed basic level of required specific competencies on each shift, for example the ability to “take charge”, dispense medication/controlled drugs/IV drugs, and undertake continuous supervision.
- The roster for senior staff must take into account other commitments, for example, compliance with bleep holder rosters.
- **Roster Managers should prioritise the allocation of shifts on weekends and nights whilst ensuring a balanced roster and skill mix throughout the roster period.**

### 7.3 Person in Charge

There must be a designated person in charge for each shift who has been the required skills and competencies for a co-ordinating role.

### 7.4 Sister/Charge Nurse Assignment

Sister/Charge Nurse are supervisory in line with the NSA requirements. Sisters/Charge Nurses should work when there is the greatest clinical need. The Sister/Charge Nurse should not work nights except with the approval of the Matron/Senior Matron and this should not happen on a regular basis.

## 7.5 Supporting Staff Learning

Students must be rostered to work with their mentor for a minimum of 40% of the working week. In the case of pre-registration nursing students and to ensure preceptorship for new registrants, if their mentor is unavailable, an associate mentor should be allocated.

## 7.6 Equality of Staff Allocation

The Health Board supports the principles embedded in **Improving Working Life (IWL)** regarding work life balance and flexible 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 and waste.

This area considers:

- Flexible working
- Shift and day off requests
- Shift patterns
- European Working Time Directive (EWTD)
- Changes to rosters

## 7.7 Flexible Working

The Health Board will consider all requests for flexible working, but may on occasion be unable to meet requests of individual nurses if their proposed working pattern cannot be accommodated within service needs. Achieving safe staffing numbers and an appropriate skill mix is the main priority (Welsh Government, 2013)

- Service needs will take priority when creating a roster. Nurses must be considerate of their colleagues and be aware of the requirement to undertake weekend and night shifts.
- Consideration should be given to flexible working, and there should be a documented application and audit decision in line with the Flexible Working Policy requirements

## 7.8 Requests

- Each service using E-Rostering must submit requests electronically using the Employee On-line (EOL) function.
- Requests for specific shifts or days off can be made. Whilst the Sister/Charge Nurse will be flexible in trying to accommodate as many requests as possible, service requirements and equity for all staff members must be taken into account first before applying these.
- Shifts may be swapped after rota is completed as long as it is with the agreement of the Sister/Charge Nurse and is a person of the same pay band and skill set. Swaps should not lead to a breach in the EWTD or compromise Agenda for Change Terms and Conditions of Employment.
- Over a 4 week roster period and proportionate to individual hours staff are able to submit 6 working requests which consist of days off, working days or a combination of both.
- Staff with fixed working days as part of a formal flexible working arrangement are excluded from requesting duties. Requests outside of the flexible working agreement will only be considered in exceptional

circumstances and must be agreed with the Sister/Charge Nurse and Matron.

- Roster Managers are responsible for identifying and managing staff on flexible working arrangements and must inform the E-Rostering team to ensure that employee on-line account can be amended.
- The roster manager has overall responsibility for all decisions regarding requests, safe staffing levels and appropriate skill mix therefore, requests cannot be guaranteed.

<b>Contractual Hours</b>	<b>Total Working Shift Requests Per Roster Period</b>
34.5 – 37.5	6
28.5 – 34	5
22 – 28	4
16 – 21.5	3
12.5 – 15.5	2
7.5 – 12	1

## **7.9 Shift Patterns**

Nurses and HCSW's will be required to work a variety of shifts and shift patterns on a rotational basis, as agreed with the Sister/Charge Nurse to meet service needs.

Nurses and HCSW's who have been working agreed shift patterns for a period of time, often as part of a flexible working agreement will be given sufficient notice (generally 6 weeks) when the pattern will be changed. This may be subject to consultation principles.

Days off should be allocated together where possible.

The maximum number of consecutive standard day shifts for staff to work is seven. Staff may work more than this (to a maximum of 10) only if they specifically request to and in agreement with the Sister/Charge Nurse.

The maximum number of consecutive long day shifts for staff to work is three. Staff may work more than this (to a maximum of 4) only if they specifically request to and in agreement with the Sister/Charge Nurse or Matron.

## **7.10 EWTD**

Health Board staff must adhere to the European Working time Directive (EWTD) outlined in Appendix 1.

Breaches of EWTD regulations within ABMU should be extremely rare and should not be planned when creating the roster. All rosters must be EWTD compliant and mitigate against breaches in all but the most exceptional circumstances. EWTD legislation is health and safety related aimed at removing the risks associated with staff who work excessive hours and/or do not have sufficient rest time. Where a breach is considered necessary e.g. to

support maintenance of services in an emergency, the circumstances must be documented locally and retained for audit purposes.

Staff and managers are jointly responsible for ensuring breaches to EWTD regulations do not occur in anything other than exceptional circumstances. Staff must not seek to undertake work either within the Health Board e.g. bank shifts or with other employers where that breaches the requirement for breaks between shifts or in total working hours in the week. Staff are required to inform the Health Board of all secondary employment so the Health Board can assess whether the secondary employment impacts upon the individual's ability to safely fulfil their contract of employment within the Health Board. Managers must check that if they are offering additional hours work to staff working in their own department or from other departments in the Health Board that additional work does not breach the legislation.

Any breach of the EWTD that cannot be justified is a serious matter rendering the Health Board open to prosecution by the Health and Safety Executive. Staff and managers whose actions cause a breach may be dealt with under the Health Board's Disciplinary Policy.

#### **7.11 Changes to Rosters**

Shift changes must be kept to a minimum.

All changes should be made with an equivalent pay band, and with consideration for the overall skill mix and competence requirements of all shifts being changed. If an equivalent band is not possible this should be negotiated with the Sister/Charge Nurse and if required escalated to the Matron.

Nurses mentoring a student should not change shift without ensuring the student has been given reasonable notification of a change and change shift with them. Alternatively, it is the responsibility of the mentor to identify and allocate the student to another appropriate member of staff to ensure continuity of their learning needs.

### **8. Roster Approval Process**

The person creating the roster is responsible for creating the roster in line with the approved roster calendar. The roster calendar is available on the Health Board intranet.

There are two levels of approval required:

**Level 1 approval** – Sister/Charge Nurse is responsible for creating an effective and efficient roster with 7 weeks' notice in line with the roster calendar.

**Level 2 approval** – Matrons are responsible for scrutinising the roster within the defined parameters to deliver the clinical needs of the service. If the roster is inefficient then it should be rejected and unapproved with a note added citing the reasons.

Following Level 2 approval the rosters will be visible for staff to view via their Employee Online Account.

## **9. Guiding Principles for Management of Headroom Allocation**

### **9.1 Annual Leave Management**

50% of annual leave should be agreed with staff by the end of April each year at the latest. Leave requests will be considered in the light of service needs and should be balanced over the year.

Annual leave must be calculated in hours and should be taken in shift values.

Managers must give fair and consistent consideration to requests for leave.

It is at the discretion of the Matron/Senior Matron/Unit Nurse Director as to whether annual leave may be booked in advance for the Christmas period. It must be taken into consideration that there is always very limited availability of temporary nursing workforce during this period and safe rosters must be created without the reliance on temporary workforce.

Annual leave approval should be signed off ensuring the approved establishment for register and non-registered staff is maintained.

Requests for annual leave longer than a two week period must be made in writing and agreed by the relevant Matron.

#### **9.1.1 Study Leave Management**

Study Leave will be assigned in line with mandatory and statutory requirements and Study Leave Policy.

The Sister/Charge Nurse should:

- Utilise the available number of study leave days in each roster
- Prioritise mandatory training requirements for staff which may include induction, updates etc.
- Produce a roster ensuring staff have required mandatory training.

#### **9.1.2 Sickness Management**

Sickness must be reported and managed in line with the Health Boards Managing Attendance at Work policy.

All episodes of sickness must be entered accurately on Health Roster.

Sickness must be notified by telephone to the Ward Sister/Charge Nurse or nominated deputy as outlined in the Managing Attendance at Work policy and in line with the local reporting arrangements.

When returning to work from a period of sick leave the Sister/Charge Nurse must ensure that the individual is well enough to undertake their duties and complete the appropriate documentation. This may require advice from Occupational Health.

As part of the return to work interview following a period of sick leave, nurses must be asked if they are doing any other additional hours or have secondary employment.

### **9.1.3 Lieu Time**

All time worked by nurses over and above their contracted hours must be authorised by the relevant manager and recorded on the roster. In normal circumstances, this authorisation should be given before the additional hours are worked, and the authorisation must state whether the additional hours are overtime or time owing. Where pre-approval is not possible retrospective approval may be given dependent on the circumstances.

All time the ward manager must record claimed back, via time owing on the E-Rostering system in advance.

Where additional hours worked are “in lieu” managers are responsible for ensuring lieu hours are monitored and managed to prevent an accumulation of hours that pose an operational risk to the individual, patients, financial controls or service continuity. Managers must make appropriate changes to rosters to give staff who have earned lieu time the opportunity to take those hours back. All lieu hours need to be taken within three months. Only where, for operational reasons, staff are unable or prevented from taking time off in lieu **within three months** will these hours be paid as set out in Agenda for Change.

### **9.1.4 Breaks**

In order to enforce the working time regulations 22 (1998) all shifts must include a minimum 30 minutes unpaid break for traditional shifts. Shifts that are 12 hours or more require a minimum 60 minute unpaid break. In addition to the normal working contract hours, the required break periods need to be factored into the rostering practice and cannot be taken at the start or end of the shift.

The person in charge of the shift is responsible for ensuring that breaks are facilitated. It is also the individuals' responsibility to initiate and ensure they have an adequate break period as not all staff are ward based this is not supervised e.g. off ward specialist nurses.

## **9.2 Rostering Efficiency**

This area refers primarily to the efficient allocation of available staff hours to the rosters.

Any rosters that fall outside the set parameters for utilisation of contracted staff must be authorised by both the Matron and the Senior Matron after careful scrutiny. If it is not approved it will be reviewed by the Sister/Charge Nurse and changes made before being resubmitted for approval by the Matron. This area considers:

- Utilisation of contracted staff hours
- Additional rostered hours above the agreed shift profile

- Unfilled shift duties approval for temporary staff

### **9.2.1 Utilisation of Hours**

It is the responsibility of the Sister/Charge Nurse to ensure that all contracted staff hours are utilised and balanced over two roster periods.

Where there are more staff hours than available shifts for a roster period, the Matron will offer any extra staff to another area within the SDU who may have staffing deficits. If this is happening regularly, then the establishment should be reviewed.

### **9.2.2 Unfilled Shifts**

Unfilled shifts may require temporary staff. It is the Sister/Charge Nurses responsibility to ascertain how many of the vacant shifts are essential of the safe running of the area. It also the Sister/Charge Nurse responsibility to apply for any temporary staffing in line with the Temporary Staffing Tree and Decision Check-list (Appendix 2) The Matron will approve the request for temporary staffing if the shifts are required.

### **9.2.3 Temporary Deployment of Staff**

On occasion, there is a requirement to “deploy” staff to those services where a vacancy arises or a shortage of existing staff arises e.g. through short term sickness or acuity. This approach is undertaken to ensure that safe and effective patient care is maintained and effective services continue to be provided. All considerations, requests, authorisations, employment responsibilities, deployment and management of temporary staffing will be in line with the Health Board Temporary Nurse Staffing Decision Checklist. All redeployment of staff must be reflected on E-Rostering.

When such an occasion arises, managers should refer to the Temporary Staffing Decision Checklist (Appendix 2). If it is then deemed necessary to deploy staff, this should be done in a fair and consistent manner taking account of any equality and work-life balance issues with the aim of minimising employee relations issues, which could potentially have an adverse impact on sickness absence. The key principles of this procedure are to ensure:

- Patient safety, experience and service delivery
- Minimising risk to legal or safeguarding breaches
- Minimising risk of staff shortages before they arise
- Accountability and assurance for decisions to use temporary staff

Such deployment is likely to be on a short term or temporary basis only. However, if intended to be on a permanent basis eventually, then an appropriate consultation exercise should be undertaken in accordance with the Organisational Change Policy.

Maternity services has an escalation policy to manage periods of high activity which will require deployment of midwives from either of the sites or community services in order to safely maintain provision of care.

In the unlikely event that an agency nurse attends a ward/department but is not required then the nurse in charge must inform their Matron or Clinical Site Matron (out of hours). If there are no nursing deficits elsewhere then the shift should be cancelled where a two hour penalty will occur.

### **9.3. Performance Monitoring**

To ensure that rosters are created consistently and promote efficiency and effectiveness each roster will be monitored against 4 key areas:

- 1) Quality of service provision
- 2) Equality of staff allocation
- 3) Effectiveness of down time management
- 4) Rostering efficiency

Each Delivery Unit will be responsible for setting up a Roster Efficiency Scrutiny meeting (Appendix 7) to monitor the efficiency against the KPI's (Appendix 5). Each Delivery Unit will complete a standardised performance report based on the KPIs and discuss this as part of the formal performance review. Wards and Departments that are live on Health Roster will generate the reports using Roster Perform. This will report to the Corporate Nurse Staffing Group meeting quarterly highlighting compliance, exceptions, agreed actions and themes.

Matrons should complete the Rostering Checklist (Appendix 4) for both retrospective and prospective rosters. It is essential to anticipate future demands to ensure that all deficits are filled and that the skill mix is adequately balanced to cover the clinical needs of the area.

### **9.4 Monitoring and Reporting Against Key Performance Indicators (KPIs)**

There are a range of reports that will be required for the Delivery Unit Performance Review (Appendix 5).

Wards and Departments that are live on Health Roster will generate the report using Roster Perform.

#### **9.4.1 KPI Scrutiny Process**

The Sister/Charge Nurse will sign off rosters for approval. The Sister/Charge Nurse will be responsible for the creation of the roster and 1<sup>st</sup> line approval at 7 weeks, regular review of the roster and any changes.

The Matron will 2<sup>nd</sup> line approve the roster 6 weeks before the start of the rostering week at which point it will be available for staff to view via Employee Online.

The Matron will scrutinise all rosters within their area of responsibility and ensure that KPIs are monitored and maintained.

The Unit Nurse Director will be responsible for undertaking a monthly scrutiny process of roster KPIs (Appendix 5) that will monitor compliance against the policy and report in to performance reviews. Wards and Departments that are live on Health Roster will generate the report using Roster Perform. This will report to the Corporate Nurse Staffing Group meeting to monitor improvement of KPI's and share themes.

#### **10. Policy Implementation Plan**

Each Unit Nurse Director will develop an implementation plan for their Delivery Unit which will be monitored through the Health Board Performance Review process.

The Internal Audit Department will audit compliance of this policy.

Local audits should be undertaken to ensure that demand and compliance are tested to ensure a rosters fitness for practice. These audits are recommended every 6 months and are undertaken locally by a Matron using the audit tool (Appendix 6)

It is the responsible of the Matron to ensure that roster creators have received the appropriate level of training facilitated by the Health Roster team.

## APPENDICES

### APPENDIX 1

#### GUIDE TO EUROPEAN WORKING TIME (EWTD) REST BREAKS

##### 1. INTRODUCTION

This Appendix provides an overview and guidance relating to the application of the European Working Time Regulation (EWTD) rest breaks.

##### 2. THE LEGISLATION

The EWTD was introduced to safeguard the Health & Safety of employees. However the legislation does recognise that there is a need to be flexible when providing certain services such as healthcare.

##### 3. THE REST REQUIREMENTS UNDER THE LEGISLATION

Staff covered by these provisions would include those who work within day time hours. For these staff their average working hours would be calculated over a referenced period of 17 weeks. These staff should not work over 48 hours per week unless they have specifically agreed to do so via an opt out, which has been agreed by the employer and the employee.

The statutory rest times for these staff are:-

- 11 hours continuous rest (see WT regulations 1998, 10 (1) between shifts.
- 24 hours uninterrupted rest in each seven day period (WT regulations 1998 11 (1)) or 48 hours uninterrupted rest in a fourteen day period (WT regulations 1998, 11 (2)).
- 20 minute break if the working day is longer than 6 hours (not to be taken at the start or the end of the day, (WT Regulations 1998, 12 (1)).

There is a limit for night workers of an average shift length of 8 hours in 24.

All 'planned working practices' include the above rest requirements. However, when these conditions cannot be met, workers in a range of special circumstances including hospital workers (WT regulations 22) are exempt from the entitlements. In these cases employers are required to make provision for compensatory rest.

Exempt Staff – those required to cover a Round the Clock Service e.g. Hospital Workers (WT Regulations 1998. 18 (b) – 22). Staff covered by these provisions would be required to cover a 24 hour service. For these staff their average working hours would be calculated over a reference period of 26 weeks.

The rights to break allocations for these staff are applied differently:- In these cases, if staff do not receive their normal breaks they are entitled to 'compensatory rest'. This is rest taken later, ideally during the same day or the following working day. The principle is that everyone gets a minimum 90 hours rest a week on average. This is the total of your entitlement to daily and weekly rest periods, although some rest may come slightly later than normal. Compensatory rest is rest that is rest taken in unpaid time.

(Note all planned working practices must meet the rest requirements to be compliant with EWTD).

Compensatory rest will most likely be necessary when staff are either:-

- Working a shift pattern and the shift extends beyond the planned time due to an unforeseen situation or an emergency.
- Working on-call from home and are called upon to work during the non-resident period of duty.

## APPENDIX 2

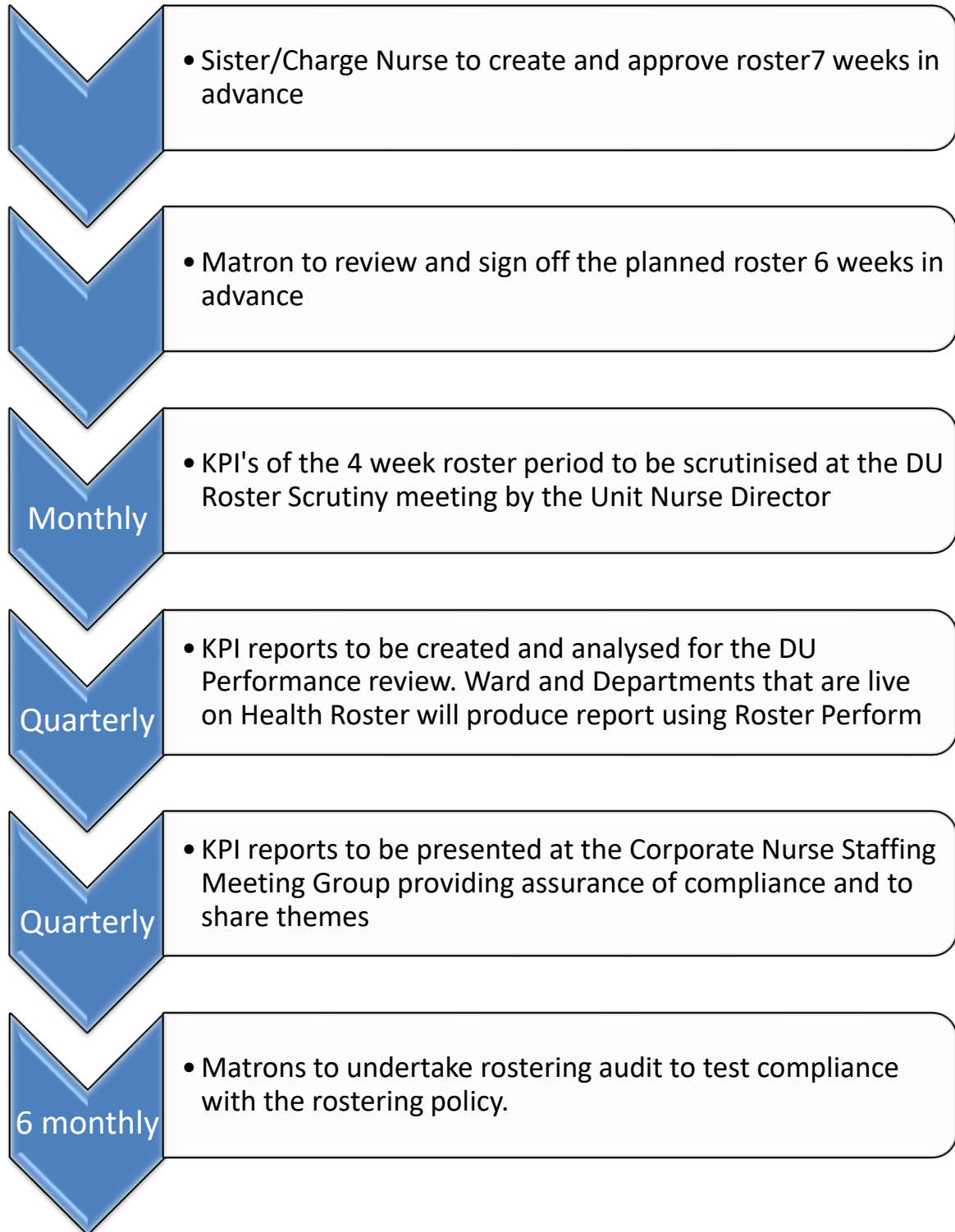
### TEMPORARY NURSE STAFFING DECISION CHECKLIST

This checklist is to be used for the management of unfilled duties that arise due to short term absence i.e. the next 24-48 hour period.

<b>Immediate Considerations – Persons responsible:- Nurse in Charge / Ward Sister</b>	
• Have all paid contracted hours been utilised?	
• Can shortage be accommodated with existing resources & skill mix?	
• What is the anticipated workload for the period in question and will patient care be affected?	
• Review Non statutory training	
• Can the shift be filled with additional hours by part time staff?	
• If anyone to one care is in place reassess patients acuity to ensure its required that shift	
• Can an alternative shift be created and filled from existing staff e.g. twilight	
• Can any time owing be reasonably rescheduled?	
• Can any annual leave be reasonably rescheduled?	
<b>Explore all other internal options – Persons responsible:- Matron</b>	
• Review the roster.	
• Can staff be deployed from other wards or other departments?	
• Review ward acuity/activity for the shift?	
• Review discharge plans	
• Can the shift been filled with overtime?	
<b>Escalation to Nurse Bank – Persons responsible:- Roster Managers</b>	
<ul style="list-style-type: none"> <li>• <b>Matron or appropriate person to approve shift and send to Nurse Bank via Health Roster - Shift will be made available to Bank and Contract Agency.</b></li> <li>• <b>If after all options for covering shift with a Band 5 have been exhausted the shift may be offered via Nurse Bank to Band 6/7.</b></li> <li>• <b>If the shift remains unfilled – Unit Nurse Director or designated deputy to seek approval from the Executive on-call.</b></li> </ul>	

## APPENDIX 3

### Rostering Reporting Timeline



**APPENDIX 4**

**Wards and Departments that are live on Health Roster can generate report using Roster Perform.**

**Matron's Rostering Checklist:**

**Ward:**

**Date:**

	Previous Roster					Prospective Roster					
	Roster Period:					Roster Period:					
	Wk 1	Wk 2	Wk 3	Wk 4		Wk 1	Wk 2	Wk 3	Wk 4		
Vacancies (WTE)	Registered						Registered				
Vacancies (WTE)	Unregistered						Unregistered				
Roster approved 6 weeks in advance											
<b>Unavailability</b>					Total					Total	
Annual Leave Registered (%)											
Annual Leave Unregistered (%)											
Sickness (%)											
Study Leave (%)											
Paternity Leave (%)											
Other Leave (%)											
Total Unavailability (%)											
<b>Efficiency</b>											
Additional Duties Hours											
<b>Hours Balanced</b>											
Unused hrs											
Over contracted hrs											
Unfilled Duties											
Temporary Staffing (Bank & Agency)%											
<b>Comments/Actions:</b>											

Matron Sign Off: Date:		Senior Matron: Date:
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**APPENDIX 5**

**KPI Reports**

**Roster Period:** .....

**Wards and Departments that are live on Health Roster can generate report using Roster Perform.**

	Ward / Department												
	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward
<b>Key Performance Indicator</b>													
Vacancies (WTE) Registered Unregistered													
<b>1.Planning:</b>													
Roster approved 6 weeks in advance													
<b>2. Inequality:-</b>													
Requests													
<b>3.Unavailability:-</b>													
Annual Leave – Registered (%)													
Annual Leave – Unregistered (%)													
Sickness (%)													

Study Leave (%)													
Parental Leave (%)													
Other Leave (%)													
Total Unavailability (%)													
<b>4. Efficiency</b>													
Additional Duties Hours													
Hours Balanced Unused Contracted Hours Over Contracted Hours													
Unfilled Duties													
Temporary Staffing (Bank/Agency)%													

## APPENDIX 6

### Rostering Audit Tool

This audit tool should be used to monitor compliance against the Rostering policy at least on a 6 monthly basis and should be completed by the Matron.

**Ward:**

**Date:**

**Audit completed by:**

	Yes/No	Comments	Action
Has the roster template been reviewed in the last 6 months?			
Are all staff aware of the rostering policy?			
What percentage of rosters have been approved 6 weeks in advance?			
Do the Shifts conform to EWTD?			
During the last 6 months have any staff worked over 48 hours per week?			
Are break time rules being followed?			
Are requests being monitored as per Rostering Policy?			
Has Annual Leave been allocated as per rostering policy and within the Headroom?			
Has Study Leave been allocated as per Policy?			
Is there any staff with Flexible working arrangements? Have they been reviewed as per policy?			
Are all changes being recorded on the respective rostering system?			



**STANDARD OPERATING PROCEDURE**

**SOP No: 1**

**SOP Title: Nurse Rostering  
Scrutiny Meetings**

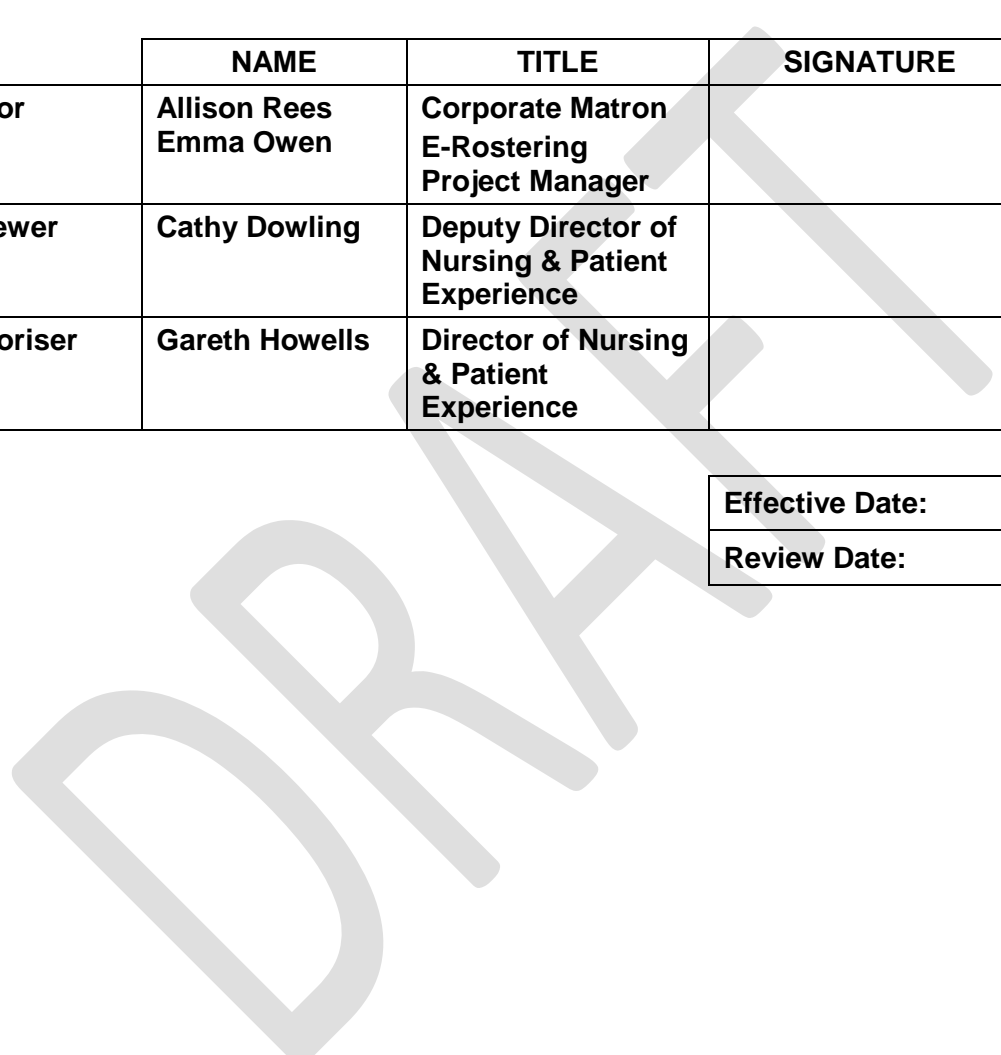
**APPENDIX 7**

**SOP Number 1**

**SOP Title Nurse Rostering Scrutiny Meetings**

	<b>NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>Author</b>	<b>Allison Rees Emma Owen</b>	<b>Corporate Matron E-Rostering Project Manager</b>		
<b>Reviewer</b>	<b>Cathy Dowling</b>	<b>Deputy Director of Nursing &amp; Patient Experience</b>		
<b>Authoriser</b>	<b>Gareth Howells</b>	<b>Director of Nursing &amp; Patient Experience</b>		

<b>Effective Date:</b>	
<b>Review Date:</b>	



## 1. **PURPOSE**

To describe the procedure for managing Roster Scrutiny meetings within SBUHB.

## 2. **INTRODUCTION**

This SOP outlines the responsibilities of the Service Delivery Units to ensure that Nurse Rostering Scrutiny meetings are managed consistently across the Health Board.

## 3. **SCOPE**

This procedure applies to all of the Service Delivery Units.

## 4. **RESPONSIBILITIES**

The responsibility for the procedures described in this SOP applies to:-

- Unit Director

## 5. **PROCEDURE**

Person's required at each meeting:-

- Unit Nurse Director
- Corporate Matron and/or E-Rostering Project Manager
- Finance Business Partner
- HR Manager
- Head of Nursing
- Senior Matron
- Matron
- Ward Manager (Band 6 Sister to attend in Ward Managers absence)

### **Frequency of meetings:**

- To be held a minimum of monthly – dependant on number of rosters requiring scrutiny.
- Each roster to be scrutinised for efficiency and compliance against the Key Performance Indicators set within the Nurse Rostering policy as a minimum of three monthly.
- Any “hotspot” rosters identified from the monthly Insight report will require more frequent review.

Minutes and agreed actions to be placed as an agenda item on each Delivery Units Business meeting and reported through Nurse Staffing Group meeting quarterly.

## 6. **APPENDICES**

1. Nursing and Midwifery Rostering Policy

**From:** SBU Inquiries

**Sent:** 16 December 2019 11:19

**To:** Adel Davies (Swansea Bay UHB - Surgical Specialties) <Adel.Davies@wales.nhs.uk>; Alison Clarke (Swansea Bay UHB - Therapies And Health Sciences) <Alison.Clarke@wales.nhs.uk>; Amanda Smith (Swansea Bay UHB - Postgraduate Centre) <Amanda.Smith5@wales.nhs.uk>; Angela Kind (ABM ULHB - Estates) <Angela.Kind@wales.nhs.uk>; Bellina Jenkins (Swansea Bay UHB - Children's Services) <Bellina.Jenkins@wales.nhs.uk>; Brian Owens (Swansea Bay UHB - NPT DeliveryUnit) <Brian.Owens@wales.nhs.uk>; Cathy Dowling (Swansea Bay UHB - Corporate Nursing) <Cathy.Dowling2@wales.nhs.uk>; Ceri Matthews (Swansea Bay UHB - Clinical support services) <Ceri.Matthews@wales.nhs.uk>; Christine Morrell (Swansea Bay UHB - Therapies And Health Sciences) <Christine.Morrell@wales.nhs.uk>; Craige Wilson (ABM ULHB - Corporate) <Craige.Wilson@wales.nhs.uk>; Darren Griffiths (Swansea Bay UHB - Corporate) <Darren.Griffiths@wales.nhs.uk>; David Murphy (Cwm Taf Morgannwg - Deputy Head of Health and Safety) <David.Murphy3@wales.nhs.uk>; David Roberts (Swansea Bay UHB - Mental Health & Learning Disabilities) <David.Roberts2@wales.nhs.uk>; Deb Lewis (Swansea Bay UHB - Morriston Hospital) <Deb.Lewis@wales.nhs.uk>; Debbie Bennion (Cwm Taf Morgannwg - Unit Nurse Director) <Debbie.Bennion@wales.nhs.uk>; Des Keighan (Swansea Bay UHB - Estates) <Des.Keighan@wales.nhs.uk>; Dougie Russell (Swansea Bay UHB - Musculo Skeletal) <Dougie.Russell@wales.nhs.uk>; Elizabeth Stauber (Swansea Bay UHB - Corporate Services) <Elizabeth.Stauber@wales.nhs.uk>; Eve Jeffery (Swansea Bay UHB - Medicine & Unscheduled Care) <Eve.Jeffery@wales.nhs.uk>; Fiona Reynolds (Swansea Bay UHB - Singleton Hospital ) <Fiona.Reynolds@wales.nhs.uk>; Gareth Howells (Swansea Bay UHB - Nursing) <Gareth.Howells3@wales.nhs.uk>; Gemma Otter (Swansea Bay UHB - Anaesthetic) <Gemma.Otter@wales.nhs.uk>; Helenna Jarvis-Jones (Swansea Bay UHB - Medicine Directorate, Morriston Hospital) <Helenna.Jarvis-Jones@wales.nhs.uk>; Hilary Dover (Swansea Bay UHB - Primary and Community Services) <Hilary.Dover@wales.nhs.uk>; Jan Worthing (Swansea Bay UHB - Singleton Hospital) <Jan.Worthing@wales.nhs.uk>; Janet Williams (Swansea Bay UHB - Mental Health & Learning Disabilities) <Janet.Williams4@wales.nhs.uk>; Joanne Jones (Swansea Bay UHB - Management) <Joanne.Jones12@wales.nhs.uk>; Kathryn Jones (Swansea Bay UHB - Workforce and OD) <Kathryn.Jones25@wales.nhs.uk>; Keith Reid (Public Health Wales) <Keith.Reid@wales.nhs.uk>; Kim Clee (Swansea Bay UHB - Workforce) <Kim.Clee@wales.nhs.uk>; Lesley Jenkins (Swansea Bay UHB - NPT Locality) <Lesley.Jenkins@wales.nhs.uk>; Linda Bevan (Swansea Bay UHB - Morriston Managed Unit) <Linda.Bevan@wales.nhs.uk>; Lynne Hamilton (Swansea Bay UHB - Finance) <Lynne.Hamilton@wales.nhs.uk>; Malcolm Thomas (Swansea Bay UHB - Corporate Services) <Malcolm.M.Thomas@wales.nhs.uk>; Martin Bevan (Swansea Bay UHB - Neath Port Talbot Locality) <Martin.Bevan@wales.nhs.uk>; Matt John (Swansea Bay UHB - Digital Services Directorate) <Matt.DMJ.John@wales.nhs.uk>; Mike James (Swansea Bay UHB - Corporate Hospital Management) <Mike.James3@wales.nhs.uk>; Neil Miles (Swansea Bay UHB - Surgery Service Group) <Neil.Miles@wales.nhs.uk>; Pamela Wenger (Swansea Bay UHB - Corporate Governance) <Pamela.Wenger@wales.nhs.uk>; Rhian Thomas (Swansea Bay UHB - Estates)

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**Subject:** Policy

I write to advise that the following policy has been updated or added to the Corporate Policies database:

- Nurse Rostering Policy

The policy is available to view via the [corporate policy database](#)

Gwasanaethau Corfforaethol / Corporate Services

Bwrdd Iechyd Prifysgol Bae Abertawe/ Swansea Bay University Health Board

Pencadlys / Headquarters

Un Porthfa Talbot/ One Talbot Gateway, Baglan, Port Talbot, SA12 7BR

Bwrdd Iechyd Prifysgol Bae Abertawe yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Bae Abertawe

Swansea Bay University Health Board is the operational name of Swansea Bay University Local Health Board