

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

THE MANAGEMENT AND PRODUCTION OF STAFF ROSTERS

Policy Number:	HR23
Scope of this Document:	All Staff
Recommending Committee:	HR Policy Group
Approving Committee:	Executive Committee
Date Ratified:	January 2014
Next Review Date (by):	November 2017
Version Number:	2014 Version 2
Lead Executive Director:	Executive Director of Workforce
Lead Author(s):	E-Rostering Project Lead

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

2014 – Version 2

Quality, recovery and wellbeing at the heart of everything we do

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

THE MANAGEMENT AND PRODUCTION OF STAFF ROSTERS

Further information about this document:

Document name	(HR23) MANAGEMENT AND PRODUCTION OF STAFF ROSTERS
Document summary	To ensure a consistent approach for the management and production of staff rosters.
Author(s) Contact(s) for further information about this document	Gary Austin E-Roster Project Lead Telephone: 0151 473 2941 Email: Gary.Austin@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ Your Space Extranet: http://nww.portal.merseycare.nhs.uk Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	Annual leave Procedure (HR-G2) Flexible Working Policy (HR03) Leave For Family and Personal Reasons (HR04) Management of Attendance Policy (HR07) Additional Staffing Protocol Maternity Paternity Guidelines Healthroster training and process documents NHS terms and conditions of service handbook Working Time Directive Supporting Disabled Employees (HR27)
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Foundation Trust, 2015. All Rights Reserved	

Version Control:

Version History:		
Version 1	HR Policy Group	October 2009
Version 2	HR Policy Group/ Executive Committee	January 2014

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity, and Autonomy**

Contents

Index	Page No
1. PURPOSE AND RATIONALE	5
2. SCOPE	5
3. DEFINITIONS (Glossary of Terms).....	5
4. DUTIES	6
6. CONSULTATION	20
7. TRAINING AND SUPPORT	20
8. MONITORING	21
9. EQUALITY AND HUMAN RIGHTS ANALYSIS.....	Error! Bookmark not defined.
10. IMPLEMENTATION PLAN	Error! Bookmark not defined.
11. ADDITIONAL APPENDICIES.....	Error! Bookmark not defined.

1. PURPOSE AND RATIONALE

- 1.1 The purpose of the Rostering Policy is to ensure that service users safety is the primary objective of all Trust rosters. The purpose of a roster is to ensure that the staffing level and skill mix required for the safe and appropriate care of service users is available at all times; 24 hours a day, 7 days a week, 365 days a year. The roster must ensure a fair and equitable distribution of shifts to all staff.

2. SCOPE

- 2.1 This policy sets out the principles and processes which are to be followed by all staff involved in creating, approving or working rosters in order that Trust rosters are fair, lawful, and equitable and provide safe and appropriate staffing for all services.

3. DEFINITIONS (Glossary of Terms)

Glossary of Terms	Definition
Full Approver	The matron / manager with responsibility for the second review of the roster after the first approver has authorised the roster. This manager can either authorise or decline the roster.
Headroom	Relates to the percentage of days staff are unavailable to work on a ward/ department (due to sickness, training, annual leave) which is incorporated into each staffing establishment
Key Performance Indicators (KPIs)	Key Performance Indicators commonly referred to as KPIs are quantifiable indicators or measurements that help an organisation achieve an objective e.g. high quality rostering in all wards/ departments by measuring the progress towards achievement of this.
Line Manager	A Ward/ Department / Unit Manager; a manager with direct responsibility for staff.
Long days	Combination of two shifts (E.g. Early & Late).
Unavailability	Relates to days that staff are not available for the roster i.e. Leave, Study days, Management days, sickness.
One request	Any shift or day off.
Optimum staffing level	The usual staffing required per shift to ensure the effective running of the ward to meet patient needs to a high standard.
Partial approver	The manager with responsibility for undertaking the first review of the roster and authorising or declining this.
Personal pattern	A repeating pattern of shifts worked by an individual which forms their formal flexible working agreement.
Rostering Co-ordinator	The member of staff responsible for generating a ward / department's roster in line with this policy. In some wards / departments the Line Manager may hold this responsibility and in others this will have been delegated to another member of staff.
Substantive staff	Permanent Trust staff.
Temporary staff	Bank and agency staff.
Trust	Mersey Care NHS Trust
Variations in shifts	Shifts with a different start and/ or finish time to standard shifts.

4. DUTIES

4.1 Chief Executive Responsibilities

The Chief Executive has delegated responsibility for ensuring compliance with the Employment Act 2008 to the Director of Workforce.

4.2 The Executive Director of Workforce

The Executive Director of Workforce has a responsibility to ensure that a robust system is in place, which will ensure compliance with the Management and Production of Staff Rosters Policy and Procedure. They will ensure that all Directors, Managers, Human Resources Business Partners, Human Resources Managers, Human Resources Advisors and staff are fully aware of the Management and Production of Staff Rosters Policy and Procedure and are aware of their responsibilities.

4.3 Modern Matron / Senior Manager

The relevant Modern Matron / Senior Manager will provide a second review of the ward / department roster on completion and in doing so will check the ward / department roster complies with the requirements set out in appendix 1 'Stage by stage guide to producing a roster'.

Unfilled shifts and shifts allocated to temporary (bank / agency) staff should be queried during the approval process and alternative working patterns with agreement will be considered for substantive staff to facilitate them to cover the unfilled shifts wherever possible. Once the second approver gives approval to the roster they also become accountable for this.

The Modern Matron / Senior Manager is responsible for ensuring that the Ward / Department Manager complies with this policy and achieves the KPIs outlined in appendix 2.

4.4 The Line Manager

The Line Manager must comply with this policy and in summary is responsible for ensuring:

- The safe staffing of the ward / department to meet service users needs, even if (s)he does not undertake the task of producing the roster.
- The expenditure does not exceed the allocated budget for their ward / department.
- The roster is fair and equitable for all staff.
- Staff fulfil all of their contractual hours within the roster template period unless mutually agreed that less or more will be worked.
- The ward / department roster is available / published at least 2 weeks in advance.
- Time owing / lieu time (TOIL) is managed in accordance with this policy.
- All contracted hours are utilised before booking bank or agency staff.
- Delegated responsibility for the roster is clearly understood, acknowledged and accepted by the nominated rostering coordinator (although the Line Manager remains accountable for rosters produced on his / her behalf).
- The rostering coordinator has the capability to accept the delegated responsibility

- The ward / department's rosters achieve the key performance indicators (KPIs) of this policy (appendix 2).
- Regardless of the WTD statement regarding compensatory rest, all registered healthcare professionals have a duty to ensure they only attend work when they are fit to practise. In exceptional circumstances where patient safety may be compromised it is the Line Manager's responsibility to make the final decision as to what time they would consider the staff member fit to undertake their duties.

The Line Manager is responsible for checking the roster against the 'Stage by stage guide to producing a roster' (appendix 1) and either authorising or declining the roster for their area. The Line Manager is the first approver; second approval is required from a Modern Matron / Senior Manager (see section 13. Roster approval process).

4.5 Rostering Co-ordinator

The Rostering Co-ordinator is responsible for completing the duties designated to them by the Line Manager.

The Rostering Coordinator must comply with this policy and must therefore ensure that (s)he has the capability to undertake these tasks. Any concerns (s)he has must be communicated to the Line Manager as they are responsible for the Rostering Co-ordinator.

4.6 Responsibilities of Staff

Staff have a duty to consider the need to provide safe and effective cover at all times and to adhere to this policy. Staff also have a duty to ensure that they fulfil all of their contractual hours within a roster period unless mutually agreed that less or more will be worked.

If a member of staff has a rostering related problem or issue they should attempt to resolve this in a professional manner with either the Rostering Coordinator or their Line Manager.

5. PROCESS

Stage by stage guide to producing a roster

It is recommended that a roster should be completed and ready for first approval no later than 3 weeks in advance of the roster beginning; this is to ensure there is sufficient time to make any recommended alterations, and obtain two levels of authorisation, before being able to publish within the 2 weeks in advance policy stipulation.

Stage	Process	Responsibility
1	Add Roster Template & Open Employee Online to requests. Employee Online to remain open for same length of time as planned roster period, E.g. 4 week template will be open for 4 weeks.	E-Roster Team
2	Close Employee Online to requests.	Automatic system function
3	Review Employee requests for days off & duties for the roster period and manually apply any amendments.	Roster Coordinator or Line Manager
4	Review Employee requests for unavailability's (E.g. A/L) and amend status to either 'Approved' or 'Cancelled'.	Roster Coordinator or Line Manager
5	Ensure all information regarding new starters & leavers which will occur during the roster period are correct.	Roster Coordinator or Line Manager

6	<p>Run Auto Roster or Manually assign the remaining shifts ensuring compliance with WTD.</p> <p>The roster must be generated by filling the premium shift first i.e. night shifts, weekend shifts and bank holidays. Complete the rest of the roster ensuring that firstly all premium shifts and then secondary 'Late' shifts are filled by substantive staff.</p> <p>If the requests you agreed at stage 3 & 4 above are preventing you from being able to fill the premium shifts or ensure fairness for all staff you will need to revisit the requests and amend i.e. reduce, the allocation of these fairly (using the same priority ranking above) as necessary to ensure the premium shifts are filled by substantive staff.</p> <p>Any unfilled shifts must fall on weekdays and wherever possible must be 'Early' shifts unless rostering unfilled shifts only on weekday 'Early' shifts would result in multiple unfilled qualified nursing shifts on the same shift. In this case some late shifts may be left unfilled.</p> <p>Wherever possible the use of bank staff should be minimised for each shift.</p>	Roster Coordinator or Line Manager
7	<p>Re-visit the roster to ensure there is a nurse with the 'take charge' competency rostered for every shift. If there isn't make adjustments as necessary to achieve this.</p>	Roster Coordinator or Line Manager
8	<p>Review all of the unfilled shifts on the roster.</p> <p>Consider the following questions from section 20 of this policy and consider these for each of the unfilled shifts on the roster.</p> <p>1. Does this shift need to be filled? Can it be covered safely by the other staff already rostered for that day?</p> <p>If the shift needs to be filled contemplate:</p> <p>2. Does the replacement need to be of the same experience level / qualification / band etc or could the rest of the team supported by a staff member with less experience / qualifications or of an alternative band?</p> <p>3. Does the whole of the unfilled shift require cover or could safe cover be provided by a reduced shift length?</p> <p>Once you have considered the questions above and have decided the skill level and length of cover required, the next step is to consider the following:</p> <p>4. Can you cover the shift by amending the roster and swapping an appropriate staff member due to work later in the week (or even the following week) on a shift that wouldn't require backfilling into the unfilled shift?</p> <p>If yes, speak to the affected staff member and if possible action this swap. If no, consider:</p> <p>5. Do you have any suitable part-time staff that are willing to cover the unfilled shift?</p> <p>If yes, schedule this member of staff for the unfilled shift. If no, you will need to book bank staff via the Staff bank</p>	Line Manager & Modern Matron / Senior Manager

9	Check that the time it will take for the roster to be Partially & Fully approved will not compromise the requirement for the roster to be published 2 weeks before it commences	Roster Coordinator or Line Manager & Modern Matron / Senior Manager
10	Partially Approve the roster by reviewing the roster analysis data and ensuring; <p>1. A good balance of staff across roster period.</p> <p>2. All staff hours are used</p> <p>3. 'Take Charge' cover is in place</p> <p>4. There is an even balance of popular and unpopular shifts amongst substantive staff.</p> <p>Staff unavailability should be within the specified parameters. If it is not, the roster should be reviewed and amended before reviewing data further.</p>	Line Manager
11	Fully Approve the roster by reviewing the roster analysis data and ensuring; <p>1. A good balance of staff across roster period.</p> <p>2. All staff hours are used</p> <p>3. 'Take Charge' cover is in place</p> <p>4. There is an even balance of popular and unpopular shifts amongst substantive staff.</p> <p>Staff unavailability should be within the specified parameters. If it is not, the roster should be reviewed and amended before reviewing data further.</p> <p>The second approver will discuss unfilled shifts intended for bank with the Line Manager and seek to find alternative ways e.g. cover with available staff from another ward/area.</p> <p>Once the second approver is satisfied with the roster they approve it and in doing so give the Line manager permission to publish the roster to the staff.</p>	Modern Matron / Senior Manager
12	Publish the roster 2 weeks before if is due to commence (make the roster available to all staff)	Roster Coordinator or Line Manager
13	Request bank staff for the unfilled shifts immediately following the second approval. Additional ad-hoc requests to cover unplanned absences e.g. sickness will also need to be booked as early as is possible but only following appropriate consideration of other options (see section 20 of the policy) and when appropriate authorisation has been given.	Roster Coordinator or Line Manager
14	Throughout the roster period and ad-hoc sickness, unplanned leave etc will need to be added to the roster as it occurs. Any changes to the rostering of staff to cover for unplanned absence should also be reflected on the roster.	Roster Coordinator or Line Manager
15	At the end of each calendar month all rosters must be finalised for extraction. This must be completed inline with the published roster timetable.	Line Manager or Modern Matron / Senior Manager

5.1 WORKING TIME DIRECTIVE

To ensure that rosters are legally compliant this policy should be read in conjunction with the Working Time Directive (WTD).

Staff with secondary employment must ensure their work pattern adheres to the WTD. All staff have a personal responsibility to ensure they only attend work when fit to do so as the safety of all staff and service users is paramount.

5.2 SAFE STAFFING / SKILL MIX

5.2.1 Each area must have agreed the optimum and the safe minimum number of staff and skill mix required for each shift within the time period the ward / department is open with the Modern Matron / Senior Manager. In some areas demand may be seasonal and this should be appropriately reflected within the roster requirements.

5.2.2 The agreed staffing levels and skill mix should be reviewed as a minimum annually by the Line Manager.

- The numbers and skill mix agreed must be achievable within the ward / departmental budget.
- Each area should have an agreed level of staff with the specific competencies required by the ward / department on each shift, i.e. the ability to take charge, meet the requirements of the mental health act, first responder etc. This will be agreed with the Modern Matron / Senior Manager.
- There should be a designated member of staff in charge on each ward / departmental shift
- In areas where the activity / workload is known to vary according to the day of the week the staff numbers and / or skill mix should reflect this.
- The roster of senior ward / department staff must be compatible with their commitment to Trust requirements.
- Senior ward staff (i.e. band 6 and above) should work opposite shifts to each other in order to maximise senior presence.

5.3 STAFF ROTATION

All staff contracts of employment are rotational, unless a local contract is in place.

5.3.1 Departmental rotation - Some areas of the organisation require staff to rotate regularly between departments to maintain the skill level required to provide safe and appropriate care to all service users at all times. Staff are expected to rotate as required to maintain their capability and competence and in doing so work the shifts / shift patterns relevant to the department they have been rotated to. Adequate notice of rotation must be provided and staff must be afforded the minimum of 4 weeks advance roster availability where practicable.

5.3.2 **Shift rotation** - In areas that operate a 24 hour service Line Managers are responsible for supporting staff to maintain their competency and skills to work both day and night shifts. Staff must be fully capable and confident to work either type of shift. Line Managers must be able to bring staff that predominantly work day shifts onto night shifts and staff that predominantly work nights onto day shifts without having to roster the staff 'supernumerary'.

- 5.3.3 Flexibility will be maintained by rostering staff to work a minimum of three months out of each twelve months on nights and a minimum of three months out of twelve months on day shifts.
- 5.3.4 All staff will be required to work a variety of shifts and shift patterns. All staff that work in a ward / department that requires night cover must be available to work nights, unless there is a documented and agreed health reason why they cannot or a formal Flexible Working Policy agreement exists.
- 5.3.5 **Exceptions to rotation on health grounds** - If a staff member informs their manager that they have a health related reason for not being able to work a particular shift or shift pattern, Occupational Health advice must be sought. Upon receipt of Occupational Health advice confirming that a staff member's ability to work particular shifts is directly impacted by their health the Line Manager (with senior approval from the Modern Matron/ Departmental Manager) will agree a variation to the general rotation rule.

5.4 PRODUCTION OF ROSTERS

- 5.4.1 Rosters must be produced in accordance with the process and schedule shown at Appendix 1.
- 5.4.2 Rosters must be completed and published at least 2 weeks in advance of the start date. This will enable staff to better manage their personal arrangements and give the Line Manager and Additional Staffing more time to fill any vacant shifts. On all rostered areas administration staff and FMA's / domestic staff should be included on the ward roster. In accordance with section 19 'Staff Requests / Employee online', all wards/departments will adhere to a deadline for the submission of requests in order to comply with publishing the roster 2 weeks in advance.
- 5.4.3 All rosters must commence on a Monday and should be compiled to adequately cover the identified and agreed demand utilising permanent staff proportionately across all shifts. There should be an even distribution of senior staff throughout the week and across shifts.
- 5.4.4 Shifts which attract a premium rate must be prioritised with the aim of filling first, i.e. nights, weekends and bank holidays. The use of overtime is not permitted except in exceptional circumstances.
- 5.4.5 If any staff are working non-standard shifts such as late starts or twilight shifts, details must be clearly entered onto the roster to avoid misinterpretation and ensure compliance with audit requirements.
- 5.4.6 The roster must be within the ward / department's budget.
- 5.4.7 Once the roster is drafted it requires two levels of authorisation, see section 13 'Roster approval process'. Once authorised the roster can be published to staff.
- 5.4.8 See section 20 'Changes to Published Rosters' for the principles regarding changes made after the roster is published e.g. swapping of shifts etc.

5.5 ROSTERING PRINCIPLES

- 5.5.1 All staff work to Agenda for Change terms and conditions (Unless a local contract is in place) and should therefore be available to work all shifts (Night shifts, Long days and Day shifts). However, some staff have formally agreed flexible working agreements stipulating particular patterns of working and these staff may therefore work predominantly night or day shifts (please refer to Flexible Working Policy (HR03) for further information regarding flexible working agreements). Any time claimed back, must be recorded on the e-roster system by the Ward/Team Manager or roster creator.

- 5.5.2 The standard length of a day shift may vary between 5 & 10 hours. It is anticipated that a combination of these shifts lengths will be worked by staff in order to complete their hours over the roster period, unless the member of staff has a specifically agreed personal pattern which has been formally agreed through the Flexible Working Policy.
- 5.5.3 Staff will be required to work a variety of shifts and shift patterns as required by the needs of the service.
- 5.5.4 Variations to standard shifts within a service may be worked but must be formally agreed with the Line Manager as per the Trust's Flexible Working Policy (HR03).
- 5.5.5 Weekend shifts are defined as Friday night, Saturday day or night, Sunday day or night and Bank Holidays.
- 5.5.6 The maximum hours to be worked in each week is 48 hours; this includes bank and overtime shifts. Unless the employee has opted out of WTD, in which case the maximum hours to be worked in each week is increased to 60 hours.
- 5.5.7 The maximum number of consecutive standard day shifts recommended for staff to work is 8. Staff may work more than this (to a maximum of 10) if they specifically request to do so and this can be achieved within the WTD regulations.
- 5.5.8 Long days shifts are made up by a combination of an early shift & late shift and for this reason the total shift length may vary based on the core shift lengths for each ward / department. The maximum number of consecutive Long day shifts is 3 and no more than 4 Long day shifts can be worked in 1 week.
- 5.5.9 Night shifts should be kept together where possible. The maximum number of consecutive Night shifts is 4 and no more than 4 Night shifts can be worked in 1 week. There should be a minimum of 2 days off before a member of staff that has completed nights is rostered for a day shift.
- 5.5.10 It is not expected that staff will mix day and night shifts within a 4 week period unless under exceptional circumstances and they are in agreement to do so.
- 5.5.11 Shift patterns should maximise personal time wherever possible and agreed e.g. staff should be rostered for 2 consecutive days off, rather than split days off.
- 5.5.12 Staff can expect a minimum of 1 weekend off per 4 week off duty or 1 weekend off in every 4 week period if 6 week roster templates are being used, in normal circumstances. Additional weekends off can be rostered if the ward requirements allow.
- 5.5.13 Line Managers should be rostered to work predominantly weekday shifts. In areas that operate a second roster for senior cover during unsocial hours, Ward/ Department Managers will be expected to work their fair share of unsocial shifts and / or on-calls.
- 5.5.14 In every 7 day period a 24 hour uninterrupted rest break should be rostered. The only exception to this practice is where staff have requested to work a longer run of shifts and cannot therefore receive the break time within the 7 days. In these circumstances staff must receive a break of 48 hours uninterrupted rest in the 14 day period as per WTD.
- 5.5.15 Unsocial hours should be distributed evenly and fairly, in accordance with agreed contractual restrictions.

5.6 **ON-CALL**

- 5.6.1 In order for the Trust to provide appropriate services to the population it serves and maintain a safe environment for its service users and staff there is a requirement for some groups of staff to provide an on-call service. The Trust operates a number of on-call arrangements under which designated groups of staff are rostered to be available for work outside normal working hours to cover healthcare or other services.
- 5.6.2 The appropriate manager is responsible for the organisation and rostering of the on-call arrangements and for ensuring these are sufficient to meet the needs of the service.
- 5.6.3 If a member of staff is called into work the manager should record the period they were called in for onto the roster. An audit trail detailing each call out is essential.

5.7 ROSTERING ADDITIONAL DUTIES

- 5.7.1 Additional duties are duties not required as part of the standard ward requirement, e.g. If 4 qualified staff are needed on an Early shift but 5 are rostered then 1 additional duty has been rostered.
- 5.7.2 Only additional duties that have been authorised as necessary to support an increase in workload / activity or service user dependency or acuity should be rostered.
- 5.7.3 Specialised shifts are an example of additional duties.
- 5.7.4 The reason for booking additional shifts must be accurately recorded against each duty.

5.8 ROSTER APPROVAL PROCESS

- 5.8.1 All completed rosters must be reviewed and scrutinised prior to approval or rejection. Each completed ward / departmental roster must have two levels of authorisation prior to the roster being published:
Level 1: Partial approver e.g. Line Manager
Level 2: Full approver e.g. Modern Matron/ Senior Manager
- 5.8.2 The first and second approver will be determined locally. The Partial approver may be the same person that drafted the roster if that person is Line Manager level or above.
- 5.8.3 Before the roster can be approved at Level 1 & Level 2 it must be evaluated and each approver must review:
- Any potentially unsafe shifts.
 - Contracted hours totals to ensure no under or over calculation of contracted hours, unless mutually agreed that less or more will be worked.
 - Ensure annual leave allocation is inside the annual leave parameters determined for the ward / department and not below or above this.
 - The roster coordinator and authoriser will discuss any unfilled shifts and where possible arrange for substantive staff to fill these gaps with agreement. When this is not possible and as a last resort, is it only acceptable to book additional staff. The details of the 'exceptional circumstance' will be recorded and reported.
- 5.8.4 The rosters position with regards to the Key Performance Indicators (KPIs) is detailed in appendix 2 of this policy. Line managers are responsible for reviewing KPI's and instigating remedial action.

5.9 FLEXIBLE WORKING

- 5.9.1 Achieving adequate staffing numbers and skill mix to deliver safe and effective care to service users is the main function of a roster. The Trust supports staff to achieve a healthy work life balance through flexible working, however, all other factors are secondary to providing safe and effective care, including flexible working requests, shift requests, preferences and leave.
- 5.9.2 The Trust will seriously consider requests for flexible working in accordance with Trust policy, but may decline them if the pattern requested cannot be accommodated within service needs and the circumstances which prevail at that time.
- 5.9.3 Flexible working arrangements must be agreed formally (in line with Trust policy HR03) and may be subject to review. Any flexible working arrangements should be openly acknowledged and built into the roster as a personal pattern (see below). However the reason why someone has a personal pattern agreed is confidential and it is the decision of individual staff whether they choose to disclose this to colleagues or not.
- 5.9.4 Where staff are allowed to make minor adjustments to shift times to accommodate commitments outside of work or take study days which are fewer hours than the rostered shift, they are required to work back the time taken in order to ensure that their contracted hours are fulfilled within the roster period.
- 5.9.5 Staff are advised to refer to the Flexible Working Policy (HR03) for more detailed information and guidance.

5.10 PERSONAL PATTERNS

- 5.10.1 It is recognised that from time to time either the employee or the manager may wish to alter, on a temporary basis, the normal working arrangement. For the purpose of this policy a personal pattern is a set pattern or arrangement which has been formally agreed between an employee and their Line Manager and Modern Matron / Senior Manager through the Flexible Working Policy.
- 5.10.2 All employees may make requests to change their current working arrangements, in accordance with the Flexible Working Policy. As stated above personal patterns can only be agreed if service requirements can support them. Additionally, during times of exceptional or unforeseen circumstances, staff's usual shift patterns cannot be guaranteed as continuing to meet service demands and maintaining safety must take priority, however changes to personal patterns must be mutually agreed and require adequate notice of 4 weeks.
- 5.10.3 Personal patterns are not to be considered requests.

5.11 CHANGES TO PUBLISHED ROSTERS

- 5.11.1 Once the roster is published shift changes should be kept to a minimum.
- 5.11.2 If staff rostered wish to change the roster post publication, a fair swap should be made with another member of staff of the same grade and competences that meets the Line Manager's approval. Only urgent / unforeseen swaps can be agreed by the designated nurse in charge of the shift, all other non-urgent swaps must be agreed by the Line Manager or their deputy.
- 5.11.3 The manager / deputy / senior staff member authorising an alteration is responsible for ensuring the roster is amended and the reasons for the amendment are recorded.
- 5.11.4 Late changes to the roster caused by unforeseen absences e.g. sickness must be entered onto the roster as soon as possible in order to ensure that, firstly, the need to rearrange cover for the

affected shifts is immediately highlighted and secondly, to ensure accurate and up-to-date records are maintained.

5.11.5 The senior staff member taking the message regarding unforeseen absence is responsible for either personally arranging for the relevant shift to be covered or agreeing with another senior member of staff that they will take on this responsibility.

5.11.6

5.11.7 Staff will be entitled to a period of notice regarding a shift change. This will not usually be less than 48 hours unless exceptional circumstances require an immediate solution to meet service needs. The reason for doing so is to ensure staff are given sufficient notice about routine shifts changes which they are in agreement with.

5.11.8 If Line Managers are willing to accept requests after a Roster period has been closed to requests (As detailed in Section 20 'Staff Requests / Employee Online') and the roster has been published this process must be agreed locally and all requests granted must be recorded on the system by either the Roster Co-ordinator or Line Manager (As the Employee Online facility will no longer be available).

5.12 STAFF MOVEMENT/ TEMPORARY REDEPLOYMENT

5.12.1 There will be times when staff may be expected to be moved / temporarily redeployed to other areas to ensure adequate staffing numbers and skill mix across all areas of the Trust where reasonable. All staff are accountable for their own actions and must not undertake any duty that is beyond their competency (E.g. Registered practitioners should only complete duties in keeping with their registration).

5.12.2 Staff re-deployed to another area will have their name and shift details recorded on the roster of the area they are moving to and the roster they are moving from will be amended to reflect that they have completed their shift in a different area.

5.13 ADDITIONAL STAFFING USAGE

5.13.1 Temporary staff are commonly booked for the following types of absence:

- To backfill a vacant post.
- To provide support for specific service users dependency.
- To undertake a special short-term project (where additional funding has been identified).
- To backfill a member of staff on unpaid leave.
- Sickness
- Due to unforeseen circumstances.

5.13.2 However, before temporary staff should be arranged / booked, the Line Manager or their nominated deputy should consider the following questions:

1. **Does this shift need to be filled? Can it be covered safely by the other staff already rostered for that day?**

If the shift needs to be filled contemplate:

2. **Does the replacement need to be of the same experience level / qualification / band etc or could the rest of the team be supported by a staff member with less experience / qualifications or of an alternative band?**
3. **Does the whole of the unfilled shift require cover or could safe cover be provided by a reduced shift length?**

Once you have considered the questions above and have decided the skill level and length of cover required, the next step is to consider the following:

4. **Can you cover the shift by amending the roster and swapping an appropriate staff member due to work later in the week (or even the following week) on a shift that wouldn't require backfilling into the unfilled shift when mutually agreed?**

If yes, speak to the affected staff member and if possible action this swap. If no, consider:

5. **Do you have any suitable part-time staff that are willing to cover the unfilled shift when mutually agreed?**

If yes, schedule this member of staff for the unfilled shift.

If no, you will need to book bank staff via the Addition Staffing Office.

5.13.3 The following principles apply to requesting additional staff:

- All bookings must be authorised in line with the Additional Staffing Protocol. (See Appendix 4)
- With exception to bank staff covering vacancies for a fixed period of time, Line Managers cannot request bank staff for shifts on future rosters until the relevant roster has received second level authorisation (Fully approved).
- Line Managers cannot book themselves into bank shifts or authorise their own bank shifts; a more senior member of staff must agree to the booking of the Ward/ Department Manager and must authorise the bank shift.
- The reason for requesting bank staff must be given at the time of booking.
- It is not permissible to use temporary staff to cover annual leave requests that exceed the documented acceptable level for the ward. Line Managers are expected to manage the annual leave within this level.
- Bank staff must not be booked to cover study leave.
- There should be no use of bank staff for bank holiday shifts except in exceptional circumstances approved by the Modern Matron / Line Manager
- Bank and agency staff cannot be used to take charge of departments unless they are known to the department, have been assessed as competent to do so, and are willing to take charge. This must be approved by the Matron or Departmental Manager
- Staff that have informed the ward / department that they cannot work specific dates or times should not be working on the bank at these times.
- Staff that owe the service TOIL from their substantive role will not be allowed to work addition bank shifts anywhere else in the Trust.

5.14 STAFF REQUESTS / EMPLOYEE ONLINE (EOL)

- 5.14.1 Staff that have a requirement for an adjustment to their current work pattern are able to make a request for flexible working through the Flexible Working Policy. The policy aims to help facilitate and support staff to improve the balance between their home and work lives. The Trust is committed to considering requests for flexible working from all staff.
- 5.14.2 The granting of requests cannot be guaranteed as they must be considered against service needs. Staff must be aware that the roster cannot be developed around them as service needs must be the ultimate priority, therefore, personal arrangements should not be made until such time as the roster has been formally published. Service needs will always take priority.
- 5.14.3 The Staff within each ward / department should be made aware and encouraged to use the Healthroster Employee online (EOL) facility which is available to everyone on the Healthroster system and offers the following benefits:
- View rosters which have been partially & fully approved.
 - View Annual Leave entitlement & balance.
 - Request Annual Leave, Days off, shifts & Study leave.
 - View training & competence information.
 - In advance view unsocial hours that will be paid.
- 5.14.4 Staff must be considerate of their colleagues, and the requirement that they are fulfilling their share of different shifts e.g. weekend and night shifts.
- 5.14.5 Requests from staff, who typically make few requests will be given higher priority than requests from staff that make numerous requests.
- 5.14.6 It is the staff member's responsibility to agree a swap with an appropriate member of staff. The swap must be authorised by the Line Manager or a nominated deputy prior to being actioned.
- 5.14.7 Ward / department rosters are structured with the staffing numbers and skill mix needed to staff the area safely. Unauthorised swapping of shifts may compromise the safety of the roster.
- 5.14.8 Staff that are unhappy / feel aggrieved because they have not received approval for a request should in the first instance discuss this with their Rostering Coordinator and / or Line Manager. If following this they are still unhappy / feel aggrieved they should then follow the Grievance policy (HR02).
- 5.14.9 Each roster period will be open & close to requests to enable the roster to be developed, **authorised and published 2 weeks before the start date of the roster as follows;**

Roster Period	Opens	Closes
4 Week Roster	60 days in advance	32 days before period starts
6 Weeks Roster	74 days in advance	32 days before period starts

- 5.15 See Appendix 3 'E-Rostering Production Calendar' which provides a full timetable for all the roster periods and details the dates when EOL will open & close for each period, along with other important dates (This document will be updated annually).

5.16 Staff may make Annual Leave requests up to a maximum of 12 months ahead, unless the roster period has been closed to requests inline with the information in this section.

5.17 **ANNUAL LEAVE**

5.17.1 Half term weeks and school holidays present additional problems due to the increased number of annual leave requests made for these periods. The total amount of leave whether annual or study leave etc should not be increased instead discussions should be encouraged between those requesting half terms off so that each member of staff has an equal chance of being granted annual leave. Annual leave requests for school holidays will be shared equally amongst those requesting and staff with no dependants will not be disadvantaged.

5.17.2 **Principles for managing and rostering annual leave:**

- Managers must meet with staff that haven't booked sufficient annual leave in conjunction with the policy, except those that have prior agreement. The manager will inform the staff member which dates are still available for leave and the staff member and manager will mutually agree the booking of leave. It is important that the staff member and manager work together to achieve adherence with the policy as soon as is possible.
- Annual leave must be allocated in hours for all members of staff.
- Annual Leave hours booked must equal the hours of shifts which would have been worked during the annual leave period e.g. in nursing areas those who work full time night duty or long days in a 3/ 3/ 3/ 4 pattern must take 34.5 hours annual leave in a week containing 3 shifts and 46.5 hours in a week containing 4 shifts.

5.17.3 The Line Manager, or in some cases their designated deputy, approves annual Leave requests.

5.17.4 Annual Leave should not be allocated on a first come first served basis, instead every attempt should be made to give fair opportunity for booking annual leave to all staff within the ward/ department.

5.17.5 A manager should consider an annual leave request within a reasonable time limit and provide the member of staff with a decision as soon as is practically possible (maximum of one month). If a staff member does not receive a response within this time period they can escalate the request to their manager's line manager who will have a maximum of five days to respond.

5.17.6 No holiday bookings or travel arrangements should be made until the Ward/Team Manager has sanctioned the annual leave requested.

5.17.7 Bank or agency staff cannot be booked to backfill annual leave or bank holidays.

5.17.8 Staff on rotational programmes should take annual leave proportionate to each placement.

5.17.9 Annual leave should be booked or cancelled before an off duty is planned. Annual leave requested after the off duty is published will only be agreed if the shifts requested as leave can be given without compromising the safety of the roster and without causing major disruption to other staff or utilising bank staff or overtime etc, this will need to be decided near to the days requested.

5.17.10 All requests for annual leave longer than 2 weeks must be made in writing explaining the circumstances of the request. Every effort should be made to give at least 3 months notice if staff have a request for 2 weeks or more annual leave.

- 5.17.11 A maximum of 2 weeks annual leave will be granted during peak holiday periods, this is to facilitate more staff to be able to take leave at these times.
- 5.17.12 Christmas & New Year; each department will determine how the usual level of leave will be allocated i.e. instead of a small number of staff having blocks of leave more staff may be permitted to take small amounts of leave each.
- 5.17.13 It is the responsibility of the Line Manager and senior ward / department staff to amend rosters with details of short notice annual leave.
- 5.17.14 Every effort should be made to allocate days off surrounding annual leave, however staff should not assume that this is a given and must not book holidays to commence before their period of annual leave begins in case service need cannot facilitate them to have these days off.
- 5.17.15 Managers should be aware that some staff may wish to take annual leave to follow specific religious or cultural events and where possible, should try to accommodate these requests, taking account of service provision.

5.18 **STUDY LEAVE**

- 5.18.1 Study leave will be assigned in line with the Trust Learning & development of staff within Mersey Care Policy (HR05) and clearly marked as study leave on the roster. Managers must ensure that staff mandatory training is balanced throughout the year and assigned to each roster to prevent over and/ or under rostering of study/ training leave.
- 5.18.2 Staff required to undertake training which leads to an increase in their normal working hours will be entitled to equivalent time back.
- 5.18.3 For training/ study days which are fewer hours than the rostered shift(s) staff will be required to make up the difference in time in order to fulfil their contractual hours. The equivalent time to the shortfall in hours should be made up in agreement with the Ward/ Department Manager. Staff will not suffer any loss of pay as a result of attending required training.

5.19 **SICKNESS MANAGEMENT**

- 5.19.1 All staff are required to notify their sickness absence to the person in charge of the ward/department in accordance with the local procedure for the area. Please refer to the Management of attendance Policy (HR07) for further detail.
- 5.19.2 All instances of sickness must be entered immediately onto the roster and extended as necessary when further communication is received. This is essential to ensuring it is clearly and easily visible to Matrons and other Senior Staff entering the ward/ department which staff are currently working or will be working the next shift.

5.20 **DISABILITY LEAVE**

- 5.20.1 All staff with a disability should have the correct adjustments applied to the roster system to record periods of disability leave. Please refer to the Supporting Disabled Employees Policy (HR27) for further detail.

5.21 **TIME OWING/ LIEU TIME MANAGEMENT (TOIL)**

- 5.21.1 All wards / departments can operate a time owing or lieu time system for managing additional time worked. The following principles apply to the management of time owing / lieu time.

- Lieu time can only be accrued for a genuine service reason and must be an exception to normal practice as staff are expected to normally fulfil their work commitments within the hours they are rostered for.
- Lieu time must be managed by the Line Manager to ensure this is kept within reasonable limits.
- Any time claimed back, must be authorised and recorded on the roster by the Line Manager or Roster Coordinator.
- Staff that owe the service TOIL from their substantive role will not be allowed to work additional bank shifts anywhere else in the Trust.
- If a staff member informs their manager that they have a health related reason for not being able to work their normal shifts, Occupational Health advice must be sought. Upon receipt of Occupational Health advice confirming that a staff member's ability to work particular shifts is directly impacted by their health the Line Manager (with senior approval from the Modern Matron/ Departmental Manager) will agree a variation to the general rule.

5.22 NEW STAFF

- 5.22.1 New staff have a supernumerary period; the length of this should be determined on an individual basis.
- 5.22.2 New clinical staff should not be expected to take charge of a ward / department for at least 2 weeks.
- 5.22.3 Newly qualified clinical staff should work with their preceptor / mentor during the supernumerary period, to ensure that their induction is completed and objectives are planned. After this they should plan to work with their preceptor/mentor 1-2 times per week to complete objectives and competencies.

5.23 PERFORMANCE MANAGEMENT

- 5.23.1 All areas will be expected to efficiently manage the deployment of their workforce in line with the key performance indicators (KPI's) set at appendix 2. In particular monitoring will be undertaken to show the percentage of requested shifts granted / refused, to ensure direct or indirect discrimination does not occur.
- 5.23.2 The Executive Team will receive a monthly performance report relating to each service area in respect of performance against the KPI's
- 5.23.3 Local managers will be accountable for the management of their performance against the KPI's.
- 5.23.4 Additional reports will be made available for the Audit Committee and the Trust Board as required.

6. CONSULTATION

This policy has been produced in conjunction with managers and staff side colleagues.

7. TRAINING AND SUPPORT

Any staff producing rosters for employees must undertake roster familiarisation training before being given access to produce rosters.

8. MONITORING

System for the Monitoring of Compliance	
Monitoring of compliance with this policy will be undertaken by:	Head of Workforce Development via Roster reports
The results of monitoring will be reported to:	Executive Director of Workforce