

## ROSTERING POLICY (EXCLUDING MEDICAL/DENTAL STAFF)

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## POLICY APPROVAL PROFORMA

This proforma must be included when the policy is submitted to Executive Committee and Joint Policy Committee (updated on each occasion). It should follow the covering paper and be placed before the policy.

<b>Title</b>	ROSTERING POLICY (EXCLUDING MEDICAL/DENTAL STAFF)				
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<b>Author</b>	JAN ARMSTRONG, DEPUTY DIRECTOR OF HR AND OD				
<b>Sponsor</b>	KATH GRIFFIN, DIRECTOR OF HR AND OD				
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No potential impact identified				X	
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<b>If this policy has a potential discriminatory impact please record below the person who has informed and involved the sponsor</b>					
<b>Name</b>		<b>Date</b>			
<b>Job Title</b>					
<b>It is the sponsor's responsibility to submit the policy through the CHS/STFT approval route.</b>					
<b>Checklist for the review and approval of the policy</b>					
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## **1. INTRODUCTION**

- 1.1 Effective utilisation of staff and resources is crucial to the quality of care delivered. In order to achieve this, the organisation needs people with the right skills, in the right place, at the right time.
- 1.2 Well organised rostering is fundamental to the achievement of effective staff scheduling and safe patient care. All managers have a responsibility to ensure their resources are deployed effectively and efficiently.
- 1.3 This policy is designed to ensure staffing is planned and organised in a way and to a level, which best meets the needs of patients / service users and the Trust.
- 1.4 Having an effective roster empower managers to make informed decisions and allows them to view future rosters and change these accordingly. It also provides:
  - Detailed information (real-time in the case of eRostering) that aids intelligent planning for demand: allowing for sickness, leave, skills and competencies, staff changes, seasonal changes, patient acuity and dependency to be taken into account;
  - Reduced incidents of overstaffing and understaffing, thereby reducing the reliance on costly temporary and agency staff; and
  - Increased flexibility as the situation changes on a daily and hourly basis. It can help Matrons, Heads of Service, ward and department managers to see where one ward may be overstaffed and another understaffed and to make changes accordingly.
- 1.5 In 2007, guidance developed by NHS Employers highlighted the productivity benefits of using electronic rostering systems to roster all staff groups. In July 2016 NHS Improvement published its rostering “Good Practice Guide”, following Lord Carter of Coles’ independent review of productivity and performance in NHS acute hospitals, which included a review of rostering practices across 32 NHS trusts.
- 1.6 This policy has been developed using NHS Improvement’s Guide, which highlights the good practice from trusts that took part in the Workforce Efficiency Improvement Collaborative. It sets out the good rostering practice and rostering rules for managers to use and which are designed to help them manage staff levels unit by unit and give Boards a ‘bird’s-eye view’ of how staffing and budgets align across the organisation.

## **2. PURPOSE AND SCOPE**

- 2.1 This policy applies to all staff (except medical and dental staff to whom separate rules apply), where rostering is used to deliver services via e-Rostering or local paper / Excel based systems.

2.2 The purpose of the policy is to:

- Define the standards for roster management within the Trust;
- Ensure that staff are rostered effectively and efficiently to maintain safe and high quality standards of care;
- Minimise the usage of bank staff / agency workers;
- Standardise the production and management of rosters, to ensure they are fair, consistent and comply with the Working Time Regulations;
- Ensure that working patterns are safe and appropriate for service needs, including taking breaks;
- Ensure that annual and study leave are planned in advance and spread evenly throughout the year;
- Ensure that rostering KPIs are regularly monitored and management action taken to address areas of concern / outliers;
- Support staff in achieving a healthy work life balance wherever possible whilst ensuring that service needs are met;
- Ensure rosters are produced in advance, in line with the Trust Roster Timetable, so that staff can plan and manage their personal arrangements and managers have advance notice of any staffing gaps;
- Ensure the accurate and timely payment of staff.

### 3. **DUTIES**

#### 3.1 **Board of Directors**

Overall responsibility for ratifying and monitoring a framework for the effective and efficient rostering of the workforce, that is compliant with all relevant legislation and guidelines.

#### 3.2 **Chief Executive**

Responsible for ensuring an adequate and effective process for providing efficient rostering is delivered throughout the Trust.

#### 3.3 **Director of Human Resources and Organisational Development**

The Director of Human Resources and Organisational Development is the executive sponsor of this policy and is accountable to the Board for ensuring Trust-wide compliance with it and is responsible for the management of Rostering systems across the Trust.

#### 3.4 **Director of Nursing and Patient Experience**

The Director of Nursing and Patient Experience is the executive lead responsible for ensuring that the Trust nursing and midwifery establishment and skill mix is reviewed and set annually.

### 3.5 **Clinical Directors, Business / Directorate Managers, Divisional Directors / Divisional General Managers**

Responsible for:-

- Implementing the policy within their areas and ensuring compliance with it;
- Monitoring roster performance / KPI data and taking timely action to address areas of concern and outliers highlighted in the reports.

### 3.6 **Matrons and Heads of Service**

Responsible for:-

- Implementing the policy within their ward / department and ensuring compliance with it;
- Checking and approving rosters created by ward / department managers (known as 2<sup>nd</sup> level approval), in line with the Trust Roster Timetable.

### 3.7 **Ward / Department Managers**

Responsible for:-

- Ensuring that rosters are produced in line with this policy and the Trust Roster Timetable;
- Ensuring that sufficiently skilled staff are in the right place at the right time to meet service needs.
- Highlighting concerns about staffing levels to the relevant Matron / Head of Service, in line with Trust procedure / protocols.
- Creating rosters that are fair for all staff and ensuring that shifts are evenly distributed across all team members.
- Monitoring and managing rosters and identifying staff with unused contracted hours and using these to fill shifts before booking bank workers.
- Ensuring that additional duties are allocated only on the basis of clinical need.
- Ensuring that any changes to published rosters (e.g. due to sickness) are made and recorded as soon as possible.
- Providing the Rostering Team with the information needed to set up the ward / department roster in the e-Rostering system to achieve optimum use of the 'Autoroster' function.
- Notifying the Rostering Team of any changes to roster templates that are needed as they occur e.g. changes in establishment, shift competency requirements.
- Ensuring that expenditure does not exceed the ward / department budget.

### 3.8 **Employees**

Responsible for:

- Ensuring they are familiar with this policy and understand their duties under it.
- Ensuring that any requests for specific shifts are reasonable, do not exceed the maximum number allowed under this policy and are considerate of the needs of their colleagues;
- Ensuring that requests for annual leave, study leave etc. are made within the deadlines specified in the Trust Roster Timetable;
- Checking hours worked and recorded on timesheets and their monthly payslips, highlighting any queries or discrepancies to the ward / department manager immediately;
- Not requesting to change a shift if they are mentoring a student or preceptee, unless another suitable member of staff is able to be allocated as their mentor;
- Ensuring they take due consideration of this policy when making individual shift requests, to ensure that the roster enhances effective team working and takes into account colleagues needs as well as their own. This includes employees who have a flexible working arrangement in place which means they work a fixed pattern and who may be required to cover additional shifts, for example, due to sickness absence.

### 3.9 **Rostering Team**

Responsible for:-

- Producing the Trust- wide Roster Timetable;
- Setting up new users with log in details and passwords;
- Completing system changes to enable the roster creators to complete rosters as per this policy;
- Supporting roster creators, approvers and operational services to create safe, effective, fair and cost effective rosters;
- Providing support and ongoing training to staff and managers;
- Monitoring roster performance and reporting on KPIs, feeding back to the appropriate managers where better rostering could improve the utilisation of the workforce;
- Working with operational teams to ensure that roster guidelines and policies are applied;
- Escalating concerns to the relevant Directorate Manager / Head of Service;



- Supporting managers to achieve safe staffing and reduce bank / agency spend;
- Adjusting funded establishments on the e-Rostering system, as approved by Executive Committee and notified by the Finance Department, following the 6-monthly review process;
- Attending ward / department / directorate meetings to provide support and advice regarding roster management;
- Resolving system issues as required through liaison with the service provider.

### 3.10 **Employee Services Team**

Responsible for:-

- Ensuring that roster pay files are uploaded into ESR in time for the monthly payroll run;
- Dealing with any pay queries.

### 3.11 **Finance Department**

Responsible for:-

- Supplying the Rostering Team with information about changes to funded establishments as approved by Executive Committee;
- Providing monthly reports to managers detailing ward / department staffing and budget changes.

## 4. **DEFINITIONS**

<b>Term</b>	<b>Definition</b>
Additional Duty	A shift that is required over and above the department's budgeted numbers e.g. to provide additional cover for enhanced care.
Autoroster	The process by which the eRostering system automatically assigns duties based on the ward establishment and requirements for clinical / non-clinical skills, shift patterns, staff availability, absences and formal flexible working arrangements.
Competency	Specific skills or training that staff have achieved and that are required in order to achieve a safe and effective roster.
Core Shift Times	These are the fixed blocks of time (start and finish) during which, an employee is expected to be at work, excluding rest breaks. Details of these along with shift durations and rest break requirements are available on the Trust Intranet or from the Rostering Team.
Demand Template	The assumed level of future patient demand, which determines the amount and skill mix of staff needed for each roster to deliver safe and effective care.

<b>Term</b>	<b>Definition</b>
EOL (Employee Online)	The module within the eRostering system (Healthroster) where staff can view their shifts, request annual leave, study leave or specific shifts and view their timesheets.
Finalisation	This task is undertaken by the ward / department manager. It 'locks down' the shifts worked, absences, sickness etc. for each roster, to enable payment of staff and management reporting.
Flexible Working Arrangement	A formally agreed regular pattern of work that a particular employee works, which is documented by the HR Department and has been agreed in accordance with the Trust's Flexible Working Policy by the relevant manager.
Healthroster	The electronic rostering system in use in the Trust
Key Performance Indicator (KPI)	Measures of key metrics that help the organisation meet its objectives. For example, use of staff hours, sickness and absence, safety metrics etc.
NHSP	NHS Professionals - the organisation that supplies bank / temporary workers to the Trust.
Non-working days	Days that staff are not available to be rostered to work, e.g. due to them being on annual leave, study days, sickness, maternity or paternity leave.
One request	One duty or one shift.
Planned roster	Roster produced prior to start date of first shift that has been signed off and approved by the Matron / Head of Service.
Roster Creator	The member of staff responsible for generating a ward / department's roster in line with this policy – 1 <sup>st</sup> level.
Roster Approver	The Matron or Head of Service who is responsible for undertaking a '2 <sup>nd</sup> level' review of the roster and approving or rejecting this.
Skill Mix	Ratio of Registered Nurses to Non-Registered Nurses / Healthcare Assistants.
Substantive staff	Staff who have a permanent or fixed terms contract. Not Bank or Agency workers
Temporary workers	Bank or Agency workers
WTR	The Working Time Regulations 1998

## 5. **ROSTERING PRINCIPLES**

5.1 Roster templates and rules must include / make provision for the following: -

- Planned staffing levels and skill mix by shift / day. This must be reviewed in conjunction with the Trust's process for agreeing funded establishments.
- Trust and local rules about all types of leave, including the two that are most commonly used i.e. annual and study leave.
- Bank holiday roster requirements.
- Ward / clinical area specific requirements.
- The maximum number of staff on leave / days off that can be allowed on any single date.
- The maximum number of requests that can be made per employee per roster.
- How far in advance requests can be made to ensure that all staff, including new joiners, have a fair chance of making requests.
- Guidance for substantive staff about them undertaking bank work as alongside their contracted hours and associated responsibilities.

5.2 The Trust supports the principles of flexible working and family friendly working. However this must be set against the need to ensure staffing levels sufficient to deliver safe patient care. Under the Flexible Working Policy, managers must seriously consider requests for flexible working, but may decline them if the working pattern being requested cannot be accommodated into the service needs. **Achieving adequate staffing numbers and skill mix to maintain safe patient care is the Trust's priority.**

5.3 The Trust employs staff who are members of the Reserve Forces and recognises the valuable contribution that Reservists make to the UK Armed Forces, their communities and the country. Ward / department managers must as far as possible facilitate work rosters to allow reservists to attend the annual camp and other training commitments, e.g. weekly or weekend training sessions. Reservists should give as much notice as possible to allow appropriate planning for absences. Permission will be granted where the notice given exceeds one month and should normally be granted in other circumstances. Permission once given will not be rescinded except in exceptional and extreme circumstances, e.g. to maintain safe staffing.

### 5.4 **Rest Breaks During A Shift**

- All shifts of more than 6 hours must include a 30-minute unpaid rest break.
- All shifts of 12 hours or more must include two 30-minute unpaid rest breaks.
- Night duty shifts must include an unpaid rest break in accordance with the core shift times, a copy of which is available on the Trust Intranet .

- Staff cannot take breaks at the beginning or end of the shift.
- In accordance with the Working Time Regulations, staff cannot routinely choose to work during rest breaks in order to start the shift later or finish the shift earlier.
- Each employee and the person who is in charge of the shift are responsible for making sure that rest breaks are accommodated during working time. It is important that staff are able to take their rest breaks. If rest breaks are not taken when the opportunity has been provided, the opportunity for rest time is lost and cannot be retrospectively claimed as an overtime payment or time owing.

## **6. PRODUCTION OF ROSTERS**

- 6.1 User Guides showing how to create / produce rosters are published on the Trust Intranet.
- 6.2 The publication of rosters will take place simultaneously as per the roster calendar across all wards / departments in the Trust. These dates are published on the Trust Intranet.
- 6.3 The roster creation and production process and timescales are in **Appendix 1**.
- 6.4 All rosters will be produced to adequately cover 24 hours (or agreed set hours) utilising substantive staff proportionally across all shifts.
- 6.5 All contracted hours should be used and under normal circumstances, no more than 12 hours credit or debit (+ / -) carried over from one roster to the next. Any hours owed by the employee to the Trust or vice versa must be 'repaid' during the next roster. Overall, the hours that an employee is rostered to work each week should correspond to their weekly contracted hours.
- 6.6 All additional hours worked and time off in lieu (TOIL) owed must be recorded on the roster by the ward / department managers. Time owing books must not be kept, where wards / departments are 'live' using e-rostering / HealthRoster.
- 6.7 Any staff who work 'non-standard' shifts or who have an approved flexible working arrangement, must be recorded on the roster.
- 6.8 All pre-registration students must be clearly identified as such on the roster. All shifts allocated to them must be on a supernumerary basis and students rostered with their assigned mentor, who must be clearly identified on the roster. Students may work a variety of shifts including early, late and weekends. However 1<sup>st</sup> year students must not work or be rostered for night duty in the first 4 weeks of their placement or for more than 2 weeks night duty per placement. Students must also work alongside their mentor for at least 50% of their placement.

- 6.9 Requests for bank workers to fill known future gaps in shifts should be sent to NHSP by the ward / department manager, normally within 2 days of the roster being published to enable sufficient time for the gaps to be filled.

## **7 ROSTER VALIDATION AND APPROVAL**

- 7.1 Rosters must be approved and published 6 weeks before their start date.
- 7.2 The Roster Creator must check the roster analysis information and if this meets the defined parameters and the roster is appropriate according to their professional judgement, must approve the roster and inform the Matron / Head of Service that it is ready for them to review as the 2<sup>nd</sup> level approver.
- 7.3 The roster review carried out by the 2<sup>nd</sup> level approver (Matron / Head of Service) must include:
- Currently potential unsafe periods.
  - Shifts for which bank / NHSP staff are currently planned;
  - Any of the agreed parameters that have been exceeded;
  - Reference to the Trust Escalation Standard Operating Procedure
- 7.4 The 2<sup>nd</sup> level approver must review and approve the roster or if they have concerns about it, discuss these with the appropriate BM / DM and agree what action to take to address, before the roster is published. Any changes made after the roster has been approved must be clearly marked on the roster for audit purposes.

## **8 CLINICAL SKILL MIX AND SHIFT STAFFING**

- 8.1 Each ward / department has a funded establishment and skill mix, which is reviewed annually by the Director of Nursing and Patient Experience, BM / DM and Head of Financial Management and agreed by Executive Committee. Roster templates will be configured according to the funded establishments approved by Executive Committee. Any request the Rostering Team receives to change this will be referred to the Director of Nursing and Patient Experience, BM / DM and Divisional Finance Manager and no changes made unless formal written approval is received.
- 8.2 Each area will have an agreed number of staff with specific competencies on each shift e.g. the ability to take charge, staff trained in physical intervention or other competencies agreed with the ward / department manager or Matron / Head of Service.
- 8.3 In areas where the workload is known to vary according to the day of the week, staff numbers and skill mix will reflect this.
- 8.4 The rostering of senior staff (e.g. ward manager) must be compatible with their Directorate commitments. There must be a designated nurse in charge of every shift who has the required skills and competencies for taking charge / carrying out a co-ordinator role.

- 8.5 Preceptees who need to be preceptored for their first 6 months and supernumerary for their first 4 weeks in post must be identified / recorded as such on the roster and work alongside a named preceptor for at least 2 shifts per week. After the first 4 weeks, they may be rostered for 2 shifts per week when their preceptor is on duty.
- 8.6 Internal rotation is in place within the Trust. This means that staff are required to work a variety of day and night shifts and shift patterns across the 4-week roster period, unless they have a flexible working arrangement in place that has been agreed in line with the Trust's Flexible Working Policy or on the advice of occupational health.
- 8.7 Unsocial hours' shifts / duties must be distributed evenly and fairly across all staff within the team, using Autoroster function in HealthRoster, where in use. This will ensure a fair allocation of unsocial hours' working and payments across all staff within the team.
- 8.8 All staff who work in teams providing services 24 hours a day/7 days a week should expect to work nights, subject to the demands of the service, unless other specific agreements have been reached. In such cases these agreements will be reviewed every 6 months in order to reflect the needs of the service and its staff.
- 8.9 No more than 4 nights in a row must be allocated.
- 8.10 All staff working nights should work no more than 7 nights over a 14-day period (pro-rata for part time staff). Where establishments allow, this may be reduced if there is sufficient cover, to allow an even spread of night shifts across all staff within the team.
- 8.11 Nights should be kept together wherever possible. Unless there are exceptional circumstances, nights should be clustered into sets of 2, 3 or 4. After a period of 4 nights - 3 days off will be given. After 2 or 3 nights - 2 days off will be given. In exceptional circumstances staff may work single nights if mutually agreed, after which, one day off will be granted (this will be the day the night shift finishes).
- 8.12 Staff should be rostered to ensure a minimum of 1 weekend off per 4-week roster. Additional weekends off may be rostered if the service needs allow.
- 8.13 Weekend shifts are defined as Friday night, Saturday day or night, Sunday day or night.
- 8.15 Under normal circumstances, the maximum number of consecutive standard day shifts staff should work is 6, unless service needs dictate otherwise and the employee has opted out of the WTR, in which case it is 8. If this is the case, then a risk assessment must be carried out by the ward / department manager to consider the potential impact on patient safety and the health, wellbeing and welfare of the employee. This assessment must include a documented discussion with the individual.
- 8.16 Shift patterns should, where service requirements allow, maximise social time when possible, e.g. rostering days off and working days together.

- 8.17 In considering requests received under the Trust's Flexible Working Policy, managers must take into account the needs of the service, particularly in relation to staffing levels, skill mix and the potential impact on other staff.
- 8.18 All shifts / shift patterns must be compliant with the Working Time Regulations.
- 8.19 Any variations to the agreed Trust shifts or patterns of working must be considered in line with the Trust's Flexible Working Policy. The Rostering team will only enter individual variations / flexible working arrangements on receipt of a copy of the flexible working agreement / approval letter.

## **9 STAFF REQUESTS – SHIFT WORKERS**

- 9.1 To ensure equity, full time staff can make up to 5 requests per 4-week roster, for specific shifts, pro-rata for part time staff as follows :-
- Up to 7.5hrs = 1 request
  - Up to 15hrs = 2 requests
  - Up to 22.5 hrs = 3 requests
  - Up to 30 hrs = 4 requests
  - Up to 37.5 hrs = 5 requests
- 9.2 Approval of requests is not guaranteed and will depend on service needs at the time, which will take priority. Staff should be considerate of the needs of colleagues as well as their own in making requests, to ensure that the roster enhances effective team working. This includes employees who have a fixed working pattern that has been approved in line with the Flexible Working Policy and who may be required to cover additional shifts, for example, due to sickness absence.
- 9.3 Closing dates for requests can be viewed on the Roster Timetable on the Trust Intranet. Ward / department managers must ensure these dates are displayed and readily available for their staff.
- 9.4 Ward / department managers must ensure that staff have access to a workplace computer so that they can request specific shifts or annual leave / study leave via Healthroster (if available) or ESR.
- 9.5 Managers must ensure a fair, transparent and consistent approach to the consideration and approval of requests, to ensure that shifts are allocated fairly between all staff within the team, using the league tables in the Healthroster system to help them do this.

## **10 FLEXIBLE WORKING ARRANGEMENTS**

- 10.1 The Trust supports the principles of flexible working. However, this must be set against the need to ensure safe levels of staffing to maximise the quality of patient care and reduce clinical and non-clinical risk.

- 10.2 The Trust will consider requests for flexible working, but may decline them if this pattern cannot be accommodated into the service needs.
- 10.3 Any agreed flexible working arrangement will be openly acknowledged, reviewed 6 monthly and published on the roster. Whilst the Trust must ensure that the needs of the service are a priority, these arrangements will be considered where they can be safely accommodated.
- 10.4 Please refer to the Trust's Flexible Working Policy on the Intranet for further information.

## **11 FIXED-PATTERN ROSTERS**

- 11.1 Staff will be required to work their contracted hours as agreed with their line managers and according to any contractual requirements.
- 11.2 All shifts and absences must be recorded on the roster, regardless of whether the ward / department is live on Healthroster. Where staff work standard / sometimes referred to as '9-5' hours and are not at work on Bank Holidays, it is essential that this leave is recorded correctly in Healthroster to avoid overpayments, i.e. staff must not have a shift assigned to them on a Bank Holiday as this will generate Bank Holiday enhancements when the roster is finalised.

## **12. ANNUAL LEAVE**

- 12.1 The ward / department manager is responsible for approving and allocating annual leave equitably to ensure balanced staffing throughout the year. Every ward / department must have its own local arrangement for annual leave that reflect the needs of the service. This will specify the maximum number of staff that can be on leave at any one time. A calculation to help managers with this is available on the Trust Intranet.
- 12.2 Requests for annual leave must be made either via 'Employee Online' (EOL) in Healthroster or for staff not yet live on HealthRoster, via ESR Self Service. Requests in Healthroster are shown in date order and where more than one member of a team requests the same time off, this is shown in order of who requested first / in chronological order.
- 12.3 Requests for leave must be made as early as possible and by no later than the deadlines shown in **Appendix 1**. This will enable managers to proactively plan service cover / staffing levels to meet service needs.
- 12.4 Ward / department managers must manage staff annual leave to ensure that minimum staffing levels are met, workforce productivity is maintained and pay costs are not increased as a result of having to cover leave by booking bank / agency workers.
- 12.5 The agreed weekly quota / number of staff who can be on annual leave at any one time, must be set and adhered to, with staff being made aware of the need not to



exceed or drop below this quota throughout the year. If the number of staff on leave falls below the quota, the ward / department manager will allocate leave, following discussions with the staff concerned.

- 12.6 School holidays can present additional challenges when creating rosters. The total amount of leave permitted must not exceed the ward / department quota during these times because of well-recorded difficulties in finding temporary workers at these peak periods. Managers should discuss ward / department staffing requirements with staff requesting school holidays, to ensure there is equity across the year. Annual leave during school holidays must be approved / shared equally among those staff requesting it, taking into account service needs and the agreed annual leave quota.
- 12.7 Staff must submit requests for Christmas / New Year annual leave by no later than 1 October each year. Managers must notify staff whether or not their leave request has been approved by 31 October each year. No temporary / bank staff must routinely be booked to meet standard ward / department requirements on planned rosters for Christmas / New Year periods.
- 12.8 All staff should aim to take leave evenly through the year – as a guide:-
- 40% of their annual leave entitlement by 31 August each year,
  - 35% between September and December, leaving
  - 25% to be taken between January and the end of March.

Example guide - an employee who is full time and who has 29 days for the year will:-

- Use 12 days between April 1 and August 31
- Use 10 days between Sept 1 and December 31
- Use 7 days between January 1 and March 31

- 12.9 To improve roster planning and ensure the fair and equitable allocation of annual leave, staff should wherever possible, plan and book the majority of their leave at the start of the annual leave year (April). This is to enable effective roster creation and ensure appropriate staffing levels are maintained at all times. It is expected that staff will normally have no more than 25% of their annual leave left to take at the start of January each year, except as a result of sickness or maternity leave
- 12.10 Staff on rotational programmes (e.g. junior doctors) must take annual leave proportionate to each placement, unless managers from all the placements agree otherwise.
- 12.11 Managers must make every effort to allocate rest days / days off, around annual leave if service demands and staffing levels allow. Healthroster is set up to give one day off either side of a period of annual leave that is of 3 or more days' duration. Any additional days off over and above this must be requested by the employee in the usual way.

### **13. STUDY LEAVE**

- 13.1 Study / non mandatory training leave will be assigned / authorised in line with the Trust's Study and Professional Leave Policy.
- 13.2 Mandatory training should be balanced throughout the year and assigned per rota.

### **14. SICKNESS ABSENCE**

- 14.1 Sickness absence must be recorded within 24 hours of the start of the absence and must be updated daily to reflect if the person remains on sickness absence. Absences which are not recorded correctly will result in incorrect information being sent to payroll and may result in incorrect pay. It is the responsibility of the manager or their deputy to ensure each sickness entry is correct at the time of the payroll submission date.
- 14.2 If rest days follow on from sick days, the ward / department manager / charge nurse / team leader must be kept informed of recovery and unless notified by the employee, rest days will be reclassified as sick leave.
- 14.3 During the return to work meeting and in order to support employees' return to their role, the manager should explore the employee's current working patterns and any secondary employment they have, to find out whether this could affect their health / wellbeing and / or attendance.
- 14.4 To support staff health and wellbeing, following a period of long term sickness and/or during a phased return to work, staff must not work any bank shifts for at least 7 days. However, in exceptional circumstances, where a risk assessment has been carried out and no hazards or risks have been identified, the Matron / Head of Service may allow the employee to work some bank duties, but only on their normal ward / department, in order to help meet service needs.

### **15. PRECEPTORSHIP**

- 15.1 Newly qualified nursing staff who need to be supervised ("preceptored") for their first 6 months must be supernumerary for their first 4 weeks in post, identified / recorded as such on the roster and work alongside their named preceptor for at least 2 shifts per week. After the first 4 weeks, they may be rostered for 2 shifts per week alongside their preceptor.
- 15.2 Where e-Rostering is in use, the Rostering Team will create new starters in advance on HealthRoster, once notified of their start date so that they can be included in future roster planning.

## **16. CHANGES TO PUBLISHED ROSTERS**

- 16.1 Changes to published rosters must be kept to a minimum. Any changes to a published roster must be authorised by the ward / department manager in consultation with the staff member.
- 16.2 It is the responsibility of the ward / department manager to ensure that rosters are updated with any changes e.g. sickness, shift swaps and additional duties. Ideally rosters should be updated on a daily basis and weekly as a minimum.
- 16.3 Staff are responsible for negotiating their own swaps once the roster is published. These changes must be approved by the ward / department manager or designated deputy in their absence.
- 16.4 All swaps must be made with a member of staff from the same discipline, with the same skills / competencies and with consideration for the overall skill mix of the roster.
- 16.5 Staff responsible for mentoring a student must not change a shift without ensuring that the student either changes with them or is allocated to another suitable member of staff.

## **17. BOOKING TEMPORARY WORKERS**

- 17.1 Once the roster has been approved by the Matron / Head of Service, unfilled shifts can be sent to NHSP to find cover.
- 17.2 Replacement staff must not be booked unless the ward / department manager has first assessed whether there is a need to do so, including the grade required and the time they are needed to start and finish.
- 17.3 Temporary / bank workers must not be used to cover study leave or annual leave and no cover should be arranged where annual leave has been approved over and above the agreed level for the ward / department. However in exceptional circumstances, e.g. high and unforeseen clinical demand, or in areas where not booking a bank worker could pose a risk to patient / staff safety, approval must be sought from the Matron / Head of Service to book additional staff.
- 17.4 There must be no use of temporary / bank workers for Bank Holiday shifts unless approved by the Matron / Head of Service or On-call Duty Manager, to maintain safe staffing levels.
- 17.5 Night and weekend shifts must be covered by substantive staff wherever possible, within the guidelines set out in this policy and EWTD requirements. Staff who have an agreed flexible working arrangement in place, which means they do not work these shifts on their substantive ward, are expected not to routinely work these shifts elsewhere via the bank.

- 17.6 Bank workers cannot be used to take charge of a team unless they are known to the ward, have been assessed as competent to do so and are willing to take charge. This must be approved by the ward / department manager.
- 17.7 Out of hours, the Duty Matron / On-call Manager must be involved in the booking of agency workers.

## **18 FINALISING ROSTERS FOR PAYROLL**

- 18.1 Information is transferred from the Healthroster to ESR each month. When electronically signing Healthroster, managers must ensure the period shows a true and fair reflection of work done and all absence entries are correct.
- 18.2 All rosters must be finalised by the authorised signatory (Budget Holder) / or deputy signatory at the end of the payroll period. The deadline dates for these are published on the Intranet.
- 18.3 If the signatory appears on the roster, their own entries must be finalised by the second signatory for the ward / department, in line with Trust Standing Financial Instructions. Each ward / department must have a 'back up plan' in case the person who normally finalises the roster is absent. The signatory must be on the finance list for this cost code.
- 18.4 Ward / department managers must ensure that rosters are reviewed / checked each week, finalised by the required deadlines and submitted for payroll processing each month. This is to ensure that all staff are paid correctly and on time. Failure to do so will be regarded as a serious matter and reported through the Trust incident reporting system so that the appropriate management action can be taken, which may include the possibility of disciplinary action.
- 18.5 Any potential or suspected falsified timesheets will be referred to the Local Counter Fraud Specialist and may lead to disciplinary action up to an including dismissal and/or criminal action / civil proceedings being initiated.

## 19. MONITORING COMPLIANCE AND EFFECTIVENESS

Area for Monitoring	Method	Frequency	Responsibility	Monitoring / Assurance Group	Lead for Development of Action Plan	Group Responsible for Monitoring Action Plan
Compliance with the policy at ward / department level.	Roster Clinics	Monthly	Matron / Head of Department	Rostering Operational Group	Head of Nursing and AHP Workforce Development	Workforce Committee
Rostering benefits realisation / performance against rostering KPIs- <ul style="list-style-type: none"> <li>▪ % Changes since roster approved</li> <li>▪ Shifts without charge cover</li> <li>▪ Unfilled roster %</li> <li>▪ Unused hours</li> <li>▪ Net under hours</li> <li>▪ Additional duty hours</li> <li>▪ Total unavailability %</li> <li>▪ Sickness %</li> <li>▪ Annual leave %</li> <li>▪ Bank / Agency use %</li> <li>▪ Roster approval lead time</li> <li>▪ Overtime hours</li> </ul>	Quarterly Workforce Report	Quarterly	Deputy Director of HR and OD	Workforce Committee	Director of HR and OD	Board of Directors

## 20 DISSEMINATION, IMPLEMENTATION AND TRAINING

- Trust Intranet
- Team Brief
- Training on how to use the e-Rostering system will be provided by the Rostering Team as part of induction and thereafter on request.

## 21. CONSULTATION, APPROVAL, RATIFICATION AND REVIEW

### 21.1 Consultation

- Joint Management Group
- Joint Consultative Group (CHS and STFT)
- Senior Manager Forum
- Matrons / Heads of Service and Ward Managers
- Business / Directorate Managers
- Human Resources
- Local Counter Fraud Specialist

### 21.2 Approval

- Executive Committee

### 21.3 Ratification

- Joint Policy Committee

### 21.4 Review

- This policy will be reviewed every 3 years. An earlier review will take place should exceptional circumstances arise resulting from this policy; in whole or in part, being insufficient for the purpose outlined in Section 2, and/or if there are NHS or legislative changes.

## 22. EXTERNAL REFERENCES

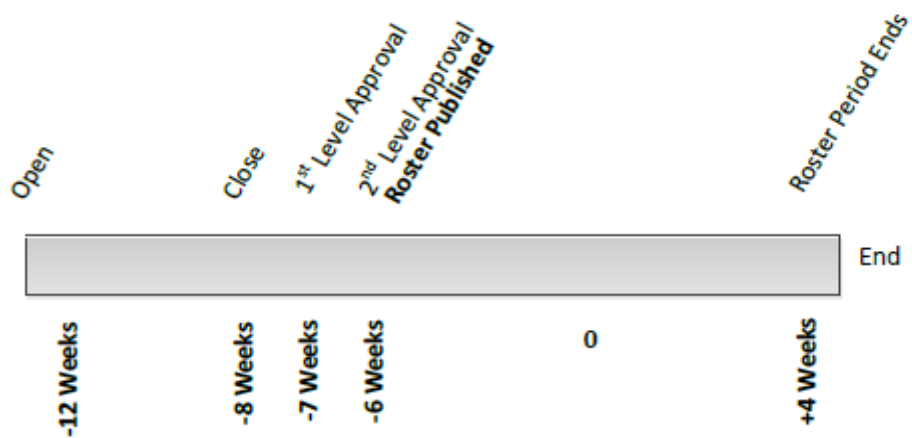
- “Operational productivity and performance in English NHS acute hospitals: Unwarranted variations”. An independent report for the Department of Health by Lord Carter of Coles, February 2016 - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499229/Operational\\_productivity\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf)
- “Good Practice Guide: Rostering” - NHS Improvement, June 2016 - [https://improvement.nhs.uk/uploads/documents/Rostering\\_Good\\_Practice\\_Guidance\\_Final\\_v2.pdf](https://improvement.nhs.uk/uploads/documents/Rostering_Good_Practice_Guidance_Final_v2.pdf)
- “Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - **Safe** sustainable and productive staffing” – National Quality Board, July 2016 - <https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

- *The Working Time Regulations 1998* - <http://www.legislation.gov.uk/uksi/1998/1833/regulation/12/made>
- “*Setting-specific safe staffing improvement resources – update*” – NHS Improvement - [https://improvement.nhs.uk/uploads/documents/Bulletin\\_NHSI\\_setting\\_specific\\_safe\\_staffing\\_improvement\\_resources\\_for\\_publication.pdf](https://improvement.nhs.uk/uploads/documents/Bulletin_NHSI_setting_specific_safe_staffing_improvement_resources_for_publication.pdf)
- Agency rules for NHS Trusts – NHS Improvement, March 2016 - [https://improvement.nhs.uk/uploads/documents/agency\\_rules\\_23\\_March\\_2016.pdf](https://improvement.nhs.uk/uploads/documents/agency_rules_23_March_2016.pdf)
- NHS Terms and Conditions of Employment – [www.nhsemployers.org](http://www.nhsemployers.org)

### **23. ASSOCIATED TRUST DOCUMENTS**

- E-Rostering User Guides
- Flexible Working Policy
- Attendance Management Policy
- Annual Leave Policy
- Grievance Policy
- Disciplinary Policy
- Special Leave Policy
- Maternity, Adoption & Paternity Leave Policy
- Locum Doctor and Agency Worker Policy
- Preceptorship Policy
- IM&T Security Policy
- Reserve Forces Training and Mobilisation Policy
- Counter Fraud, Bribery and Corruption Policy
- Standing Financial Instructions
- Information Governance Framework
- Standing Financial Instructions

**Flow chart – Roster Creation and Publication Times**



**Open** – Roster opens for requests on Employee Online (EOL)

**Close** – Roster closes for requests on EOL and Roster creation begins

**1<sup>st</sup> Level Approval** – Ward Manager partially approves roster

**2<sup>nd</sup> Level Approval** – Matron fully approves roster

**Roster Published** – Roster is published for staff to view on EOL

– Unfilled shifts will be sent to NHSp

– Any further annual leave or shift requests for roster period cannot be input via EOL





City Hospitals Sunderland NHS Foundation Trust  
South Tyneside NHS Foundation Trust

### Equality Impact Assessment Screening Form

The following screening document will ask you to identify any potential risks or negative impacts to each of the equality strands. Background data will help to identify these potential risks. If there is no data available then you cannot assume that there is no risk. In these circumstances you may need to carry out some further investigations before you can carry out the Equality Impact Assessment.

New	Proposed	Existing	Date of implementation	August 2018	Date of Review	August 2021
<b>Name of policy:</b>			Rostering Policy (excluding medical and dental staff)			
<b>Aim of policy:</b>			<ul style="list-style-type: none"> <li>Define the standards for roster management within the Trust;</li> <li>Ensure that staff are rostered effectively and efficiently to maintain safe and high quality standards of care;</li> </ul>			
<b>Directorate:</b>			Human Resources and Organisational Development			
<b>Manager(s) completing assessment:</b>			Jan Armstrong, Deputy Director of HR and OD			
<b>Date:</b>			24 August 2018			
<b>Does this policy have a direct impact on service users/public or staff? Yes or No</b>			No			
Patients, Community or staff groups by equality strands			High or Low Risk	Comments		
<b>Race</b> What is the risk that Black, Asian or Minority Ethnic service users/staff would have problems adhering to this policy?				No risk		
<b>Religion and belief</b> What is the risk that people practicing different religions or beliefs would have problems adhering to this policy?				No risk		
<b>Disability</b> What is the risk that patients/public/staff with a disability would have problems adhering to this policy?				No risk		
<b>Gender</b> What is the risk that people of different genders would have problems adhering to this policy? ( <i>this will also include transgender</i> )				No risk		
<b>Age</b> What is the risk that older people or younger people would have problems adhering to this policy?				No risk		
<b>Sexual orientation</b> What is the risk that people who are lesbian, gay or bisexual would have problems adhering to this policy?				No risk		
<b>(Please tick as appropriate):</b>						
[ <input checked="" type="checkbox"/> ] Full EIA is not required to be carried out on this policy as it is not relevant to any of the equality duties						
[ <input type="checkbox"/> ] Full EIA is required to be carried out on this policy as it is relevant to some/all of the equality duties						