

**Worcestershire Acute Hospitals Trust  
E-Rostering Policy for all staff excluding  
Medics**

<b>Department/Service</b>	<b>Human Resources</b>	
<b>Accountable Director</b>	<b>Chief People Officer</b>	
<b>Date Approved by JNCC</b>	<b>26<sup>th</sup> March 2026</b>	
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<b>Changes since previous version</b>	<b>Date of Change</b>	<b>Change</b>
	1 July 2025	Included need to Special Leave to be approved by senior manager
	1 July 2025	Added flexibility regarding consecutive LD shifts
	March 2026	Amendment and clarification to Special Leave guidance  Added guidance for managing Net Hours  Added note for flexible working agreements in relation to shift start and end time.  Added guidance for breaks relating to reasonable adjustments.
<b>Queries about interpretation and application of policy</b>	<a href="mailto:wah-tr.hrenquiries@nhs.net">wah-tr.hrenquiries@nhs.net</a>	
<b>Target Organisation</b>	<b>Worcestershire Acute Hospitals Trust</b>	

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## Introduction

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

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 (2024), NHSI's Nursing and Midwifery E-Rostering: a good practice guide, published (2019), E-Rostering the clinical workforce 2020, and NHSI Levels of Attainment and Meaningful Standards for e Rostering and e- job planning published June 2019.

NHS Employers state an E-Rostering system delivers efficiency savings by releasing more time for staff to deliver higher quality services as well as helping to reduce agency staff spending. E-Rostering brings 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.

## Scope of the Policy

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.

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

To ensure that rosters are fair and equitable to all staff

## Related Policies

- Leave and Pay Policy
- Flexible Working Policy
- Family Leave Policy
- On Call Policy
- Sickness Absence and Wellbeing Policy
- Use of NHS Professionals Temporary & External Agency – Nursing and Midwifery Policy
- Reasonable Adjustments SOP

## 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.

## 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;
- **Loop** app and/or website via which staff can create shift requests, request and manage their annual leave and retrieve their roster and timesheets;
- **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 and links directly to the rostering system. 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 Directors of Nursing (DON) and Divisional Managers (DM):** The title given on E Rostering for an existing manager who has responsibility at a Divisional or Directorate level.

**Senior/Directorate Manager (SM):** The title given on E Rostering for an existing manager who has responsibility within a Directorate or Division for several 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.

**Team Manager (TM):** The title given on E Rostering to an existing team leader who has responsibility for a specific team within the overall department and roster.

**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 can with appropriate training and RM support also fulfil the role of RC.

## Key Responsibility and Duties

### The Chief People Officer 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.

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

- Ensuring that the 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.

### Divisional Directors of Nursing (DON) and Divisional 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;
- Bi-annually 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, and an understanding that for nursing templates changes will be approved via NWAG;
- Using rostering systems and reports to monitor 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 above.

### 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;
- 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.

### Roster Managers (RM) are responsible for

- Producing safe and fair rosters and partially 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 and legislative requirements regarding hours and breaks over the 4 week period. This includes responsibility for reviewing substantive and bank patterns of work 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 electronic form system;
- 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 Special Leave is requested on HealthRoster by Roster Manager level or above; this will require authorisation by a Senior Manager before the rosters are finalised for payroll. For special leave definitions please refer to the Trusts Leave and Pay Policy.
- Ensuring that all leave is properly authorised, managed and recorded in line with Trust policy, including if necessary adding a brief note to the absence whilst complying with GDPR and privacy guidelines.
- Particular attention should be focused on monitoring annual leave so that staff take leave evenly throughout the year to ensure that neither the service nor the employee's wellbeing is compromised;
- Monitoring that staff are not booking additional shifts via NHSP where they owe more than 11.5 hours to the Trust. Colleagues should work their contracted hours before booking shifts; The roster calculates hours owed/owing against contract for all staff and clearly displays it for roster managers to take note of.
- 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, thus can refer to it.

#### **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.
- Accessing Loop 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.

#### **E Rostering Team is responsible for:**

- Ensuring all roster templates are input as authorised, 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;
- Maintenance and development of all systems aligned to the rosters such as SafeCare and the NHSP/interface.

#### **H.R. and Finance and Operational Management 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 bi-annual review of the Finance and roster establishments with the appropriate manager(s);
- 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.

## Policy Detail

### 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.

### 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 the day of week or time of day, staff numbers and skill mix should however reflect this.

The roster should ensure that there is always suitable senior cover ensuring the appropriate skill mix within each unit and where relevant across all sites.

### 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 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, taking into consideration individual flexible working agreements, to make the most efficient and effective use of available staff, facilities and resources.

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. The trust is committed to supporting flexible working and will take note of individual's preferences where possible to ensure fairness and shift fill.

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 Working time regulations (WTR). Staff are also permitted to a number of requests for days off or specific shifts in each 4-week period, the standard number of requests is 4 (pro rata if part-time). These requests are made via LOOP. 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 owed or owing should not accumulate beyond a full shifts length. Where hours are owed to the Trust the individual should work additional shifts to make up the deficit at the earliest possible opportunity. Bank shifts should not be booked where there is a deficit of hours above a full shifts length until the deficit has been cleared. Where hours are owed to the individual, these hours should be taken in accordance with Lieu Time as above.

## 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.

Some discretionary breaks will be for reasonable adjustments and need to be taken as agreed, see Reasonable Adjustments SOP.

## 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 and will show in the “net hours” on the roster.

“Net Hours” must not accumulate in excess of a full shifts length (e.g. 11.5 hours where Long Days are worked) before being used as an additional shift.

Staff may request to take time off in lieu as an alternative to overtime/additional hours 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.

For on call compensatory rest please see On Call Policy.

## 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. Please refer to Finance for details regarding specific 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 should normally be used within that financial year, where this is not possible a maximum of one week of contracted hours may be carried forward from one leave year to the next, (unless caused by sickness or maternity absence) in which case refer to the relevant HR policy.

It is recommended that no more than 25% of entitlement should be retained to be used 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 Loop.

Staff may request leave on a rolling 12 month basis using Loop 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 Loop and therefore must be made directly with the RM.

- Leave, other than annual leave, should be authorised in line with the Trust's Leave and Pay Policy and should be input to the roster. HR Workforce team should also be aware where any unpaid leave is authorised via it being recorded directly on the roster.
- Requests for Special Leave should be recorded by Roster Manager level or above; the request will require authorisation by a Senior Manager before the rosters are finalised for payroll. For special leave definitions please refer to the Trusts Leave and Pay Policy.

## Sickness

Sickness will be managed in line with Sickness Absence and Wellbeing Policy

Sickness absence will be recorded on E Rostering not ESR for all staff.

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.

Sickness During Annual Leave If you become sick during your annual leave, the period of sickness can be converted into sick leave, with the annual leave being credited back, providing you contact your manager to report the sickness as soon as you become sick (not waiting until you return to work) and the absence is covered by a medical certificate or self-certification form as appropriate. This does not apply in the case of Bank/Statutory Holidays.)

## 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
- 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.
- Bank or Agency work cannot be worked where staff have a net hour's balance of more than 11.5 hours, this needs to be cleared first.

- 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 with the above, via the senior nurse and/or senior manager on call.
- Where substantive and temporary staff are booking into shifts, managers should monitor rosters to ensure that all workers have sufficient rest time between shifts so ensuring staff well-being and patient safety.

## Implementation for Key Document

### Plan for implementation

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

### Dissemination

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

### Training and awareness

Staff will be made aware of this policy and Loop 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, TM and RA appropriate training will be given when they are appointed to that role.

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

## Monitoring and compliance

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

## Policy review

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

## References

National Quality Board (2016). Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. <a href="https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf">https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf</a>
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Safe Staffing for nursing in adult in-patient wards, National Institute for Health and Care Excellence 2014
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Safer Staffing: A Guide to Care Contact Time, NHS England 2015
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Carter Report: February 2016
NHS Employers (2024) The health, safety and wellbeing of shift workers in healthcare environments. <a href="https://www.nhsemployers.org/publications/health-safety-and-wellbeing-shift-workers-healthcare-environments">https://www.nhsemployers.org/publications/health-safety-and-wellbeing-shift-workers-healthcare-environments</a>
NHSi Levels of Attainment and Meaningful Standards for e Rostering and e- job planning published 4 June 2019
NHSE & I (2020) E-Rostering the clinical workforce. <a href="https://www.england.nhs.uk/wp-content/uploads/2020/09/e-rostering-guidance.pdf">https://www.england.nhs.uk/wp-content/uploads/2020/09/e-rostering-guidance.pdf</a>

## Background

### 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.

### Financial Risk Assessment

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

### Approval process

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

## Appendix 1- General Principles for E Rostering - All Rosters:

### 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.
- Safe working and staff wellbeing must be considered and whilst all contracted hours should be used as near as possible within a roster period, managers must ensure that breaks laid out in Working Time Directive are enforced.
- 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 Loop or Loop on-line.
- Rosters will be closed to requests 14 weeks in advance of the roster start date (10 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. (8 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.
- 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.
- 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 (8 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 Loop or Loop on-line 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 made 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 appropriate specific competencies on each shift. Any additional shift required can only be created/authorised by Deputy Directors of Nursing and above.

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. Establishment reviews should take place with Divisional Nursing or Midwifery management, Finance and E Rostering every 6 months.

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. Any shift swaps should be within the 4 week roster period

Registered Band 4's can only be allocated registered nurse shifts where the department's skill mix is at the appropriate and safe level for that shift. Unregistered Band 4's must not be allocated any registered nurse shifts, nor should they be allocated the take charge duty.

### **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 nursing areas the following shift patterns should be adhered to unless there are special or extenuating circumstances or where other arrangements have been agreed;

- Where Long Days are worked - A long day should be no longer than 11.5 paid hours worked with breaks as detailed in the paragraph on breaks
- 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 the paragraph on breaks
- The maximum number of consecutive Long Days recommended for staff to work is 2, and 3 consecutive Nights. Colleagues may work 3 consecutive Long Days if this has been discussed and agreed with their manager with consideration to their wellbeing.
- In order to maintain professional competence all patterns of working must include a number of day shifts, as appropriate for their grade and area of work.

Where Long Day shifts are the normal pattern of work staff are expected to work 13 long days or nights for a 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 (Time off in lieu) or paid where owed by the Trust.

Bank or Agency work cannot be worked where staff have a net hour’s balance of more than a shift, this needs to be cleared first.

## Appendix 3 – Rostering Checklist

<u>Roster Approval Checklist</u>	
<b>1. Look at Actual Roster</b>	
Look out for <i>changed times on shifts, elongating an E or a Late into LD shift times, New Starter shifts being used inappropriately, TOIL unavailability with hours included (should be 0), weeks with no shifts and overtime amounts being paid where hours are showing as owed in net hours.</i>	
<b>2. Assignment Summary</b>	
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	
<b>3. Roster Analyser</b>	
<b>Roster Name:</b>	<b>Roster Start:</b> /    /
<p><b><u>Mandatory Unfilled Duties (2<sup>nd</sup> Tab on RA for DAY/NIGHT breakdown):</u></b></p> <p>Explain e.g. Current Vacancies RN/HCA</p> <p>Long Term Sickness, Maternity or other Unavailability causing issue</p>	
<p><b><u>Take Charge</u></b></p> <p><b><u>Roster should not be approved if the Take Charge is not covered</u></b></p> <p>(* against name indicates Take Charge – ward/unit can update.)</p>	
<p><b><u>Missing Skills:</u></b></p> <p>% trained by skill is available – (<b><i>Rostering/Roster Stats/Budget</i></b>). If high number trained poor rostering &amp; need to swop people around. Low number indicates training issue.</p>	
<p><b><u>Hours Unused/Over:</u></b></p> <p>List any staff who have <b>Net hours</b> -/+12 Hours and explain how / when this is being addressed e.g. will it be balanced on next roster</p>	

<p><b><u>Additional Hours:</u></b></p> <p>Have additional duties been created when budgeted duties are still available. (<i><b>Rostering/Daily Staffing/Additional shifts</b></i>) will give you list of dates and reasons</p> <p>Have alternatives to Additional Duties been considered?</p>	
<p><b><u>Wrong Grade: band</u></b></p> <p>Explain rationale for using alternative grades/band</p>	
<p><b><u>Annual Leave:</u></b></p> <p>Explain any above 17% &amp; below 13%</p>	
<p><b><u>Rule Breakages:</u></b></p> <p>Should be between 10 and 20% otherwise need roster review (settings)</p>	
<p><b>Auto roster %</b></p> <p>(<i><b>Rostering/Roster Stats</b></i> - 50% or above is good)</p>	
<p><b>Number of Shifts for NHSp Fulfilment by RN/HCA, Wkday, Night, Wkend. (<i><b>Rostering/Daily Staffing/Unfilled Duties</b></i>)</b></p>	
<p><b>Any Additional Information / Comments</b></p>	

## Appendix 4 – E-Rostering KPIs

### E-Rostering KPI and their Definitions

KPI	Description	Reporting Frequency/Source
<b>Annual Leave between 13% – 17%</b>	Weekly annual leave should be between 13% - 17%	4 WEEKLY/All Issues Report
<b>Other Leave</b>	Breakdown of discretionary leave approved on rosters	Monthly/Other Leave – Unavailability Report available once payroll uploaded
<b>Take Charge on all shifts</b>	All shifts should have a designated Take Charge on duty	4 WEEKLY/All Issues Report
<b>% Staff Unavailability</b>	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
<b>Net Hours</b>	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
<b>Additional Hours</b>	Shifts booked over and above budgeted establishment and therefore potential overspends	4 WEEKLY/Additional Hours report
<b>Roster Fully Approved on time (12 Week lead or 6 in exceptional circumstances*)</b>	Rosters are required to be fully approved and published 12/6*weeks prior to being worked	4 WEEKLY/Approval Audit
<b>Unfilled Shifts to Bank / Agency</b>	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
<b>% Auto roster</b>	% of Rosters using auto roster as part of the roster creation process	4 WEEKLY/Auto roster Audit

KPI	Description	Reporting Frequency/Source
SafeCare	SafeCare acuity census must be input 3 times daily	Monthly compliance percentage from HealthRoster

## 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
<b>1.</b>	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	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	
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	To be monitored based on complaints
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
<b>4.</b>	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
<b>5.</b>	<b>If so, can the impact be avoided?</b>	N/A	
<b>6.</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>	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.

	<b>Title of document:</b>	<b>Yes/No</b>
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		