

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

THE MANAGEMENT AND PRODUCTION OF STAFF ROSTERS

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*Striving for perfect care for
the people we serve*

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MANAGEMENT AND PRODUCTION OF STAFF ROSTERS

Further information about this document:

Document name	HR23 - MANAGEMENT AND PRODUCTION OF STAFF ROSTERS
Document summary	The purpose of the Rostering Policy is to ensure that service user's safety is the primary objective of all Trust rosters. All rosters have 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 colleagues.
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To be read in conjunction with	Annual leave Procedure 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 Agenda for Change Terms & 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	
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Version 1	HR Policy Group	October 2009
Version 2	HR Policy Group/Executive Committee	January 2014
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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 adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/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/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 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**

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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. All rosters have 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 colleagues.
- 1.2** Mersey Care NHS Foundation Trust is committed to provide the Perfect Care to its patients and colleagues. Rosters are one of the fundamental ways to achieve the Trust's vision, Values and Organisational Objectives.
- 1.3** It is of prime importance that the staff rostering system is transparent, equitable and as fair as possible without prejudice to either the colleagues or the patients whose care we strive not to compromise in any way. This will be done in line with the UK Working Time Directive and NICE guidelines (2014) NHS Practical Guide safe staffing framework for mental health wards published 30 June 2015.
- 1.4** Equally, the Trust is committed to support its colleagues in a best possible way to ensure colleagues are able to achieve a work life balance. To do this we must ensure that the work is appropriately distributed amongst the right people with the right skills and at right place and at right time. This must be based on the needs of the people using the service.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1** To improve the utilisation of existing colleagues and reduce bank & agency spend by giving senior Clinicians/Charge Nurse/Team Leaders clear visibility of colleagues contracted hours.
- 2.2** To ensure safe/appropriate staffing for all departments using fair and consistent rosters.
- 2.3** To minimise clinical risk associated with the level and skill mix of staffing levels.
- 2.4** To improve monitoring of sickness and absence by department and/or individual generating comparisons, identifying trends and priorities or action.
- 2.5** To improve planning of clinical and non-clinical non-effective working days e.g. annual leave, sickness and study leave.
- 2.6** To ensure that the required number of in-patient beds are safely staffed.
- 2.7** To provide effective management of clinical area establishments, thereby driving efficiencies in the workforce across units and departments.

- 2.8** E-rostering is a computerised system that has been specifically designed for Ward Manager/Charge Nurse/Team Leaders, roster creators and Heads of Nursing to roster colleagues effectively.
- 2.9** The system will store personnel data providing visibility of a person's schedule and contractual obligations.
- 2.10** This policy is for clinical and non-clinical areas. Sections of this policy relate only to clinical areas, these are stated as clinical staffing rosters.
- 2.11** To ensure colleagues paid enhancements are paid in a correct and timely manner.

3. SCOPE

- 3.1** This policy sets out the principles and processes which are to be followed by all colleagues 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.

4. 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 colleagues 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 colleagues.
Long days	Combination of two shifts (E.g. Early & Late).
Unavailability	Relates to days that colleagues are not available for the roster i.e. Leave, Study days, Management days, sickness.
One request	Any shift or day off.
Planned 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 colleague 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 be delegated to another colleague.
Substantive colleagues	Permanent Trust colleagues.
Temporary staff	Bank and agency staff.
Trust	Mersey Care NHS Foundation Trust
Variations in shifts	Shifts with a different start and/ or finish time to standard shifts.

5. DUTIES

5.1 Chief Executive Responsibilities

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

5.2 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 colleagues are fully aware of the Management and Production of Staff Rosters Policy and Procedure and are aware of their responsibilities.

5.3 Executive Director of Finance

To improve monitoring and planning of financial expenditure, budgeted establishment in line with budgeted establishment against rostering by department/divisions and/or individual generating comparisons, identifying trends, inefficiencies and priorities for action with designated managers.

5.4 Executive Director of Nursing

5.4.1 Identifying and addressing any anomalies in achievement of the key performance indicators that occur within the various divisions.

5.4.2 Identifying and addressing any anomalies in achievement of the key performance indicators that occur divisionally

5.4.3 Monitoring analysis reports from Healthroster

5.4.4 Report to the Executive Committee on a regular basis and highlighting any major issues.

5.4.5 Ensure agreed Safer Staffing & headroom is assessed regularly and is reflected within Healthroster.

5.5 Chief Operating Officer/Nominated Deputy

5.5.1 Are accountable to the Executive Director of Operations and Director of Integration for ensuring Trust wide compliance with the rostering policy.

5.5.2 To ensure that the Roster is completed and approved as per the HealthRoster Approval Calendar within divisional areas.

5.5.3 Ensure robust monitoring of Bank and Agency spend.

5.5.4 Ensure robust monitoring of additional duties (for example patients with high acuity).

5.5.5 Identification and addressing of any anomalies in achievement of the key performance indicators within the division, utilising data from Healthroster / Bank staff as appropriate.

5.6 Modern Matron/Senior Manager

5.6.1 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'.

5.6.2 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 colleagues 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.

5.6.3 Check and approve the roster and ensure key areas on the analysis tool are within agreed limits, and where there are highlighted issues, that they are aware of the full narrative behind these figures

5.6.4 Monitoring and approval of additional duties (which relates to additional spend) (for example for patients/service users with high acuity)

5.6.5 Identification and addressing of any anomalies in achievement of the Key Performance Indicators within the division, utilising data from Roster reports as appropriate and achieves the KPIs outlined in **Appendix 2**.

5.6.6 The Modern Matron/Senior Manager is responsible for ensuring that the Ward/Department Manager complies with this policy.

- 5.6.7 Matrons must monitor headroom within all areas of responsibility and ensure the correct headroom is accounted for in the budget and demand template in collaboration with the finance department.
- 5.6.8 Matrons must monitor the rosters, bank and agency usage and working time compliance to show whether rosters are being produced effectively and efficiently with minimal bank/agency usage as well as highlighting any areas that need to be addressed. These can include:
- a) Amount of notice given to colleagues for each roster (should be 6 weeks)
 - b) Utilisation of colleagues contracted hours, their time balance/time owing
 - c) Numbers of non-working shifts and their allocation per month, i.e. annual leave, special leave, study leave etc.
 - d) Number of overtime hours per month
 - e) Number of allocated and unallocated bank cover requests per month
 - f) Number of agency staff used per month, and,
 - g) Recording of actual shifts worked and verification for payment on a daily/weekly basis.

5.7 The Line Manager

- 5.7.1 The Line Manager must comply with this policy and in summary is responsible for ensuring:
- 5.7.2 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.
- 5.7.3 The expenditure does not exceed the allocated budget for their ward/department.
- 5.7.4 The roster is fair and equitable for all colleagues.
- 5.7.5 Colleagues fulfil all of their contractual hours within the roster template period.
- 5.7.6 The ward/department roster is available 6 weeks in advance/published at least 2 weeks in advance.
- 5.7.7 Time owing/lieu time (TOIL) is managed in accordance with this policy.
- 5.7.8 All contracted hours are utilised before booking bank or agency staff.
- 5.7.9 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).
- 5.7.10 The rostering coordinator has the capability to accept the delegated responsibility.
- 5.7.11 The ward/department's rosters achieve the key performance indicators (KPIs) of this policy (**Appendix 2**).

5.7.12 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 colleague fit to undertake their duties.

5.7.13 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 8.5. roster approval process).

5.8 Rostering Co-ordinator

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

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

5.9 Responsibilities of Colleagues

5.9.1 Colleagues have a duty to consider the need to provide safe and effective cover at all times and to adhere to this policy. Colleagues 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.

5.9.2 If a colleague 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.

6 PROCESS

6.1 A guide to producing a roster is at Appendix 1

6.1.1 It is recommended that a roster should be completed and ready for first approval no later than 6 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.

6.2 Working Time Directive

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

6.2.2 Colleagues with secondary employment must ensure their work pattern adheres to the WTD. All colleagues have a personal responsibility to ensure they only attend work when fit to do so as the safety of all colleagues, patients and service users is paramount. Colleagues wanting to work additional hours must opt out of the working time directive by agreeing and signing the WTD opt out declaration.

6.3 **Safe Staffing/Skill Mix**

6.3.1 Each area must have agreed the optimum and the safe minimum number of colleagues 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.

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

6.3.3 The numbers and skill mix agreed must be achievable within the ward/departmental budget.

6.3.4 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.

6.3.5 There should be a designated colleague in charge on each ward/departmental shift

6.3.6 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.

6.3.7 The roster of senior ward/department colleagues must be compatible with their commitment to Trust requirements.

6.3.8 Senior ward colleagues (i.e. band 6 and above) should work opposite shifts to each other in order to maximise senior presence.

6.3.9 Unless there is a specific clinical need, Band 7 and above will not be expected to be rostered for high cost shifts i.e. Bank Holidays, Night or Weekend duties.

6.4 **Breaks**

6.4.1 All work periods should include a minimum of 30 minutes unpaid break if greater than 6 hours and a minimum of 60 minutes unpaid break for duties of 11 hours or greater. Actual break length may vary.

6.4.2 Bank duties of 6 hours will have 30 minute unpaid break and duties of 11 hours or greater must have a 60 minute unpaid break.

- 6.4.3 Night shifts must include a 60 minute unpaid break. The Ward Manager/Team Leader or Nurse in Charge is responsible for ensuring that breaks are facilitated. If breaks are unable to be taken at an agreed time (due to clinical need), they should be taken as soon after this point as possible or a note made on the duty.
- 6.4.4 Breaks should not be taken at the start or end of a duty, as their purpose is to provide rest time during the duty.
- 6.4.5 Paid Breaks must be recorded within the system to ensure compliance with WTD

6.5 Colleague Rotation

- 6.5.1 All colleague contracts of employment are rotational, unless a local contract is in place.
- 6.5.2 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 patients/service users at all times. Colleagues 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 colleagues must be afforded the minimum of 4 weeks advance roster availability where practicable.
- 6.5.3 **Shift rotation** - In areas that operate a 24 hour service, Line Managers are responsible for supporting colleagues to maintain their competency and skills to work both day and night shifts. Colleagues must be fully capable and confident to work either type of shift. Line Managers must be able to bring colleagues that predominantly work day shifts onto night shifts and colleagues that predominantly work nights onto day shifts without having to roster the colleagues' supernumerary. Ward managers and roster creators must ensure they give advanced notice of 3 months to employees when making these changes to individual rosters.
- 6.5.4 Flexibility will be maintained by rostering colleagues 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.
- 6.5.5 All colleagues will be required to work a variety of shifts and shift patterns. All colleagues 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 agreement in place.
- 6.5.6 **Exceptions to rotation on health grounds** - If a colleague 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 colleague'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.

7 Demand Templates and Budgeted Establishment

- 7.1 Before any roster build, the manager and matron must agree what staffing levels are required in conjunction with the finance team to ensure cross functional alignment. It is essential that the demand template aligns with each unit's budget. If these are misaligned, at least one is wrong; if the budget doesn't cover the demand, then the unit is set up to fail – it cannot staff itself as required without going over budget. If the budget is more than required by the demand, the unit may end up spending more than it needs to.
- 7.2 The budgeted establishment is the amount of staff that the unit is budgeted for, and is represented in WTE (Whole Time Equivalents). The demand template is represented in the staff required on each shift on each day. The other key difference is that the Budgeted Establishment includes an allowance for the fact that staff hours are not just used to fulfil demand – staff hours are also consumed when on leave, sick, study etc. This allowance is called 'headroom'.
- 7.3 In order to compare the Budgeted Establishment with the Demand Template therefore, they need to be represented in the same currency, and take into account the 'headroom' differences.
- 7.4 If there is a misalignment, this needs to be fixed. Either the budget is wrong, or the demand is wrong, or both. Discussions between the unit and finance will be required. Ideally, the budgeted establishment should be determined from the agreed demand template needed to run the service, factoring in the required headroom; or from various 'bottom up' evidence based tools that look at acuity and dependency, such as the Safer Nursing Care Tool (SNCT)³. This gives clarity over how the budget was set (rather than it being based on historical information, often of unknown origin), what service level it is designed to cover, and ensures alignment of these two key areas.
- 7.5 All budgets have a 'headroom' allowance to cover the fact that staff hours are used for reasons such as leave, sickness, study, admin or maternity leave. Managers must take time to understand past sickness, leave, study, admin and maternity percentages to know the actual headroom their wards operate at.

8. Production of Rosters

- 8.1 Rosters must be produced in accordance with the process and schedule shown at **Appendix 1**.
- 8.1.1 Rosters must be completed and published at least 2 weeks in advance of the start date. This will enable colleagues 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 colleagues and FMA's/domestic colleagues should be included on the ward roster. In accordance with section 8.11 'Colleague 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.

- 8.1.2 All rosters must commence on a Monday and should be compiled to adequately cover the identified and agreed demand utilising permanent colleagues proportionately across all shifts. There should be an even distribution of senior colleagues throughout the week and across shifts.
- 8.1.3 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 and must be approved by Modern Matron, Service Manager.
- 8.1.4 If any colleagues 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.
- 8.1.5 The roster must be within the ward/department's budget any variations must be formally agreed with the respective management accountant.
- 8.1.6 Once the roster is drafted it requires two levels of authorisation, see section 8.5 'Roster approval process'. Once authorised the roster can be published to colleagues.
- 8.1.7 See section 8.7 'Changes to Published Rosters' for the principles regarding changes made after the roster is published e.g. swapping of shifts etc.

8.2 Rostering Principles

- 8.2.1 All colleagues 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 colleagues have formally agreed flexible working agreements stipulating particular patterns of working and these colleagues 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.
- 8.2.2 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 colleagues in order to complete their hours over the roster period, unless the colleague has a specifically agreed personal pattern which has been formally agreed through the Flexible Working Policy.
- 8.2.3 Colleagues will be required to work a variety of shifts and shift patterns as required by the needs of the service.

- 8.2.4 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).
- 8.2.5 Weekend shifts are defined as Friday night, Saturday day or night, Sunday day or night.
- 8.2.6 The maximum hours to be worked in each week is 48 hours; this includes bank and overtime shifts. Unless a colleague has opted out of WTD, in which case the maximum hours to be worked in each week is increased to 60 hours.
- 8.2.7 The maximum number of consecutive standard day shifts recommended for colleagues to work is 8. Colleagues 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.
- 8.2.8 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.
- 8.2.9 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 colleague that has completed nights is rostered for a day shift.
- 8.2.10 It is not expected that colleagues will mix day and night shifts within a 4 week period unless under exceptional circumstances and they are in agreement to do so.
- 8.2.11 Shift patterns should maximise personal time wherever possible and agreed e.g. colleagues should be rostered for 2 consecutive days off, rather than split days off.
- 8.2.12 Colleagues 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.
- 8.2.13 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.
- 8.2.14 In every 7 day period a 24 hour uninterrupted rest break should be rostered. The only exception to this practice is where colleagues have requested to work a longer run of shifts and cannot therefore receive the break time within the 7 days. In these circumstances colleagues must receive a break of 48 hours uninterrupted rest in the 14 day period as per WTD.

8.2.15 Unsocial hours should be distributed evenly and fairly, in accordance with agreed contractual restrictions.

8.3 On-Call

8.3.1 In order for the Trust to provide appropriate services to the population it serves and maintains a safe environment for its service users and colleagues there is a requirement for some groups of colleagues to provide an on-call service. The Trust operates a number of on-call arrangements under which designated groups of colleagues are rostered to be available for work outside normal working hours to cover healthcare or other services.

8.3.2 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.

8.3.3 If a colleague 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.

8.4 Rostering Additional Duties

8.4.1 Additional duties are duties not required as part of the standard ward requirement, e.g. If 4 qualified colleagues are needed on an early shift but 5 are rostered then 1 additional duty has been rostered.

8.4.2 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.

8.4.3 Specialised shifts are an example of additional duties.

8.4.4 The reason for booking additional shifts must be accurately recorded against each duty.

8.5 Roster Approval Process

8.5.1 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

8.5.2 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.

8.5.3 Before the roster can be approved at Level 1 & Level 2 it must be evaluated and each approver must review:

- a) Any potentially unsafe shifts.
- b) Contracted hours totals to ensure no under or over calculation of contracted hours, unless mutually agreed that less or more will be worked.
- c) Ensure annual leave allocation is inside the annual leave parameters determined for the ward / department and not below or above this.
- d) The roster coordinator and authoriser will discuss any unfilled shifts and where possible arrange for substantive colleagues 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.

8.5.4 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.

8.6 Flexible Working

8.6.1 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 colleagues 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.

8.6.2 If there are too many colleagues with working restrictions, it can become challenging to roster to meet the needs of the service and/or patient outcomes. For example, if a high proportion of colleagues have working restrictions meaning they cannot work night shifts, and the unit has a high demand for colleagues on nights, the night shifts may be unfillable and require bank or agency cover. This can lead to both financial and continuity of care issues. All flexible working arrangements must be reviewed with this in mind

8.6.3 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.

8.6.4 Flexible working arrangements must be agreed formally (in line with Trust policy HR03) and may be subject to regular review in line with financial establishment and demand and safer staffing continuity of care within areas. 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 colleague whether they choose to disclose this to other colleagues or not.

- 8.6.5 Where colleagues 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.
- 8.6.6 Colleagues are advised to refer to the Flexible Working Policy (HR03) for more detailed information and guidance.
- 8.6.7 It is recognised that from time to time either a colleague or 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.
- 8.6.8 All colleagues 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, colleague'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.

8.7 Changes to Published Rosters

- 8.7.1 Once the roster is published shift changes should only happen for unforeseen circumstances or clinical demand. Changes to published rosters must be kept to a minimum taking into consideration individual and personal circumstances of colleagues.
- 8.7.2 If colleagues rostered wish to change the roster post publication, a fair swap should be made with another colleague 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.
- 8.7.3 The manager/deputy/senior colleague authorising an alteration is responsible for ensuring the roster is amended and the reasons for the amendment are recorded.
- 8.7.4 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.
- 8.7.5 The senior colleague taking the message regarding unforeseen absence is responsible for either personally arranging for the relevant shift to be covered

or agreeing with another senior colleague that they will take on this responsibility.

8.7.6 Colleagues 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 colleagues are given sufficient notice about routine shifts changes which they are in agreement with.

8.7.7 If Line Managers are willing to accept requests after a Roster period has been closed to requests (as detailed in Section 8.11 'Colleagues 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).

8.8 Colleague Movement/Temporary Redeployment

8.8.1 There will be times when colleagues may be expected to move/temporarily redeployed to other areas to ensure adequate staffing numbers and skill mix across all areas of the Trust where reasonable. All colleagues 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).

8.8.2 Colleagues 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.

8.9 Additional Staffing Usage

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

- a) To backfill a vacant post.
- b) To provide support for specific service users dependency.
- c) To undertake a special short-term project (where additional funding has been identified).
- d) To backfill a colleague on unpaid leave.
- e) Sickness
- f) Due to unforeseen circumstances.

8.9.2 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 colleagues 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 colleague 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 colleague 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 colleague and if possible action this swap.
If no, consider:

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

If yes, schedule this colleague for the unfilled shift.

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

8.9.3 The following principles apply to requesting additional staff

8.9.3.1 All bookings must be authorised in line with the Additional Staffing Protocol.
(see **Appendix 4**)

8.9.3.2 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).

8.9.3.3 Line Managers cannot book themselves into bank shifts or authorise their own bank shifts; a more senior colleague must agree to the booking of the Ward/Department Manager and must authorise the bank shift.

8.9.3.4 The reason for requesting bank staff must be given at the time of booking.

8.9.3.5 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.

8.9.3.6 Bank staff must not be booked to cover study leave.

8.9.3.7 There should be no use of bank staff for bank holiday shifts except in exceptional circumstances approved by the Modern Matron/Line Manager

8.9.3.8 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

8.9.3.9 Colleagues that have informed the ward/department that they cannot work specific dates or times should not be working on the bank at these times.

8.9.3.10 Colleagues that owe the service TOIL from their substantive role will not be allowed to work additional bank shifts anywhere else in the Trust.

8.10 Agency Bookings

8.10.1 All bookings must be sent to bank in the first instance to allow bank staff the chance to fill shifts before being sent to agency.

8.10.2 If permitted Managers have the facility within healthroster to allow part time substantive colleagues to work up to 37.5 hours per week as plain time hours. Managers also have the option to book familiar colleagues or part time or full time colleagues into any Bank shift vacancies before publishing trust wide via the employee online portal.

8.10.3 Bookings not filled by bank staff in the first instance will be transferred to agency by the additional staffing office only.

8.10.4 Wards are not to contact agencies or book agency workers direct and non-compliance could lead to disciplinary action.

8.10.5 Requests for agency cover will only be accepted by Additional staffing following authorisation from a Lead Nurse, Head of Nursing, Modern Matron, Head of Department.

8.11 Colleagues Requests/Employee Online(EOL)

8.11.1 The colleagues 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:

- a) View rosters which have been partially & fully approved.
- b) View Annual Leave entitlement & balance.
- c) Request Annual Leave, Days off, shifts & Study leave.

- d) View training & competence information.
- e) In advance view unsocial hours that will be paid.
- f) View & book available bank shifts
- g) Add availability for bank shifts
- h) Access externally via the internet on Employee online.

8.11.2 Colleagues must be considerate of their other colleagues, and the requirement that they are fulfilling their share of different shifts e.g. weekend and night shifts.

8.11.3 Requests from colleagues, who typically make few requests will be given higher priority than requests from colleagues that make numerous requests.

8.11.4 Colleague league tables of shift approval history within the e-rostering system will be used to facilitate the decision making process when approving or denying requests however at all times service need will take precedence over colleague requests.

8.11.5 All requests should be made via the e-rostering “Employee Online” system. A maximum of 8 requests per person, per four week period are allowed (2 requests per week). This is pro rata for part time colleagues.

8.11.6 It is the colleague’s responsibility to agree a swap with another appropriate colleague. The swap must be authorised by the Line Manager or a nominated deputy prior to being actioned.

8.11.7 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.

8.11.8 Colleagues who 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).

8.11.9 Each roster period will be open and closed to requests to enable the roster to be developed, **these will be 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

8.11.10 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).

8.12 Principles for managing and rostering annual leave

- 8.12.1 Colleagues may make Annual Leave requests up to a maximum of 12 months ahead, unless the roster period has been closed to requests in line with the information in this section.
- 8.12.2 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 colleague has an equal chance of being granted annual leave. Annual leave requests for school holidays will be shared equally amongst those requesting and colleagues with no dependents will not be disadvantaged.
- 8.12.3 Managers must meet with colleagues that haven't booked sufficient annual leave in conjunction with the policy, except those that have prior agreement. The manager will inform a colleague which dates are still available for leave and a colleague and manager will mutually agree the booking of leave. It is important that the colleague and manager work together to achieve adherence with the policy as soon as is possible.
- 8.12.4 Annual leave must be allocated in hours for all colleagues and must be recorded within the system.
- 8.12.5 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 or 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.
- 8.12.6 Ward/Department managers must ensure that colleagues book annual leave in line with Trust Policy, ensuring that there is an even distribution of leave throughout the leave year.
- 8.12.7 The weekly annual leave granted should fall between 11% to 17% of the WTE on the ward, includes qualified and unqualified colleagues.
- 8.12.8 Fair and equal allocation of annual leave requests should be available to all colleagues including sought after leave periods.
- 8.12.9 At all times Service need will take precedence over colleague's requests.
- 8.12.10 It is the responsibility of the Team Manager to ensure that 80% of annual leave is requested prior to the start of the annual leave year.

- 8.12.11 Occasionally colleagues might have to request changes to their planned annual leave allocations. Team Managers must consider reasonable requests and/or domestic emergencies and work with colleagues concerned to accommodate any such request within allocated resources and providing service delivery can be maintained.
- 8.12.12 Annual leave must be approved by the Team Manager before any firm holiday arrangements or payments are made.
- 8.12.13 Colleagues who do not submit any annual leave requests will be allocated annual leave by the Team Manager.
- 8.12.14 Team Managers must allocate annual leave in a reasonable, fair and equitable manner, taking into consideration both planned and ad hoc colleague requests.
- 8.12.15 Team Managers will maintain up to date records, which must include details of when colleagues are successful and unsuccessful with their annual leave requests.
- 8.12.16 Annual leave requests during Christmas, Easter, bank holidays and over the summer months must be considered in line with Service needs and allocated fairly and equitably.
- 8.12.17 Pre-arranged annual leave for new starters must be determined at interview and considered in line with Service needs and existing requests and individual requirement.
- 8.12.18 To support well-being and safe staffing, managers must review individuals working patterns on a regular basis to ensure that excessive hours are not being worked
- 8.12.19 The Line Manager, or in some cases their designated deputy, approves Annual Leave requests.
- 8.12.20 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 colleagues within the ward/ department.
- 8.12.21 A manager should consider an annual leave request within a reasonable time limit and provide colleagues with a decision as soon as is practically possible (maximum of one month). If a colleague 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.
- 8.12.22 No holiday bookings or travel arrangements should be made until the Ward/Team Manager has sanctioned the annual leave requested.
- 8.12.23 Bank or agency staff cannot be booked to backfill annual leave or bank holidays.

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

8.12.25 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 colleagues or utilising bank staff or overtime etc., this will need to be decided near to the days requested.

8.12.26 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 colleagues have a request for more than 2 weeks annual leave.

8.12.27 A maximum of 2 weeks annual leave will be granted during peak holiday periods, this is to facilitate more colleagues to be able to take leave at these times.

8.12.28 Christmas and New Year; each department will determine how the usual level of leave will be allocated i.e. instead of a small number of colleagues having blocks of leave more colleagues may be permitted to take small amounts of leave each.

8.12.29 It is the responsibility of the Line Manager and senior ward/department colleagues to amend rosters with details of short notice annual leave.

8.12.30 Every effort should be made to allocate days off surrounding annual leave, however colleagues 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.

8.12.31 Managers should be aware that some colleagues 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.

8.13 Study Leave

8.13.1 Study leave will be assigned in line with the Trust Learning and Development of colleagues within the Trust Policy (HR05) and clearly marked as study leave on the roster. Managers must ensure that colleague's mandatory training is balanced throughout the year and assigned to each roster to prevent over and/or under rostering of study/training leave.

8.13.2 Colleagues required to undertake training which leads to an increase in their normal working hours will be entitled to equivalent time back during normal working hours.

- 8.13.3 Other study leave should be allocated equally and in accordance with the available workforce headroom in each individual area.
- 8.13.4 For training/study days which are fewer hours than the rostered shift(s) colleagues 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. Colleagues will not suffer any loss of pay as a result of attending required training.

8.14 Sickness Management

- 8.14.1 All colleagues 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 Supporting Attendance Policy (HR07) for further detail.
- 8.14.2 All instances of sickness must be entered immediately onto the roster if it is envisaged that the colleagues absence will be long term the sickness must be extended as necessary outside of the monthly period before monthly payroll extracts are sent (this is the responsibility of the roster owner/budget holder - failure to adhere can result in colleagues receiving incorrect pay). This is also essential to ensuring it is clearly and easily visible to Matrons and other Senior Colleagues entering the ward/department which colleagues are currently working or will be working the next shift.

8.15 Enhanced Hours Payments

- 8.15.1 The function of payment of unsocial hours will be carried out by the e-rostering system once duties have been finalised. Payment of unsocial hours will be made per calendar month and will be paid a month in arrears.
- 8.15.2 The pay rates for unsocial hours will be paid in line with the Agenda for Change Terms and Conditions as outlined in **Table 1**.
- 8.15.3 The rates shown in **Table 1**, column 2, will be paid for all unsocial hours worked on a Saturday (midnight to midnight) and on weekdays between 8pm and 6am. The rates shown in column 3 will be paid for all hours worked on Sundays and public holidays (midnight to midnight).
- 8.15.4 Where a continuous night shift or evening shift on a weekday (other than a public holiday) includes hours outside the period 8pm to 6am, the enhancements in column 2 should be applied to the whole shift if more than half of the time falls between 8pm and 6am.

Table 1

Unsocial hours payments		
Column 1	Column 2	Column 3
Pay band	All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am	All time on Sundays and Public Holidays (midnight to midnight)
1	Time plus 50%	Double Time
2	Time plus 44%	Time plus 88%
3	Time plus 37%	Time plus 74%
4 – 9	Time plus 30%	Time plus 60%

8.16 Disability Leave

8.16.1 All colleagues with a disability should have the correct adjustments applied to the roster system to record periods of disability leave. Please refer to the Supporting Staff with Mental or Physical Disabilities Policy (HR27) for further detail.

8.17 Time Owing/Lieu Time Management(TOIL)

8.17.1 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.

8.17.2 Lieu time can only be accrued for a genuine service reason and must be an exception to normal practice as colleagues are expected to normally fulfil their work commitments within the hours they are rostered for.

8.17.3 Toil will be restricted to a threshold of plus 20 or minus 20 hours within a roster period. The line manager will ensure the balance is taken or given back within the next roster period.

8.17.4 In instances of colleagues continually exceeding the thresholds, the Modern Matron will not approve the roster until the line manager has taken steps to ensure all balances are accounted for within the next roster period.

8.17.5 Lieu time must be managed by the Line Manager to ensure this is kept within reasonable limits.

8.17.6 Any time claimed back, must be authorised and recorded on the roster by the Line Manager or Roster Coordinator.

8.17.7 Colleagues that owe the service TOIL from their substantive role will not be allowed to work additional bank shifts anywhere else in the Trust. Ward Managers & Matrons must monitor compliance - this must be taken into consideration when Ward Managers/Lead nurses are planning rosters.

- 8.17.8 Booking of time owing should follow the same principles as for annual leave in that it should not incur unnecessary expenditure.
- 8.17.9 It is the responsibility of colleagues and unit/line manager to keep time owing or owed within the thresholds set out in the e-rostering policy.
- 8.17.10 If, in exceptional circumstances, hours owed or owing exceed 20 hours this must be agreed with the ward/departmental manager

8.18 New Colleagues

- 8.18.1 New colleagues have a supernumerary period; the length of this should be determined on an individual basis.
- 8.18.2 New clinical colleagues should not be expected to take charge of a ward/department until they have reached the desired competency level for the role
- 8.18.3 Newly qualified clinical colleagues 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.

8.19 Performance Management

- 8.19.1 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.
- 8.19.2 The Executive Committee will receive a monthly performance report relating to each service area in respect of performance against the KPI's
- 8.19.3 Local managers will be accountable for the management of their performance against the KPI's.
- 8.19.4 Additional reports will be made available for the Audit Committee and the Board of Directors as required.

9. Action in the Event of System Failure

- 9.1 To enable business continuity in the event of system failure, it is necessary that the roster is printed after each update and that all previous versions removed. This will ensure that each ward/unit always has hard copy access to the most up to date version of the roster.
- 9.2 In the unlikely event that colleagues are unable to access HealthRoster the hard copy roster will be updated by hand until such time as the system is available.

10. Governance

- 10.1 Governance of e-rostering data and performance measures will be reported in line with the agreed rostering performance management framework identified in **Appendix 2** of the E-Rostering policy.

11. Fraud Statement

- 11.1 Fraud within the NHS is unacceptable and diverts valuable resources away from patient care. Any concerns over deliberate misapplication of the policy should be reported to the Trust's Local Counter Fraud Specialist or Executive Director of Finance or ring the National Fraud and Corruption reporting line on 0800 028 40 60.
- 11.2 Please refer to the Trust's Counter Fraud Policy and Reporting Procedure (F2) for details. The Policy is available on the Trusts intranet.

12. Training

- 12.1.1 Training on the e-rostering software must be attended prior to access being allowed by the e-rostering team. When a training need is identified, the Transactional team should be notified to arrange formal training.
- 12.1.2 A user account with the appropriate level of access will be assigned to each user depending on the requirement and job role.
- 12.1.3 Nominated super users will be trained by the e-rostering project manager on additional system features of the e-rostering system and given a suitable level of access to allow them to provide support to users in their immediate area of work.
- 12.1.4 Super users will escalate any issues that they are unable to resolve to the e-rostering project manager.

13. Monitoring Compliance with the Effectiveness of Procedural Documents

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

14. Consultation

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

Appendix 1

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 Rostering 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 colleagues.</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 colleagues 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 colleagues.</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> <ol style="list-style-type: none"> 1. Does this shift need to be filled? Can it be covered safely by the other colleagues already rostered for that day? <p>If the shift needs to be filled contemplate:</p> <ol style="list-style-type: none"> 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 colleague 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? <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> <ol style="list-style-type: none"> 4. Can you cover the shift by amending the roster and swapping an appropriate colleague 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>If yes, speak to the affected colleague and if possible action this swap.</p> <p>If no, consider:</p> <ol style="list-style-type: none"> 5. Do you have any suitable part-time colleague that is willing to cover the unfilled shift? <p>If yes, schedule this colleague for the unfilled shift.</p> <p>If no, you will need to book bank staff via the Roster or Staff bank</p>	Line Manager & Modern Matron / Senior Manager
9	<p>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</p>	Roster Coordinator or Line Manager & Modern Matron / Senior Manager

10	<p>Partially Approve the roster by reviewing the roster analysis data and ensuring;</p> <ol style="list-style-type: none"> 1. A good balance of colleagues across roster period. 2. All colleagues hours are used 3. 'Take Charge' cover is in place 4. There is an even balance of popular and unpopular shifts amongst substantive staff. <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	<p>Fully Approve the roster by reviewing the roster analysis data and ensuring;</p> <ol style="list-style-type: none"> 1. A good balance of colleagues across roster period. 2. All colleagues hours are used 3. 'Take Charge' cover is in place 4. There is an even balance of popular and unpopular shifts amongst substantive colleagues. <p>Colleague's 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 colleagues 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 colleagues.</p>	Modern Matron / Senior Manager
12	<p>Publish the roster 2 weeks before if is due to commence (make the roster available to all colleagues)</p>	Roster Coordinator or Line Manager
13	<p>Request bank staff for the unfilled shifts immediately following the second approval.</p> <p>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.</p>	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 colleagues 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 in line with the published roster timetable.	Line Manager or Modern Matron / Senior Manager

Appendix 2
Key Performance Indicators

Group	Key Performance Indicator	Amber Threshold	Red Threshold	1 st Level Reviewer	2 nd Level Reviewer	Action
Nursing Headroom Effectiveness	Sickness %	>3%	>5%	Partial approver	Full approver	Line Manager review colleagues sickness reasons and take action as required.
	Annual Leave upper threshold %	16%	>17%	Partial approver	Full approver	Line Manager review annual leave levels and adjust if required
	Annual Leave lower threshold %	10%	<11%	Partial approver	Full approver	Line Manager review annual leave levels and adjust if required
	Study Day %	0%	>4%	Partial approver	Full approver	Line Manager review study leave reasons
	Working Day %	0%	>3%	Partial approver	Full approver	Line Manager review working day reasons
	Parenting %	0%	>2%	Partial approver	Full approver	Line Manager review parenting reasons
Rostering Effectiveness	Over Contracted Hours % (4 weekly)	1.5%	2%	Partial approver	Full approver	Line Manager review working day reasons
	Unused Contracted Hours % (4 weekly)	1.5%	2%	Partial approver	Full approver	Line Manager review working day reasons
	Additional Duties (Duties, weekly)	1	3	Partial approver	Full approver	Line Manager review Additional Duty Reasons
	Additional Duties (Hours, 4 weekly)	1	22	Partial approver	Full approver	Line Manager review Additional Duty Reasons
	Bank & Agency Usage %	5%	10%	Partial approver	Full approver	Line Manager to review staffing utilisation
Rostering Budget	% Over Budget	0%	5%	Partial approver	Full approver	Line Manager to review colleagues on uplifts; review other KPIs.
Fairness	Duties with Warnings %	20%	30%	Partial approver	Full approver	Roster Administrator to review rules
	Requested Roster %	30%	40%	Partial approver	Full approver	Roster Administrator to review rules
Safety	Shifts without Charge Cover	0	1	Partial approver	Full approver	Line Manager review skill mix
	Unfilled Roster %	20%	30%	Partial approver	Full approver	Line Manager review demand numbers; review skill mix; review unavailability; consider cross ward redeployment.

Appendix 3

E-Rostering Production Calendar

4 Week Roster Periods

28 Day Roster Period Timetable				
Roster Period		Transact Team Actions		Ward/Unit Actions
Start Date	End Date	Add template & open EOL	Close EOL	Roster publication (Roster must be partially & fully approved by this date)
30/10/2017	26/11/2017	31/08/2017	26/09/2017	16/10/2017
27/11/2017	24/12/2017	28/09/2017	24/10/2017	13/11/2017
25/12/2017	21/01/2018	26/10/2017	21/11/2017	11/12/2017
22/01/2018	18/02/2018	23/11/2017	19/12/2017	08/01/2018
19/02/2018	18/03/2018	21/12/2017	16/01/2018	05/02/2018
19/03/2018	15/04/2018	18/01/2018	13/02/2018	05/03/2018
16/04/2018	13/05/2018	15/02/2018	13/03/2018	02/04/2018
14/05/2018	10/06/2018	15/03/2018	10/04/2018	30/04/2018
11/06/2018	08/07/2018	12/04/2018	08/05/2018	28/05/2018
09/07/2018	05/08/2018	10/05/2018	05/06/2018	25/06/2018
06/08/2018	02/09/2018	07/06/2018	03/07/2018	23/07/2018
03/09/2018	30/09/2018	05/07/2018	31/07/2018	20/08/2018
01/10/2018	28/10/2018	02/08/2018	28/08/2018	17/09/2018
29/10/2018	25/11/2018	30/08/2018	25/09/2018	15/10/2018
26/11/2018	23/12/2018	27/09/2018	23/10/2018	12/11/2018
24/12/2018	20/01/2019	25/10/2018	20/11/2018	10/12/2018
21/01/2019	17/02/2019	22/11/2018	18/12/2018	07/01/2019
18/02/2019	17/03/2019	20/12/2018	15/01/2019	04/02/2019
18/03/2019	14/04/2019	17/01/2019	12/02/2019	04/03/2019
15/04/2019	12/05/2019	14/02/2019	12/03/2019	01/04/2019
13/05/2019	09/06/2019	14/03/2019	09/04/2019	29/04/2019
10/06/2019	07/07/2019	11/04/2019	07/05/2019	27/05/2019
08/07/2019	04/08/2019	09/05/2019	04/06/2019	24/06/2019
05/08/2019	01/09/2019	06/06/2019	02/07/2019	22/07/2019
02/09/2019	29/09/2019	04/07/2019	30/07/2019	19/08/2019
30/09/2019	27/10/2019	01/08/2019	27/08/2019	16/09/2019
28/10/2019	24/11/2019	29/08/2019	24/09/2019	14/10/2019
25/11/2019	22/12/2019	26/09/2019	22/10/2019	11/11/2019
23/12/2019	19/01/2020	24/10/2019	19/11/2019	09/12/2019
20/01/2020	16/02/2020	21/11/2019	17/12/2019	06/01/2020
17/02/2020	15/03/2020	19/12/2019	14/01/2020	03/02/2020
16/03/2020	12/04/2020	16/01/2020	11/02/2020	02/03/2020
13/04/2020	10/05/2020	13/02/2020	10/03/2020	30/03/2020
11/05/2020	07/06/2020	12/03/2020	07/04/2020	27/04/2020
08/06/2020	05/07/2020	09/04/2020	05/05/2020	25/05/2020
06/07/2020	02/08/2020	07/05/2020	02/06/2020	22/06/2020
03/08/2020	30/08/2020	04/06/2020	30/06/2020	20/07/2020
31/08/2020	27/09/2020	02/07/2020	28/07/2020	17/08/2020
28/09/2020	25/10/2020	30/07/2020	25/08/2020	14/09/2020
26/10/2020	22/11/2020	27/08/2020	22/09/2020	12/10/2020
23/11/2020	20/12/2020	24/09/2020	20/10/2020	09/11/2020
21/12/2020	17/01/2021	22/10/2020	17/11/2020	07/12/2020

6 Week Roster Periods

42 Day Roster Period Timetable				
Roster Period		Transact Team Actions		Ward/Unit Actions
Start Date	End Date	Add template & open EOL	Close EOL	Roster publication (Roster must be partially & fully approved by this date)
02/10/2017	12/11/2017	27/07/2017	08/09/2017	20/09/2017
13/11/2017	24/12/2017	07/09/2017	20/10/2017	01/11/2017
25/12/2017	04/02/2018	19/10/2017	01/12/2017	13/12/2017
05/02/2018	18/03/2018	30/11/2017	12/01/2018	24/01/2018
19/03/2018	29/04/2018	11/01/2018	23/02/2018	07/03/2018
30/04/2018	10/06/2018	22/02/2018	06/04/2018	18/04/2018
11/06/2018	22/07/2018	05/04/2018	18/05/2018	30/05/2018
23/07/2018	02/09/2018	17/05/2018	29/06/2018	11/07/2018
03/09/2018	14/10/2018	28/06/2018	10/08/2018	22/08/2018
15/10/2018	25/11/2018	09/08/2018	21/09/2018	03/10/2018
26/11/2018	06/01/2019	20/09/2018	02/11/2018	14/11/2018
07/01/2019	17/02/2019	01/11/2018	14/12/2018	26/12/2018
18/02/2019	31/03/2019	13/12/2018	25/01/2019	06/02/2019
01/04/2019	12/05/2019	24/01/2019	08/03/2019	20/03/2019
13/05/2019	23/06/2019	07/03/2019	19/04/2019	01/05/2019
24/06/2019	04/08/2019	18/04/2019	31/05/2019	12/06/2019
05/08/2019	15/09/2019	30/05/2019	12/07/2019	24/07/2019
16/09/2019	27/10/2019	11/07/2019	23/08/2019	04/09/2019
28/10/2019	08/12/2019	22/08/2019	04/10/2019	16/10/2019
09/12/2019	19/01/2020	03/10/2019	15/11/2019	27/11/2019
20/01/2020	01/03/2020	14/11/2019	27/12/2019	08/01/2020
02/03/2020	12/04/2020	26/12/2019	07/02/2020	19/02/2020
13/04/2020	24/05/2020	06/02/2020	20/03/2020	01/04/2020
25/05/2020	05/07/2020	19/03/2020	01/05/2020	13/05/2020
06/07/2020	16/08/2020	30/04/2020	12/06/2020	24/06/2020
17/08/2020	27/09/2020	11/06/2020	24/07/2020	05/08/2020
28/09/2020	08/11/2020	23/07/2020	04/09/2020	16/09/2020
09/11/2020	20/12/2020	03/09/2020	16/10/2020	28/10/2020
21/12/2020	31/01/2021	15/10/2020	27/11/2020	09/12/2020

Appendix 4

Rostering Audit Tool

This audit tool should be used to monitor compliance of the rostering policy at least 6 monthly and should be completed by the Ward/Unit Manager. An action plan should be agreed for areas requiring improvement.

Ward/Department:

Audit completed by:

Date completed:

	Yes/No	Comment	Action
Has the roster template been reviewed on a six-monthly basis to ensure it is current, realistic and reflects the staffing required?			
Are all the colleagues aware of the Roster policy?			
Do the shift and break times conform to European Working Time Directives?			
Are the approved minimum numbers of colleagues rostered for each shift?			
Is the skill mix maintained?			
Have any colleagues been moved within the Trust to cover vacancies?			
Is annual leave allocated as per policy?			
Is study leave allocated fairly as per policy?			
Are there any work/life balance procedures for any person in the ward/department?			
Is the request system used as per policy?			
Are there 6 weeks of completed roster available for colleagues to view?			
Does the ward/department have adequate handover time?			
Are break time guidelines being followed?			

Is there evidence of annual review of existing work patterns?			
Are 3/12 of rosters available for requests?			
Does matron/Head of Department approve rosters?			
Is annual leave between 11-17%?			

Equality and Human Rights Analysis

Title: Management and production of staff rosters.

Area covered: Trust Wide

What are the intended outcomes of this work? *Include outline of objectives and function aims*
 To ensure that the purpose of all rosters is providing the right number of colleagues with the right skills , in the right place , at the right time to meet the needs of the service and in so doing provide safe and appropriate care at all times.

Who will be affected? *e.g. staff, patients, service users etc*
 All colleagues within the Trust

Evidence

What evidence have you considered?

This policy and the previous policy including equality impact assessment.

Disability (including learning disability)

Page 20 point 22 –there is no reference to supporting disabled employees HR 27. No acknowledgement of disability leave as a reasonable adjustment.
 Page 20 –no reference to HR 27 and completion of supporting disabled employees agreement regarding reasonable adjustments.

Sex

No issues to note

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

No issues to note

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

No issues to note

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

No issues to note

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

No issues to note

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

No issues to note
Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.
No issues to note
Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities. The policy takes into account the needs of colleagues who are carers
Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. No issues to note
Cross Cutting implications to more than 1 protected characteristic There is no reference to the Equality Act 2010 or to the protected characteristics. Page 2 does not reference the following: HR 10 Equality Policy HR 27 Supporting disabled employees.

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	This article is not engaged.
Right of freedom from inhuman and degrading treatment (Article 3)	This article is not engaged.
Right to liberty (Article 5)	This article is not engaged.
Right to a fair trial (Article 6)	This article is not engaged.
Right to private and family life (Article 8)	Supported in the policy. Page 13 re flexible working. Reasons for flexible working are confidential.
Right of freedom of religion or belief (Article 9)	This article is not engaged
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	This article is not engaged
Right freedom from discrimination (Article 14)	This article is not engaged

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

Staff side and HR

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

No negative impact identified

Eliminate discrimination, harassment and victimisation

Advance equality of opportunity

Promote good relations between groups

What is the overall impact?

Impact not intended to be discriminatory

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified.

Include here any or all of the following, based on your assessment

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record

Name of persons who carried out this assessment: Gary Austin,

Date assessment completed:13/11/2017

Name of responsible Director:

Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
<p>Monitoring</p>	<p>Appeals against E Rostering decisions Concerns about rostering can be raised both formally and informally and these will be addressed and reviewed in a timely manner, any formal grievances will be reported through the established routes. In relation to any specific concerns that employees raise about the application of the policy these will be investigated in a timely manner and the appropriate action taken.</p> <p>KPIs have been set within HealthRoster to monitor policy compliance.</p>	<p>Annual</p>	<p>HR Managers via HR&OD Policy and Planning Group</p>
<p>Engagement</p>	<p>E Rostering Policy – Available via intranet for all staff to access,</p> <p>Policy Provided to Roster Owners during Training sessions,</p> <p>Policy Updates Announced via communications Team,</p> <p>Roster Production Calendar shared via communications channels trust wide.</p>		<p>E Rostering Team, Workforce Systems Teams, Chief Executive and Lead Director – Executive Director of Workforce and OD Directors and Assistant Directors Service Managers, Matrons and Senior Clinicians Roster Creators Human Resources Employees</p>

Increasing accessibility	Policy Can be provided in other formats on request. Policy Can be provided in a variety of Mediums on request.	On request	At the request of the Employee or Service User