

POLICY FOR THE MANAGEMENT OF DUTY ROSTERS

Department / Service:	HR Directorate
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Approved by:	Joint Negotiating and Consultative Committee
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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All wards and departments
Target staff categories	Any non-medical staff groups who roster, in particular those on E-rostering.

Policy Overview:

The purpose of this Policy is to ensure patient and staff safety through efficient rostering of our workforce. This includes the management and monitoring of staff utilisation including hours worked, leave (annual, sick and other leave) and temporary staffing (Bank, Agency and overtime).

The Trust is committed to the fair treatment of all in line with the Equalities Act 2010 This policy will be implemented fairly and staff will be treated with dignity and respect.

Key Amendments to Document:

Date	Amendment	By
01/06/2015	Updated name of Accountable Director	Bev Edgar
01/06/2015	Reviewed references	Bev Edgar
01/06/2015	Removed out of date appendices	Julia Cross
01/06/2015	Clarified break entitlements for long shifts	Julia Cross
August 2017	Document extended for 6 months as per TMC paper	Diane Pugh
October 2018	Changes to policy overview, responsibilities, and general principles for creating and approving rosters to reflect new system, skill mix and shift staffing principles, references to NHSI 2018 good practice guide to rostering. Definitions of new system interfaces such as Roster Perform, Safer Staffing, Employee Online and Bank and Agency Module	Tina Ricketts
May 2019	Inclusion of references to SOP for Trust Student Coaching in Practice 2019	Tina Ricketts
June 2019	NHSi Levels of Attainment and Meaningful Standards for e Rostering and e- job planning published 4 June 2019	Tina Ricketts
September 2022	Review of policy for any changes in job titles, legislation and inclusive language. Document noted at JNCC, extended for 18 months	Alexis Yearby

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1. Introduction

The purpose of this policy is to set out the agreed governing principles that apply to the production of rosters to ensure the effective utilisation of the Trust workforce.

The policy has been developed to be used in conjunction with an electronic rostering system although the principles also apply to those areas not currently 'live' on the system. Implicit in this policy is the Trusts support for the principles embedded in Improving Working Lives (IWL), the European Working Time Directive (ETWD) Guidelines on Safer Staffing from National Institute for Health and Care Excellence (NICE), the Carter Report, Shift Worker Guidance published by NHS Employers 2017, NHSI's Nursing and Midwifery E-Rostering: a good practice guide, published August 2018 and NHSi Levels of Attainment and Meaningful Standards for e Rostering and e- job planning published June 2019

NHS Employers state that implementing an E-rostering system can deliver efficiency savings by releasing more time for staff to deliver higher quality services as well as helping to reduce agency staff spending. E-rostering can bring together, in one central place, management information on shift patterns (including individuals' preferred and agreed shift patterns), annual leave, sickness absence, staff skill mix and movement of staff between wards and departments. This enables managers to quickly build rotas to meet patient demand. The system also enables employees to access the system to check their rotas and to make both shift and leave requests.

E-rostering is an effective tool which, when implemented correctly, allows improved workforce management and reporting of both substantive and temporary staff.

2. Scope of the Policy

2.1 To improve the utilisation of existing staff and reductions in temporary staffing expenditure through efficient rostering; this includes the management and monitoring of annual and discretionary leave, sick leave, study leave and temporary staffing within the organisation.

2.2 To ensure that staff rosters are fit for purpose by including the appropriate skill mix in order to ensure safe staffing levels, high quality standards of care and minimisation of clinical risk

2.3 To ensure that rosters are fair and equitable to all staff

2.4 Related Policies

- Attendance & Leave Policies
- Flexible Working Policy
- Health, Wellbeing and Sickness Absence Policy
- Use of NHS Professionals Temporary & External Agency – Nursing and Midwifery Policy

2.6 Compliance with statutory requirements and other guidance.

This policy complies with and takes account of statutory requirements and guidelines relating to Safe Staffing and relevant employment legislation

3.0. Definitions

Roster: Schedule for which staff refer to as a timetable to report for duty.

E Rostering: An electronic rostering system. The Trust currently uses Allocate Health Roster with the following supplementary systems:

- **Roster Perform and Insight** - analytical tools to review Key Performance Indicators (KPI) derived from the rostering system;
- **Employee on Line (EOL)** a portal via which staff can make shift requests, request and manage their annual leave and retrieve their roster and timesheets. On smart phones Allocates Me App can be used for EOL
- **Safe Care** – an integrated rostering module used to capture acuity & inform real-time required staffing as informed by the appropriate acuity model.
- **Bank / Agency Module** – an electronic link between rosters and Bank / Agency, currently this is via NHSp. This enables booking requests to be submitted directly from rosters and for temporary staff details to be fed back onto rosters once bookings are filled. This supports tighter control and monitoring of temporary staffing thereby providing a complete staffing picture for management and reporting purposes.

Skill mix: A mixture of appropriate expertise and ability

Safe staffing: An agreed level of staff to prevent harm and secure patient safety.

Patient acuity: The level of nursing care that an individual patient needs.

Divisional or Directorate Manager (DM): The title given on E Rostering for an existing manager who has responsibility at a Divisional or Directorate level

Senior Manager (SM): The title given on E Rostering for an existing manager who has responsibility within a Directorate or Division for a number of departments, areas or wards. Consequentially they will normally have overall responsibility for a number of rosters.

Roster Manager (RM): The title given on E Rostering to an existing manager who has responsibility for a specific department, area, ward or unit. A Roster Manager would typically have responsibility for a single roster although this is dependent on the size and/or complexity of their area

Roster Creator (RC): The title given on E Rostering for a member of staff with delegated responsibility to create, but not approve, a roster and input changes on behalf of the RM

Roster Administrator (RA) The title given on E Rostering to administrative staff who support the RM with the administration of the roster, sending vacant shifts to Bank and submission of ESR forms etc. An RA may with appropriate training and RM support may also fulfil the role of RC.

4. Key Responsibility and Duties

4.1 The Director of People and Culture is responsible for:

- Ensuring that this policy is considered when making changes to any aspects of HR and other policy that may impact on staffing;
- Ensuring that the Trust has the resources required to provide the relevant training and support so that this policy is sustainable;
- Representing E Rostering issues to the Trust Management Executive.

4.2 The Chief Nursing Officer (CNO) is responsible for:

- Ensuring that the Divisional Directors of Nursing and Midwifery and Heads of Departments have effective processes and procedures in place to enable their Divisions and Directorates who are covered by this policy to apply the principles that have been agreed.

4.3 Divisional and Directorate Managers (DM) are responsible for:

- Contributing to the setting of this policy and ensuring the policy is enforced in their areas of responsibility;
- Monitoring relevant Key Performance Indicators(KPIs), as detailed in appendix 4, to understand the reasons behind any issues and using them to inform an action plan to rectify issues where necessary
- Using Roster Perform, rostering systems, reports to monitor roster unit/ department/divisional and Trust performance, and to escalate issues;
- Ensuring that when directly managing a roster(s) that they fulfil, as appropriate, the responsibilities of a SM and/or RM as detailed in 4.4 and / or 4.5

4.4 Senior Managers (SM) are responsible for:

- Ensuring their areas produce safe and fair rosters and fully approving these in accordance with this policy and in line with the agreed KPI,
- Ensuring that rosters are kept up to date so that operational decisions and reporting can be based as far as possible on accurate and live information, this is particularly important in areas using SafeCare Live,
- Reviewing the worked rosters within their area, especially the Roster Manager (RM) shifts,
- Ensuring that rosters are finalised for payroll by locking these rosters for submission prior to the advised deadline;
- Regularly reviewing roster templates to ensure they comply with safer staffing requirements and within agreed budgets;
- Ensuring all changes to roster templates and staffing budgets are communicated to the E Rostering Team in a timely manner;
- Ensuring their RM are trained and supported to effectively manage their rosters and to meet the agreed KPI
- Ensuring that when they, or another RM in their Division or Directorate, are absent or unavailable that their e rostering responsibilities are taken up or delegated to another RM,
- Ensuring any noncompliance with this policy is investigated and where necessary escalated to the Divisional or Directorate Manager responsible;

4.5 Roster Managers (RM) are responsible for

- Producing safe and fair rosters and fully approving these in accordance with this policy and in line with the agreed KPI. The tasks of creating and updating rosters for approval may be delegated to nominate trained members of staff; RC or RA however the RM maintains responsibility for the roster;
- Ensuring that sufficient breaks, shifts and hours have been allocated to meet employees contracted hours over the 4 week period, and rectifying any shortfall or excess of hours at the earliest opportunity. Nursing and Midwifery staff should also refer to appendix 2 for further details
- Ensuring that all vacant shifts authorised for fulfilment by temporary staff are sent through to Bank/Agency via the roster within one week of the roster being fully approved. This not only maximises the opportunity of filling shifts it also ensures it is achieved as cost effectively as possible;
- Ensuring that rosters are kept up to date so that operational decisions and reporting can be based as far as possible on accurate and live information. Changes should be input and finalised (locked) in line with deadlines outlined in appendix 1.
- Ensuring that changes of hours or contracts of rostered staff are properly communicated to the E Rostering Team / Finance and HR Workforce as appropriate in a timely manner using the correct documentation;
- Ensuring that any personal working patterns or restrictions on hours are agreed and communicated to the E Rostering Team in order to support auto rostering. All personal patterns and personal restrictions agreed with the employee under the Trust Flexible Working Policy should be reviewed in line with that policy. Any other patterns or restrictions should be reviewed at least every 6 months.
- Ensuring that all leave is properly authorised, managed and recorded in line with Trust policy. Particular attention should be focused on monitoring annual leave so that staff take leave evenly throughout the year to ensure that neither the service or the employee's wellbeing is compromised;
- Agreeing all leave requests prior to roster approval and any shifts changes following roster approval.
- Ensuring that sufficient staff are trained to meet the skills and competencies identified on the area's roster template and correctly assigning these competencies to the relevant staff members on the roster.
- Ensuring sufficient and appropriate staff, are trained to support the rostering system and policy at ward / departmental level;
- Ensuring their staff are aware of the principles set out in this policy and are able to make reference to it

4.6 Employees are responsible for;

- Ensuring that sufficient breaks, shifts and hours have been allocated to meet their contracted hours over the 4 week period, advising their line managers of any shortfall as soon as possible. Where there is a shortfall in hours these are expected to be worked at the earliest opportunity. Nursing and Midwifery staff should also refer to appendix 2 for further details. Any excess in hours should also be given back, or paid where agreed, to the employee at the earliest opportunity
- Using Employee on Line (EOL), or the Me App, to making requests for specific shifts/days off/annual leave thereby minimising as far as possible the swapping of shifts and the administration involved,
- Sensibly, and proactively, booking and managing their annual leave requests throughout the year to ensure that their leave entitlement is spread evenly across the 12 month period;

- Ensuring they check their own roster to see their allocated shifts and to check if their requests have been approved or declined. Whilst leave may be approved ahead of roster completion duty requests will not normally be confirmed until the roster is fully approved and published.

4.7 E Rostering Team is responsible for:

- Ensuring all roster templates are input in accordance with agreed safety levels and budgeted establishments,
- Routinely reviewing the operation of the templates to ensure that they are configured to incorporate operational and financial changes and remain fit for purpose. The roster/establishment reviews with SM, Finance and HR supports this process however roster reviews can be requested by Managers at any time,
- Ensuring all person / shift details are recorded, or downloaded from ESR, correctly and that any changes are approved by the correct level of Management.
- Ensuring that relevant training and support is provided for the users of the system;
- Managing the monthly upload of the payroll and time and attendance files. These contain details of enhancements, additional hour's payments and call out payments plus leave and sickness information,
- Producing reports and KPI's for Trust management, and external agencies on both a routine and ad hoc basis;
- Implementing the system in new areas and introducing new modules and system upgrades across the Trust
- Maintaining an E Rostering Helpdesk for first line support to E Rostering system users and liaising with the software company and IT to ensure all system faults are addressed and systems appropriately updated.

4.8 H.R. and Finance are equally responsible for:

- Ensuring that their systems are kept up to date so that the E Rostering system, ESR and Finance systems remain aligned. This includes annually reviewing the Finance and roster establishments with the line manager and senior clinical manager;
- Ensuring that prior to any policy or operational decisions being made the implications for the rostering of staff are considered and all relevant changes in policy, organisational structure, budgets or processes are communicated to the E-Rostering team at the earliest opportunity;

5. Policy Detail

5.1 General Principles for Creating and Approving Rosters

The general principles for creating and approving rosters on E Rostering are shown as appendix 1 with additional requirements for Nursing and Midwifery rosters included as appendix 2. All staff carrying out these activities must have completed and passed their mandatory information governance training before attending a training session with a member of the E Rostering Team. Whilst further training and support is available on request from the E Rostering Team the expectation is that local management should be providing ongoing support to ensure the individual's competence.

It is important that all staff appreciate that proper, honest and accurate record keeping is essential when completing and managing rosters, inputting changes, finalising shifts, for payment and sending shifts to the temporary staffing provider. The E Rostering system,

electronic timesheets and the associated Trust documents, reports, policies and procedures are all disclosable and subject to financial and other audits, both internally and externally. Poor and / or questionable record keeping where found will therefore be escalated to management for action as appropriate.

5.2 Skill Mix and Shift Staffing Principles

All rosters must be created to adequately cover 24 hours, where appropriate, utilising permanent staff proportionately across all shifts. Where the workload is known to be variable according to day /time staff numbers and skill mix should however reflect this.

Each area should have an agreed total number of staff and skill mix for each shift. Additionally in order to ensure adequate cover & staffing for areas such as wards and emergency departments, the agreed Trust Headroom (uplift) see appendix 5 is then applied. These numbers are shown on the roster templates which are subject to review and can only be changed with the appropriate pre-authorisation from the Divisional or Directorate Management, Finance and for Nursing and Midwifery rosters the CNO.

The roster of any senior staff should be compatible with their commitment to the site rotas and senior staff should within the same area also work, as far as possible, on opposite shifts to maximise the senior cover.

5.3 Shift Patterns

The Trust supports the principles regarding work life balance, flexible working and family friendly working. This should be taken into consideration when rostering and balanced with ensuring safe staffing levels in order to maximise quality of care, patient safety and the use of resources.

Staff may be required to work a variety of shifts and shift patterns as per their contract as agreed with their Manager to meet service needs. Shift start and finish times should be standardised wherever possible to make the most efficient and effective use of available staff. Each staffing group must identify its core shift times which will be agreed via their Workforce Management Group, and apply them to all staff equally.

Shift workers would normally be expected to work a rotational contract unless contractual agreement is made via the Trust Flexible Working Policy or agreed further to Occupational Health advice. In such instances this must be recorded in their staff personal file and must be reviewed on a 12 monthly basis, or when circumstances change, whichever is the sooner, and documented as above.

Staff may work a combination of shifts in order to meet clinical requirements and their home-life balance and this should include, consecutive days off in line with EWTD. Staff are also permitted to make 4 “requests” (pro rata if part-time) via EOL in each 4 week period. Such requests however cannot routinely be used to override any accepted working patterns.

Shift swaps should be kept to a minimum to ensure that the correct skill levels and skill mixes are maintained and to ensure staff are assigned the correct number of shifts and/or hours each roster period. Shift swaps must be agreed in advance by the line manager or relevant manager e.g. Shift coordinator.

“Net Hours” must not accumulate, beyond a full shift’s length (e.g. 11.5 hours where Long Days are worked) before being used as an additional shift.

5.4 Breaks

The Person in Charge of the shift is responsible for ensuring that breaks are taken and it is extremely important for patient safety and staff welfare that they do so. Where staff feel that staffing levels will prevent them taking their legitimate breaks they should raise this with their manager at the earliest opportunity so that the situation can be managed or escalated as appropriate. Where breaks still cannot be given the Manager should note the circumstances on the roster when amending the shift / break times.

Entitlements to breaks are as follows:

- In a shift lasting up to 6 hours there is no entitlement for breaks although discretionary breaks may be given;
- Within a shift of over 6 hours and less than 11.5 hours, 1 unpaid break of 30 minutes must be scheduled;
- Shifts of 11.5 hours or more must have a total of 60 minutes of unpaid break during the shift which can be taken flexibly but must include at least one 30 minute break after 6 hours.

Discretionary breaks may be given at any time when it is safe to do so. In compliance with working time regulations breaks should not be taken at the start or end of a span of duty as their purpose is to provide rest during a shift. HR should also be consulted for the requirements pertaining to those staff under the age of 18 years.

5.5 Lieu time

Any time worked over and above contracted hours must be sanctioned by the relevant manager before being recorded on the roster. Any time claimed back, via time owing, must be recorded and approved by the RM. On the E-Rostering system these shifts should be allocated on the roster using the "Time Owing" unavailability with zero hours allocated.

Staff may request to take time off in lieu as an alternative to overtime/additional hour's payments. However staff that for operational reasons are unable to take time off in lieu within three months must be paid. Arrangements for taking off, or payment for time off in lieu, are laid down in the Agenda for Change Terms and Conditions of Service. Senior staff paid in pay bands 8 or 9 will not be entitled to overtime payments (Agenda for Change Terms and Conditions Handbook).

Time off in lieu of overtime payments will be at plain time rates.

5.6 Leave

The maximum amount of annual leave and study leave (combined) allocated per day will be based on 20% of the establishment. Rostering must be based on the assumption that 13 – 17% of staff will be on annual leave at any one time. See appendix 5 for details on budgeted headroom for ward areas.

Annual leave must be allocated on an on-going basis throughout the year based on a leave year beginning in April to the end of March, and subject to availability. Each area should ensure that their staff are aware of the number of staff allowed to be on leave at any one time so that they can plan their requests accordingly.

Given that leave entitlement is not normally allowed (unless caused by sickness or maternity absence) to be carried forward from one leave year to the next, it is recommended that no more than 25% of entitlement should be kept to be taken in the final quarter, Managers can reasonably request staff to take un-booked leave where they foresee staff might otherwise lose this entitlement.

All new starters are expected to book their annual leave in accordance with Trust practice within one month of commencement.

Staff on E Rostering should not refer or request leave through ESR Self Service as the two systems are not directly connected for this purpose. Instead staff can see leave entitlement, leave balances and make requests using EOL or the Me app.

Staff may request leave on a rolling 12 month basis using EOL or the Me App and should do so prior to the date the rosters close to requests. Requests made once rosters are closed to requests or within roster periods, cannot be booked via EOL or the Me App and therefore must be made directly with the RM.

Leave, other than annual leave, should be authorised in line with the Trust Leave and Pay policy and should be input to the roster. HR Workforce team should also be advised where any unpaid leave is authorised so that the necessary adjustment to basic pay can be made.

5.7 Sickness

Sickness will be managed in line with Trust Health, Wellbeing and Sickness Absence Policy. Sickness absence will be recorded on E Rostering not ESR for staff on E Rostering.

Following sick leave staff must work two weeks of rostered shifts before undertaking any bank work/overtime/waiting list initiatives, in order to allow time to recover.

5.8 Temporary Staffing

This policy only covers the agreed processes and rules relating to E-Rostering and the booking of shifts:

- All shifts requiring Bank/Agency fulfilment must be authorised by Roster Managers and above,
- Shifts should normally be booked at the earliest opportunity, and within 1 week, of the roster being fully approved
- All shifts must be booked only via the e Rostering or Safecare live systems, this applies before and during the roster periods and covers all shifts budgeted, additional, planned and short notice;
- At the roster planning/approval stage bookings should normally only be mandatory/budgeted shifts, which had not been filled by substantive staff not additional or optional shifts
- Out of normal working hours appropriate processes are in place to support compliance.

6. Implementation for Key Document

6.1 Plan for implementation

The policy will be distributed to all DM, SM and RM to share with staff and implement

locally.

6.2 Dissemination

As above and the document will be available on the intranet.

6.3 Training and awareness

Staff will be made aware of this policy and EOL at induction through the Trust Handbook and should also be made aware at both during any local induction to their area of work..

For all specified roles, DM, SM, RM, RC and RA appropriate training will be given either when they are appointed to that role or when E Rostering is rolled out to their area.

Access is not given to the E Rostering system, other than EOL, without staff receiving appropriate training from the E Rostering Team. SM and RM are required to give permission for this training.

7. Monitoring and compliance

Monitoring and audit will be undertaken by Managers using Key Performance Indicators (Appendix 4).

8. Policy review

This policy will be reviewed 3 years from the date of approval.

9. References

How to ensure the right people, with the right skills are in the right place at the right time. National Quality Board 2014
Safe Staffing for nursing in adult in-patient wards, National Institute for Health and Care Excellence 2014
Safer Staffing: A Guide to Care Contact Time, NHS England 2015
Carter Report: February 2016
NHS Employers good practice around shift working 2018
NHSi Levels of Attainment and Meaningful Standards for e Rostering and e- job planning published 4 June 2019

10. Background

10.1 Equality Requirements

The assessment conducted for this policy reveals there may be some equality issues. The record of the assessment is appended (**Supporting Document 1**).

Staff may have specific cultural or religious days, which should be negotiated locally with their line Manager.

10.2 Financial Risk Assessment

Good rostering practice can assist with even distribution of staff and improved temporary staff utilisation.

10.3 Consultation Process

This policy was circulated widely to existing managers (at DM, SM and RM level) using E Rostering, to HR and to Managers across the Trust who do not currently use E-Rostering for their staff rosters, to cascade to relevant staff in their area for comment, including Trade Union representatives.

The policy has also be circulated to staff side and reviewed by Policy Working group.

10.4 Approval process

This version of the policy has been approved by Joint Staff Negotiating and Consultative Committee.

General Principles for E Rostering - All Rosters:

Appendix 1

Creating Rosters

- All Rosters will be created by the RM or by a nominated RC or RA.
- Auto rostering should be the norm however RC, RM and SM should always check that the auto allocation is fair and appropriate.
- All rosters commence on a Monday and on the same date as per the published roster calendars.
- Rosters should be created no more than 4 roster periods in advance of them coming into effect so that staff have adequate time to make requests via EOL.
- Rosters will be closed to requests on EOL 14 weeks in advance of the roster start date (8 weeks for specific rosters authorised by the CNO or the appropriate Professional lead); requests after that time would need to be raised directly with the RM.
- Rosters must be completed, fully approved and published 12 weeks in advance of the start date. (6 weeks for specific rosters authorised by the CNO or the appropriate Professional lead).
- To reduce costs and increase fill rates bank/agency shifts should be authorised and then placed as soon as possible, and no more than 1 week, after the rosters have been fully approved (see 5.8)
- There is a mandatory requirement that every shift, night, day or weekend is safely covered by at least one **substantive** employee who is competent to take charge of that area. Rosters must not be approved if all the Take Charge shifts have not been covered.
- Shifts that attract premium enhancements, i.e. Nights, Weekends and Bank Holidays, should be filled first.
- Bank/Agency staff should not be routinely, and disproportionately, used to cover Nights, Weekends and Bank Holidays. In exceptional circumstances, DM / SM may exercise some discretion however any discretion does not extend to the mandatory requirement for safe cover as stated above.
- All Mandatory shifts should be allocated to staff before any additional shifts are created. This is to ensure safer staffing and to avoid potential overspends.
- Additional shifts can only be created by a Senior Manager, Matron or above..
- Optional shifts should also only be used for the purpose they were created, "New Starter" shifts for example are supernumerary shifts only. Rostering staff should be aware that when used inappropriately these shifts may result in inefficient use of resources and / or invalidate operational and Safe Care Live data.

Approving Rosters

- Rosters must be completed, approved and published 12 weeks in advance of the start date as per the roster calendar (6 weeks for specific rosters authorised by CNO). The percentage of rosters approved on time are audited and published as a KPI once the deadline has passed;
- The roster must be partially approved by the RM first and then fully approved by the SM. If rosters are not fully approved staff cannot see their shifts on EOL and cannot therefore organise their home life or sign up to bank shifts;
- SM should follow up with the RM where rosters are not approved on time, any roster not approved 7 days after the roster deadline will be escalated to the DM;
- Roster approval involves more than just ticking a box, full consideration should include

looking at the actual roster and the assignment summary prior to going on to the Roster Analyser screen. The completed Roster Checklist is there to support this process see appendix 3;

- The person partially approving, normally the RM, should provide a full explanation to the full approver regarding any warning or issues flagged during the roster approval process including actions already taken or considered to mitigate any risk to safe staffing. The Roster Checklist should be used for this purpose.
- Final approvers should reject rosters where they feel there are issues which still need to be addressed and explain to the roster creator / partial approver what needs to be done. These issues need to be sorted out as a priority as the roster will still need to be partially and fully approved, once the changes are made and prior to the roster approval deadline;
- Where the full approver is on leave the rosters should be approved earlier or this responsibility delegated to another experienced approver;
- Once the roster is fully approved those shifts approved for temporary staff fulfilment should be sent to the temporary staffing provider within 1 week (see 5.8)
- SM should check shifts have been sent for bank/agency fulfilment and should ensure that the RM keeps the roster up to date and live throughout the roster period.

Updating Rosters and Locking for Payroll

- Rosters need to be kept up to date following approval
- During the roster period additions and amendments to the roster should be input by the following deadlines and locked by the RM to confirm the roster is accurate.
 - Daily, by 10:00 am, for Safe Care Live areas, Emergency Departments and Theatres
 - As soon as possible for other areas but as minimum once a week
- Payroll deadlines are displayed on the E Rostering Intranet page and reminder emails will be sent out prior to the payroll upload date. RM and SM must ensure that their rosters are locked by 12:00 noon on the date advised
- Where RM and SM are absent on the payroll upload date they must ensure that all amendments and locks are on prior to their leave and / or delegation.

Appendix 2

Additional Guidance and Requirements for Nursing and Midwifery Areas (Includes all Theatre Staff)

Skill Mix and Shift Staffing Principles

Each roster unit should have an agreed level of staff with where appropriate specific competencies on each shift.

Ward Manager (WM) shifts are not coordinator shifts; they are to be used by the Ward Manager only and are excluded from Safe Care Live calculations.

In inpatient areas there is an additional requirement for at least one person on every shift to have the Blood Transfusion competence, this competence being authorised and managed by the Trust Blood Transfusion Specialist Nurse.

The numbers shown on the roster templates are subject to on-going safer staffing reviews and can only be changed with appropriate authorisation as detailed in 5.2. Establishment reviews should take place with Divisional Nursing or Midwifery management, Finance and E Rostering every 6 months.

For shifts arranged for Student Coaching in Practice (SCIP) the RM must ensure that a suitable Supervisor / Coach is identified and on duty, as specified in the Trust Standard Operating Procedures for SCIP. During this shift the Supervisor/Coach cannot be rostered as simultaneously taking charge of the ward / department.

Shift swaps should be kept to a minimum to ensure that the correct skill levels and mixes are maintained and to ensure staff are assigned the correct number of shifts and / or hours each roster period. Shift swaps must be agreed by the RM.

Shift Patterns

Most roles will require attendance at work for a sufficient number of hours or shifts per week to ensure that these individuals are supported and developed appropriately in their duties and responsibilities. This includes their mandatory training and professional requirements. RM should consider the overall working pattern within the department and the need for flexibility in order to recruit and retain staff. At all times staff should be rostered to work to ensure the consistency of patient care and service delivery.

Shift start and finish times should be standardised wherever possible to make the most efficient and effective use of available staff. Each Division must identify its core shift times which will be agreed via CNO and DM and apply them to all staff equally.

For most inpatient, emergency and assessment areas the following shift patterns should be adhered to unless there are special or extenuating circumstances or where other arrangements have been agreed;

- Long Days - A long day should be no longer than 11.5 paid hours worked with breaks as detailed in 5.4;
- In areas where Long Days are worked any Night shifts should be of an equivalent length i.e. 11.5 hours with breaks as detailed in 5.4;

- The maximum number of consecutive Long Days recommended for staff to work is 2 and 3 for Nights;

Where Long Day shifts are the normal pattern of work staff are expected to work 13 long days or nights for 4 week period. The outstanding half hour will roll forward to the next roster period. In time this accumulating amount, shown on the roster as “Net Hours” will be used at a later date.

On all rosters “Net Hours” must not accumulate beyond a full shift’s length (e.g.11.5 hours where long Days are worked), either owed or owing, before being used as an additional shift, (short or long as appropriate) where owing to the Trust or given as TOIL or paid where owed by the Trust.

Bank or Agency work cannot be worked where staff have a net hours balance of more than 6 hours, this needs to be cleared first.

Ward handover time should be sufficient to enable a walk around patient bedside handover and should not normally exceed 45 minutes.

Roster Approval Checklist

1. Look at Actual Roster

Look out for **changed times on shifts, elongating an E or a Late into LD shift times, New Starter shifts being used inappropriately, T-i-L with hours included, weeks with no shifts and overtime amounts being paid were hours are showing as owed in net hours.**

2. Assignment Summary

Shifts must be spread as evenly as possible according to service need: New Starter shifts are not included in counts and elongated shifts i.e. Early shift times altered to Long Day times will only show as an Early not an E and a L.* indicates Take charge covered on this shift

3. Roster Analyser

Roster Name:	Roster Start: / /
<p>Mandatory Unfilled Duties (2nd Tab on RA for DAY/NIGHT breakdown): Explain e.g. Current Vacancies RN/HCA Long Term Sickness, Maternity or other Unavailability causing issue</p>	
<p>Take Charge Roster should not be approved if the Take Charge is not covered (* against name indicates Take Charge – ward/unit can update.)</p>	
<p>Missing Skills : % trained by skill is available – (Rostering/Roster Stats/Budget). If high number trained poor rostering & need to swop people around. Low number indicates training issue.</p>	
<p>Hours Unused / Over : List any staff who have Net hours -/+12 Hours and explain how / when this is being addressed e.g. will it be balanced on next roster</p>	
<p>Additional Hours : Have additional duties been created when budgeted duties are still available. (Rostering/Daily Staffing/Additional shifts) will give you list of dates and reasons Have alternatives to Additional Duties been considered?</p>	
<p>Wrong Grade: band Explain rationale for using alternative grades/band</p>	
<p>Annual Leave : Explain any above 17% & below 13%</p>	
<p>Rule Breakages: Should be between 10 and 20% otherwise need roster review (settings)</p>	
<p>Auto roster % (Rostering/Roster Stats - 50% or above is good)</p>	
<p>Number of Shifts for NHSp Fulfilment by RN/HCA, Wkday, Night, Wkend. (Rostering/Daily Staffing/Unfilled Duties)</p>	
<p>Any Additional Information / Comments</p>	

E-rostering KPI and their Definitions

KPI	Description	Reporting Frequency / Source
Annual Leave between 13% – 17%	Weekly annual leave should be between 13% - 17%	4 WEEKLY / All Issues Report
Other Leave	Breakdown of discretionary leave approved on rosters	Monthly / Other Leave – Unavailability Report available once payroll uploaded
Take Charge on all shifts	All shifts should have a designated Take Charge on duty	4 WEEKLY / All Issues Report
% Staff Unavailability	Breakdown of contracted hours used when staff not shown as working shifts. Would include Leave, sickness etc. This figure should be used to compare against agreed and budgeted headroom see appendix 5	4 WEEKLY / All Issues Report
Net Hours	Where staff work over and under contracted hours this should be managed so that balances of time owed / owing do not escalate beyond the length of a shift. This shows total number of hours either rostered over or under contracted hours and therefore either owed to or owed by the employee	4 WEEKLY / All Issues Report Plus Assigned Hours Report can provide detail by employee
Additional Hours	Shifts booked over and above budgeted establishment and therefore potential overspends	4 WEEKLY / Additional Hours report
Roster Fully Approved on time (12 Week lead or 6 in exceptional circumstances*)	Rosters are required to be fully approved and published 12/ 6*weeks prior to being worked	4 WEEKLY / Approval Audit
Unfilled Shifts to Bank / Agency	Vacant shifts authorised for Bank / Agency fulfilment should be sent via roster to NHSp within 1 week of roster full approval	4 WEEKLY / Audit of Bank Requests
% Auto roster	% of Rosters using auto roster as part of the roster creation process	4 WEEKLY / Autoroster Audit

Appendix 5

Headroom (Breakdown)

A Headroom Allowance is included in ward and inpatient area budgets within Nursing to cover expected absence.

This uplift is tbc of the staffing budget and break downs as follows:

Annual Leave (including Bank Holiday Leave):	%
Sickness	%
Parenting (Maternity, Paternity or Adoption Leave)	0%
Working Day (e.g., management day, non-clinical day):	0%
Study Leave (including Mandatory Training):	%

Supporting Document 1

Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy / guidance affect one group less or more favourably than another on the basis of:		
	Age	No	
	Disability	No	
	Gender reassignment	No	
	Marriage and civil partnership	No	
	Pregnancy and maternity	No	
	Race	No	
	Religion or belief	Yes	Staff may have specific cultural or religious days, which should be negotiated locally with their line Manager.
	Sex	No	
	Sexual orientation	No	
2.	Is there any evidence that some groups are affected differently?	No	To be monitored based on complaints
3.	If you have identified potential discrimination, are any exceptions valid, legal and / or justifiable?	No	
4.	Is the impact of the policy / guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy / guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

NB: Where an inappropriate, negative or discriminatory impact has been identified please proceed to conduct a Full Equality Impact Assessment and refer to Equality and Diversity Committee, together with any suggestions as to the action required to avoid / reduce this impact.

Advice can be obtained from the Equality and Diversity Leads in HR and Nursing Directorates (details available on the Trust intranet).

Supporting Document 2

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	Yes – business case for upgrades to E-rostering systems
3.	Does the implementation of this document have workforce implications	Yes – time for training for Managers and E-rostering team
4.	Does the implementation of this document release any manpower costs through a change in practice	Yes
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	Yes (as above)
Other comments:		
There is a potential for a reduction in the cost of temporary staff		