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Nursing and Midwifery Rostering Policy UHB 150

ROSTERING PROCEDURE

Introduction and Aim

At Cardiff and Vale University Health Board, we know that unless we have a workforce which is healthy, engaged and motivated we are not able to meet the health and care needs of our population effectively. We are committed to being a great place to train, work and live and recognise our responsibility to attract, retain, deploy and develop people to maximise their potential. We also have a duty to ensure that the services we provide are safe, effective and efficient. One way of achieving these responsibilities is to schedule time appropriately to improve patient care, resource utilisation and employee satisfaction.

Used the right way, rostering can influence culture change and give staff the evidence they need to make change happen at the front line by giving an overview across the organisation, of hotspots requiring intervention to ensure safe staffing levels and efficient deployment of staff. Having an effective roster empowers roster creators and senior staff to make informed decisions.

This Procedure outlines the processes to be used to roster staff efficiently to ensure high quality care for patients while minimising operational and clinical risk, recognising the [NHS Wales Approach to Flexible Working](#) while at the same time ensuring the right staff are in the right place at the right time and improving the management of planned and unplanned non-working time.

Effective rostering should consider factors such as patient needs, staff needs, organisational needs, the workforce and skills required to deliver services, and workforce availability.

While this Procedure applies to all staff groups, it is important to note that the Nurse Staffing Level (Wales) Act 2016 exists to:

- Ensure that nurses are always deployed in sufficient numbers to enable the provision of safe nursing care to patients at all times
- Improve working conditions for nurses and other staff
- Strengthen accountability for the efficacy, safety and quality of workforce planning and management

Adherence to rostering principles supports the UHB's ability to demonstrate that reasonable operational steps have been made to maintain nurse staffing levels.

Objectives

- To improve employee experience by ensuring that wherever possible their working hours are suited to their lifestyle and work life balance.
- To enable employees to work at the top of their licence.

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- To provide a safe working environment for our employees by ensuring rosters are compliant with the Working Time Regulations.
- To ensure that rosters are fair and equitable in line with the Improving Working Lives agenda.
- To ensure the effective provision of clinical services
- Ensure that rosters are fit for purpose with the appropriate skill mix in order to ensure safe, high quality standards of care.
- To ensure that skill mix is planned in accordance with good rostering principles, including the guiding principles defined in the Nurse Staffing Act.
- To reduce the reliance on bank, overtime and agency by giving managers clear visibility of staff contracted hours.
- To ensure that clinical risk associated with the level and skill mix of staff is minimised.
- To empower staff to raise concerns about staffing levels by providing transparent rosters and showing any gaps which have not been filled.
- To improve the planning of clinical and time out days (e.g. annual leave, sickness and study leave).
- Provide effective management of the departmental establishments, thereby driving efficiencies in the workforce.
- To provide a mechanism for reporting against set Health Board Key Performance Indicators (KPIs). (Appendix 1)

Scope

This procedure applies to all non-medical and dental staff, including temporary staff, in areas where rostering takes place.

Equality and Health Impact Assessment

A standalone Equality and Health Impact Assessment (EHIA) has not been completed because this Procedure is aligned with and supports the Adaptable Workforce Policy. An EHIA was conducted for the Policy and its supporting Procedures and this found there to be a positive impact.

Documents to read alongside this Procedure

- [Adaptable Workforce Policy](#)
- [Working Time Procedure](#)
- [Managing Attendance at Work Policy](#)
- [Study Leave Guidelines for non medical staff](#)
- [Pay Progression Policy](#)
- [Flexible Working Procedure](#)
- [Annual leave Procedure](#)
- [Respect and Resolution Policy](#)
- [Maternity, Adoption, Paternity and Shared Leave Policy](#) and [Procedures](#)
- [Special Leave Policy](#)
- [Partnership and Recognition Agreement](#)
- [Organisational Change Policy](#)
- [Rostering guidelines](#) (SafeCare guidance and Nurse Staffing operating framework)
- [Principles to move staff in Exceptional Circumstances to Maintain Patient Safety](#)

Other documents:

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	<p>Equality Act (2010) Guidance for Employers; what equality law means for you as an employer: working hours, flexible working and time off.</p> <p>Equal Opportunities Commission (2007) Ethnicity and patterns of employment and care</p> <p>NMC (2015) The Code : <i>Professional Standards of practice and behaviour for nurses and midwives</i> NMC publications</p> <p>HCPC standards of conduct, performance and ethics</p> <p>Welsh Government – (2012) Working Differently Working Together – A workforce and organisational development framework – Welsh Government Publications</p> <p>National Assembly for Wales (2016) Nurse Staffing levels (Wales) Act 2016. National Assembly for Wales. An electronic version of the Act can be found http://www.senedd.assembly.wales/mglIssueHistoryHome.aspx?lId=11778</p>
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Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	3 November 2016	13/12/2016	<ul style="list-style-type: none"> This is now a procedure The responsibilities section has been enhanced <p>There are reviews and changes across all sections and therefore it is advisable to read the procedure in full</p>
2	5 June 2017	15/12/2018	<ul style="list-style-type: none"> Procedure update to reflect replacement of Annual Leave Policy with Annual leave procedure and to reflect the requirements of rostering policy check list produced by All Wales WOD Directors. Amendments have been made to sections 1.5.1, and 2.1

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3	22 November 2023	28/01/2024	<ul style="list-style-type: none"> • Significant re-write to include all staff who work in areas where rosters occur and to reflect the rollout of Healthroster
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1	RESPONSIBILITIES
1.1	<p>The Board is responsible for:</p> <ul style="list-style-type: none"> Overseeing the overall performance in relation to the effective deployment of the workforce. Receiving regular reports on the efficient and effective use of the workforce from the appropriate Accountable Director. Providing resource to support the baseline staffing in line with legislation, clinical need and professional judgement. Providing consistent leadership around employee health and wellbeing, and ensuring the organisation actively supports a positive approach through compassionate and inclusive leadership
1.2	<p>The Executive Director of People and Culture is responsible for ensuring that this Procedure is up to date, effective and compliant with legislation and good rostering principles.</p> <p>However, other Executive Directors e.g. Executive Nurse Director, Executive Director for Therapies and Health Sciences have responsibility for:</p> <ul style="list-style-type: none"> Ensuring the agreement of baseline staffing in line with legislation and professional judgement. Receipt and analysis of reports on the efficiency of the workforce utilisation for their profession. Providing regular reports to the Board on the efficiency of the workforce utilisation for their profession. Creating a workplace that does not create barriers to being healthy and well at work, but supports and encourages ways of working, lifestyle choices and support available to actively improve employee health and wellbeing.
1.3	<p>The Clinical Board Directors, with support from the Directors of Operations and Directors of Nursing, are responsible for:</p> <ul style="list-style-type: none"> Ensuring compliance with the procedure within their respective Clinical/Service Boards. Ensuring the agreement of baseline staffing in line with legislation, the financial resource and professional judgement. Monitoring and reporting KPIs in conjunction with the Clinical Board financial and workforce colleagues and reporting to the Executive Directors. Ensuring that ways of working and processes are organised in ways that positively contribute to, rather than damage, health and wellbeing.
1.4	<p>Senior Managers (e.g. Lead Nurses) are responsible for:</p> <ul style="list-style-type: none"> Monitoring and approving the ward/ department roster on completion (level 2 approval) using Roster Analyser, and in line with agreed Key Performance Indicators, rejecting rosters that do not comply.

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	<ul style="list-style-type: none"> • Providing guidance and support to the rostering manager or designated other in the creation of rosters, using the Key Performance Indicators as a reference. • The deployment of staff across the directorate. • Ensuring that audit of the rosters in their areas is completed • Supporting and actively encouraging the use of good rostering principles as a tool for improving employee experience, wellbeing and retention. •
1.5	<p>Department Managers (e.g sister/charge nurse) are responsible for:</p> <ul style="list-style-type: none"> • Using good rostering principles to ensure the workplace is psychologically safe and that employee experience is considered alongside patient care. • Ensuring that a quality e-roster is produced, maintained and finalised in line with this procedure. • Ensuring that resources are managed efficiently and as effectively as possible and escalating potential issues to their Line Manager. • The safe staffing of the ward/ department, even if they do not directly undertake the task of producing the roster. • Ensuring that their expenditure does not exceed the allocated budget in their ward/department, even if they are not responsible for producing the duty roster. • Ensuring that staff are rostered to fulfil their contracted hours • Ensuring the fair and equitable allocation of weekends, weekdays, annual leave and study leave. • Considering all roster requests from staff, ensuring fairness and equity in working patterns. • The level 1 approval of each roster, using Roster Analyser • Nominating a Roster Creator and deputy and ensuring that these staff are appropriately trained • Authorising all changes required after the final roster had been signed off. • Verifying that all entries on the roster are accurate and are a true record of hours/ shifts worked. • Informing the e-rostering team of any changes to staff working patterns and hours of work. Change of base of contracted hours must be updated using ESR. • Ensuring all ward/department staff are aware of the procedure and supporting documents. • Producing in partnership with Trade Unions/staff a guidance indicating: <ul style="list-style-type: none"> • The maximum number of requests that can be considered for days off on any single date. • The process of booking annual leave. • The maximum length of annual leave that can be taken at any one time e.g. no more than two weeks usually booked at any one time, but with individual consideration given in unusual circumstances. • How far in advance requests can be entered, in order to ensure that employees joining the team have a fair chance of adding their requests. For HealthRoster areas staff are permitted and encouraged to enter requests. Requests can be submitted up to one year in advance, although the system does not allocate requested shifts on a first come first served basis.

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	<ul style="list-style-type: none"> • Arrangements for requesting Christmas, Ramadan, New Year and other religious and cultural off duty requirements. Further information relating to accommodating religion or belief requests can be found in the ACAS guide for Religion or Belief in the workplace– A guide for employers and employees http://www.acas.org.uk/media/pdf/f/l/religion_1.pdf. • Ward/Department specific requirements – for example additional numbers needed in the event of high acuity levels.
1.6	<p>The employee is responsible for:</p> <ul style="list-style-type: none"> • Attending work as per their duty roster and fulfilling their contracted hours of employment. • Ensuring that all makeup hours are fulfilled if appropriate • Adhering to the requirements set out by the Rostering Procedure. • Being reasonable and flexible with their roster requests and being considerate to their colleagues. • To work their share of week day and night duty and weekends day and night duty (if appropriate), recognising the terms of individual contracts of employment and work life balance agreements. • To notify their line manager of any required changes to planned shift, informing them as soon as possible in order to give sufficient notice. • Raising concerns with their line manager if they believe that patient safety or experience is at risk due to staffing levels.
1.7	<p>The e-rostering team are responsible for:</p> <ul style="list-style-type: none"> • Producing the organisation wide Roster Calendar. • Monitoring rosters on completion and reporting against KPIs, feeding back to the appropriate managers where better rostering could improve the utilisation of the workforce. • Ensuring the HealthRoster system remains appropriately configured • Providing support and ongoing training to the HealthRoster users. • Liaising with the national HealthRoster Support Team to resolve system issues as required.
	<p>The People Services team is responsible for:</p> <ul style="list-style-type: none"> • Providing advice and support to both managers and staff on managing concerns, proposed changes to working practices, annual leave queries and queries regarding the Working Time Procedure.
2	PRODUCING A ROSTER
2.1	Principles
2.1.1	The publication of working rosters will take place simultaneously across all departments using HealthRoster. A 4-week rolling roster calendar will be produced by the e-rostering Systems Administrator every 6 weeks and must be adhered to.
2.1.2	Good practice requires adherence to a number of principles:

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	<ul style="list-style-type: none"> • Rosters must be completed at least 6 weeks in advance of the start date, using HealthRoster. This will provide Senior Managers time for the secondary approval process. • Rosters will be released to staff with at least 6 weeks' notice. This will enable staff to manage their personal arrangements and to afford the CAV Staff Bank sufficient time to fill vacant shifts. • Shifts given a high priority on HealthRoster must be filled first i.e. nights and weekends. The use of bank, agency and overtime for nights and weekends should be avoided wherever possible. • All time adjustments to shifts should be entered onto the e-rostering system to accurately reflect time owing.
2.1.3	<p>In areas where Healthroster has been implemented, it must be used for:</p> <ul style="list-style-type: none"> • Staff shift requesting • Roster Planning • Recording of Sickness and other absences • Recording of actual times worked • Interfacing timesheet data into the ESR payroll system • Reporting of shift and absence data <p>Recording this information in a paper format is not permitted.</p>
2.1.4	<p>All staff in areas where Healthroster has been implemented will be allocated user names and passwords to enable them to use the system and will be given adequate instruction and training by the e-rostering team.</p>
2.2	<p>Flexible Working & Requests</p> <p>The UHB is committed to promoting and encouraging different ways of working in order to recruit excellent people and retain the wealth of knowledge, skills and experience of its current workforce. Good flexible working arrangements should balance the needs of the individual with three key organisational factors: patient/ service-user and staff experience, service delivery and work-life balance of colleagues.</p> <p>In line with the All-Wales Flexible Working Policy, the UHB will seriously consider requests for flexible working and will make every effort to support the application or find a suitable alternative which is agreeable to all parties. However, on occasion it may not be possible to agree to requests of individual employees if their proposed working pattern cannot be accommodated within service needs. Achieving safe staffing numbers and an appropriate skill mix are a key consideration when approving or rejecting applications for flexible working.</p>
2.2.1	<p>Roster Managers are responsible for identifying and managing staff on flexible working arrangements and must inform the Rostering team to ensure that employee on-line account can be amended.</p>
2.2.2	<p>Where flexible working arrangements have been agreed, these should be programmed into the HealthRoster system and will be rostered first.</p>

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2.3	Individual/Personal Requests														
2.3.1	If staff work a fixed pattern of shifts, this counts as their personal request for e-rostering purposes.														
2.3.2	<p>Requests will be calculated according to individual's hours of work and will be pro rata'd for part time staff. Over a 4 week roster period and proportionate to individual hours staff are able to submit the following number of requests:</p> <table border="1" data-bbox="338 555 1051 934"> <thead> <tr> <th>Contractual Hours</th> <th>Total Working Shift Requests</th> </tr> </thead> <tbody> <tr> <td>34.5 – 37.5</td> <td>6</td> </tr> <tr> <td>28.5 – 34</td> <td>5</td> </tr> <tr> <td>22 – 28</td> <td>4</td> </tr> <tr> <td>16 – 21.5</td> <td>3</td> </tr> <tr> <td>12.5 – 15.5</td> <td>2</td> </tr> <tr> <td>7.5 – 12</td> <td>1</td> </tr> </tbody> </table> <p>Requests for specific shifts or days off can be made in accordance with local guidance. Whilst the Roster Manager will be flexible in trying to accommodate as many requests as possible, service requirements and the equity of all staff remain the priority.</p>	Contractual Hours	Total Working Shift Requests	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
Contractual Hours	Total Working Shift Requests														
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														
2.3.3	<p>Shifts may be swapped after rota is completed as long as it is with the agreement of the Roster Manager and is a person of the same pay band and skill set. If this is not possible the manager is responsible for using professional judgement to determine if another skills mix would be appropriate on that occasion.</p> <p>Swaps should not lead to a breach in the EWTD or compromise the Agenda for Change Terms and Conditions of Employment.</p>														
2.3.4	Any amendments or cancellations to requests must be made before the roster is finalised and published.														
2.3.5	Staff must submit requests using HealthRoster. Wards/Departments must not maintain requests books or sheets in parallel.														
2.4	Shift Patterns														
	<p>Shift patterns, breaks and rest periods must be in line with the Working Time Procedure, including:</p> <ul style="list-style-type: none"> • All staff must have 24 hours rest in every 7 days OR 48 hours rest in every 14 days • Staff must not work more than an average of 48 hours per week over 17-week period unless they have chosen to opt-out of this provision. • All staff must have 11 hours rest before their next shift. • Staff should have a minimum of one weekend off per 4-week roster unless an alternative arrangement is agreed via the Flexible Working Policy. • There should be 46 hours rest between night and day shifts. 														

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	<ul style="list-style-type: none"> • Days off should be given together where possible. <p>Employees 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 if the pattern needs to be changed. This may be subject to consultation principles. Advice should be sought from People Services before instigating a change.</p> <p>The number of consecutive standard day shifts (e.g. 8hours) recommended for staff to work is 5. Staff may work more than this (to a maximum of 7) if they specifically request to and with the Ward / Department Manager's agreement.</p> <p>The number of consecutive 12-hour shifts (long days) recommended for staff to work is usually 2. Staff may work more to a maximum of 3 long days if they specifically request to and it is approved by the Wards Sister/ Charge Nurse</p> <p>If a longer pattern of night shifts are less disruptive to sleep pattern, staff may work a maximum of 4 consecutive nights shifts.</p>
<p>2.5</p>	<p>Working Time Regulations</p> <p>Staff wellbeing and patient safety are fundamental considerations when compiling a roster. Health Board staff must adhere to the requirements of the Working Time Regulations as set out in the Working Times Procedure. Any urgent need to work outside of these requirements is to be verified at Director of Nursing (or equivalent) level. This should be in exceptional circumstances only.</p> <p>Staff will normally not be expected to work more than an average of 48 hours per week, calculated over a 17 week reference period. Staff may however, on a voluntary basis, choose to work more than the 48 hours average weekly limit as long as their shift patterns, breaks and rest periods remain in line with the Working Time Procedure. These staff members will be required to sign an Opt Out Agreement to indicate that they wish to be excluded from the maximum weekly working time provision.</p> <p>Breaches of Regulations are not allowed and should not be planned when creating the roster. All rosters must be compliant and mitigate against breaches in all but the most exceptional circumstances. The legislation aims to remove the risks associated with staff who work excessive hours and/or do not have sufficient rest time. Where a breach is considered essential e.g. to support maintenance of services in an emergency, the circumstances must be documented and signed off at Executive level. The relevant documentation must be retained for audit purposes.</p> <p>Staff must not seek to undertake work including bank shifts or work 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 an assessment of whether the secondary employment impacts upon the individual's ability to safely fulfil their contract of employment. 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.</p>

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	Any breach of the Working Times Regulations 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.
2.6	<p>Roster Approval Process</p> <p>The person creating the roster is responsible for creating the roster in line with the approved roster calendar.</p> <p>A completed roster must be reviewed by the Ward/Department Manager and Senior Manager prior to being published.</p> <p>There are two levels of approval required:</p> <p>Level 1 approval – Ward/Department Manager is responsible for creating an effective and efficient roster with 8 weeks’ notice in line with the roster calendar.</p> <p>Level 2 approval – Senior Managers 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.</p>
2.7	Changes to Published Roster
2.7.1	Staff are responsible for negotiating their own shift changes once the roster is published. These changes must be authorised by Ward/Department Manager, or nominated deputy.
2.7.2	All changes should be made with an equal grade and with consideration for the overall skill mix of all shifts being changed. The skill mix and patient dependency factors must be taken into consideration. If an equivalent pay band is not available then the shift change must be agreed with the Senior Manager prior to its approval.
2.7.3	The CAV Staff Bank must be immediately informed of any changes to temporary staffing requirements, including booked shifts, via the e-system.
2.7.4	All updates to the roster must be made as soon as practically possible after occurrence, taking into consideration payroll deadlines (this includes changes to shifts, times of attendance, late finishes, sickness and holiday). Daily finalisation of shifts is encouraged where possible.
2.7.5	The actual worked roster must be verified by the Roster Manager or designated other by 10 am every Monday for the previous week. It is the Roster Manager’s responsibility to ensure appropriate staff have access and are trained to make these changes.
2.7.6	The e-Rostering Team will notify the relevant Senior Manager of any roster not finalised on the day of the extract for Payroll.

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2.7.7	It is the responsibility of Roster Manager, or nominated deputy, to ensure that entries on the e- roster are accurate and are a true record of hours/ shifts worked.
2.7.8	In exceptional circumstances, rosters will be changed at short notice to ensure appropriate levels of cover are maintained. Every effort must be made to ensure that this done with fairness and equity, and mutually agreed.
3.	<p>QUALITY OF SERVICE PROVISION</p> <p>The Health Board is committed to the delivery of high quality services. The UHB recognises that its' people are essential for its success, and therefore the deployment of the workforce is vital in optimising service delivery. This section considers:</p> <ul style="list-style-type: none"> • Skill mix requirements • Ensuring the person 'in charge' requirement is met • Ward Sister/Charge Nurse/ Midwife deployment • Supporting Student learning
3.1	<p>Skill Mix Requirements</p> <p>An agreed and funded staffing baseline is essential to delivering high quality care. Each department should have an agreed total number of staff and skill mix for each shift, approved by a relevant Senior Manager together with the Department Manager.</p> <p>In areas where the workload is known to vary predictably staff numbers and skill mix should reflect this.</p> <p>Agreed staff numbers and skill mix must be achievable within the area staffing resource.</p> <p>These staffing levels once agreed will be set up in HealthRoster, and be reviewed 6 monthly or earlier if any changes are made to the agreed establishment or deployment of staff on the ward/department.</p> <p>The off duty for senior staff must be compatible with their commitment to any bleep holder rosters/on call as appropriate.</p> <p>Each ward and department must have an agreed basic level of required specific competencies on each shift, to enable appropriate cover e.g.: -</p> <ul style="list-style-type: none"> • Giving medication • IV administration • Taking charge of the shift • Ability to perform assessments and observations
3.2	Person in Charge (Nursing Only)

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	<p>There must be a designated person in charge for each shift who has been identified as having the required skills and competencies for a coordinating role. This person must be identified on the e-rostering system.</p> <p>Ward Sisters/Charge Nurses/Midwife would normally be expected to work Monday to Friday and not weekends.</p> <p>Ward Sisters/Charge Nurses/Departmental Managers would not normally be expected to work night shifts except with the approval of the Lead/Senior Nurse or Midwife and this should not happen on a regular basis.</p> <p>Where weekend or night working is necessary, it must be based on clinical/managerial supervisory need and be part of the overall managerial responsibility for the area with supporting evidence and authorised by the Lead/Senior Nurse or Midwife.</p>
3.3	<p>Supporting Staff Learning (Health Registrants)</p> <p>In the case of pre-registration students, the student must be scheduled to work with their practice supervisor for 50% of the roster.</p> <p>Staff allocated to supervise a student should not change shift without ensuring that the student is aware of the change. If the student is unable to change the shift to work with their supervisor then the student must be allocated another suitable member of staff to support them.</p> <p>A student's practice assessor should not be regularly rostered to support the student in a supervisory capacity.</p>
4	<p>MANAGEMENT OF HEADROOM ALLOCATION</p> <p>Ward/Department Headroom Allowance is included in the budget to cover expected absence. The headroom equates to 26.9%</p> <p>Below are some of the components that inform headroom calculation. Where possible, Roster Managers should ensure staff absences stay within agreed parameters</p> <p>Annual Leave 15-17%</p> <p>Sickness 4-5%</p> <p>Study Leave 2%</p> <p>Maternity / Paternity Leave and Special Leave – No additional headroom allocated</p>
4.1	<p>Annual Leave Management</p> <p>Annual leave should be booked in line with agreed procedures as described in the Annual Leave Procedure. The maximum and minimum numbers of staff to be off at any one time must be considered when approving annual leave.</p>

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	<p>Annual leave should be planned to minimise the need for bank, overtime and agency cover, and to prevent a peak in annual leave at year end. To achieve this:</p> <ul style="list-style-type: none"> • It is essential annual leave is evenly distributed throughout the leave year. Ward-based and staff in clinical areas are required to apply for 75% of their annual leave by the end of January, prior to the start of the next leave year. • It is expected that where possible and practical staff will give at least 6 weeks' notice in advance of any annual leave request, however there may be occasions where it will be possible to approve leave with less notice, providing service delivery can be maintained. • Annual leave approval should be signed off ensuring the approved establishment for register and non-registered staff is maintained.
4.2	<p>Bank/Public Holidays (inc. Christmas and New Year)</p> <p>Roster Managers are to ensure fairness in allocating off-duty over Bank and Public holidays. Consideration will be given to accommodate specific religious commitments at Christmas time and other faith holidays.</p> <p>It is at the discretion of the Senior Manager 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 staff during this period and safe rosters must be created without the reliance on the temporary workforce.</p> <p>No temporary staff should be routinely booked on planned rosters for Christmas / New Year periods, unless prior approval is obtained from a Senior Manager.</p> <p>For Ward-based and clinical staff, all requests for Christmas / New Year off-duty should be made by 1st October, and agreed locally. Staff should be notified if their request has been approved by the end of October.</p>
4.3	<p>Study Leave Management</p> <p>Study leave will be assigned in line with the Study Leave Guidelines for Non Medical Staff and the Statutory and Mandatory Training Procedure</p> <p>The Roster Manager should</p> <ul style="list-style-type: none"> • Utilise the available number of study leave days in each roster. • Prioritise and promote statutory and mandatory training requirements for staff which may include induction, updates etc also in accordance with the Pay Progression Policy. • Ensure that staff booked onto study leave are not asked to return to work unless there is an <u>exceptional need</u> to ensure safe staffing levels. This is especially the case when the study leave is to attend statutory and mandatory update training which are essential for the safe delivery of patient care. <p>All study leave must be recorded (on Healthroster where rolled out) .</p>
4.4	Sickness recording

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	<p>Sickness must be reported in line with the All Wales Managing Attendance at Work Policy and in line with local procedures. All areas rostering through Healthroster should record absence through the system.</p> <p>Long term sickness must be identified on the roster and an advanced plan of cover implemented to minimise the use of bank, overtime and agency where possible.</p>
4.5	<p>Additional Hours</p> <p>All time worked by staff over and above their contracted hours must be authorised by the relevant manager and recorded on HealthRoster.</p> <p>In normal circumstances, this authorisation should be given before the additional hours are worked and it should be agreed with the individual whether the additional hours worked are overtime or time owing. This must be recorded on the on the Rostering system . Where pre-approval is not possible retrospective approval may be given dependent on the circumstances.</p> <p>Overtime will be paid in according with section 3 of the AFC Terms and Conditions Handbook. Payment for hours recorded on the roster, will be processed in the next available payroll period</p> <p>The ward/department manager must record all claimed back time, via time owing on the HealthRoster 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 of the time accrued.</p> <p>If, 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.</p>
4.6	<p>Civic, public and trade union duties</p> <p>Rostering should consider civic, public and trade union duties. Please refer to Special Leave Policy and Partnership and Recognition Agreement.</p>
5	<p>BREAKS</p> <p>All breaks must be applied as set out in the Working Times Procedure.</p> <p>The person in charge of the shift is responsible for ensuring that breaks are facilitated.</p> <p>If an individual is not ward based and not always supervised, it is their responsibility for taking an adequate break period.</p>
6	<p>TEMPORARY DEPLOYMENT OF STAFF</p>

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	<p>Staffing must be considered at an organisational level. During staff shortages, it is accepted that staff may be required to work in other clinical areas to provide a safe and efficient service. Before making this request, all other options would have been explored and staff will not be asked to move to an area out of their scope of practice, or outside their band or role descriptor in line with the Principles to move staff in Exceptional Circumstances to Maintain Patient Safety. The Senior Manager or other designated person for each area is responsible for the deployment of staff across the UHB. Out of hours, this decision will be made by the site manager.</p> <p>All deployment of staff must be reflected on Healthroster.</p> <p>If it is 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.</p> <p>In the event that a bank or agency worker attends a ward/department but is not required then the person in charge must inform their Senior Manager or Site Manager (out of hours). If there are no deficits elsewhere then the shift should be cancelled. Bank workers receive a four hour minimum payment, as per the All Wales Terms of Engagement. Agency workers receive a 2 hour minimum payment, as per the All Wales Agency Contract Terms and conditions. This is payable for any cancellation within 4 hours of the start of the shift, if a cancellation is made outside four hours, no fee is due. If an alternative shift is offered and declined then no payment is made.</p> <p>All changes to agency or bank shifts must be verified on HealthRoster.</p>
7	<p>ROSTERING EFFICIENCY</p> <p>This section refers primarily to the efficient allocation of available staff hours to the rosters.</p> <p>Any rosters that fall outside the set parameters for utilisation of contracted staff must be authorised by an appropriate Senior Manager. If it is not approved, it will be reviewed by the Roster Manager and changes made before being resubmitted for approval by the Senior Manager.</p>
7.1	<p>Utilisation of Hours</p> <p>The Roster Manager should ensure that all contracted staff hours are utilised and balanced over two roster periods. While it may be necessary to redeploy staff to other areas on occasion, there is a mechanism within the system to monitor this. Any patterns around the deployment of staff must be reviewed as part of the 6 monthly establishment reviews to ensure fairness and equity.</p> <p>Where there are more staff hours than available shifts for a roster period, the Senior Manager in discussion with the staff member will offer any extra staff to another area within the site who may have staffing deficits.</p>
7.2	<p>Unfilled Shifts</p>

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	Unfilled shifts may require temporary staff. It is the Roster Managers responsibility to ascertain how many of the vacant shifts are essential for the safe running of the area and to apply for any temporary staffing. Roster managers must ensure that they know who is responsible for authorising this.
8	<p>PERFORMANCE MONITORING</p> <p>The rosters should be reviewed by a Senior Manager at least every 6 months to ensure that the procedure is being adhered to, and the production of an effective roster is meeting the service need.</p> <p>A review should also be undertaken where an Incident Report has been completed when it has been perceived that there are staff shortages.</p> <p>All Clinical/Service Boards will receive regular reports which will include the number of incidents reported relating to staff shortages. Where appropriate this will prompt a review of the effectiveness of rostering.</p> <p>A Roster Efficiency Scrutiny meeting should be set up by the appropriate Senior Manager to monitor the efficiency against the KPI's (Appendix 1). Wards and Departments that are live on Health Roster will generate the reports using Roster Perform</p>
9	<p>CONCERNS</p> <p>Concerns by staff over any issues concerning rostering should be discussed with Roster Manager initially. If the matter is not resolved the concern should be escalated in line with the Respect and Resolution Policy.</p>

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APPENDIX 1 : E-rostering audit tool

This audit tool should be used by the roster manager to monitor compliance with the e-rostering policy at least every six months. An action plan should be agreed for areas requiring improvement.

Ward/department:	
Audit completed by:	
Date completed:	

	Yes/No	Comment	Action
Has the e-roster template been reviewed on a six monthly basis to ensure it is current, aligned to the signed off establishment, realistic and reflects the staffing required?			
Do the shift and break times conform to WTD and workforce contractual terms and conditions?			
Is the approved minimum number of staff rostered for each shift/clinical area?			
Is the skill mix maintained?			
Is annual leave allocated as per procedure?			
Is study leave allocated per procedure?			
Are there any working restriction/flexible-working practices for any person in the clinical areas?			
Have these working restriction/flexible-working practices been reviewed in line with organisation policy or at least annually?			
Is the request system used in accordance with the procedure?			

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Do rosters follow the roster publication schedule for making it available for staff to review?			
Are unused hours monitored monthly?			
Is there evidence of annual review of existing work patterns?			
Are at least three months' e-rosters available for requests?			
Has the process of second-approval of e-rosters been adhered to?			
Are staff encouraged to use mobile technology to view their e-roster, to request leave and to book bank/locum shifts?			