

# Rostering Policy

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## EXECUTIVE SUMMARY:

This policy sets out Sussex Partnership's position and defined procedures for the use of electronic rostering to ensure fair and consistent rosters.

## Key Policy Issues:

- Ensure rosters are fair, consistent and fit for purpose, with the appropriate skill mix, to ensure safe high quality standards of care;
- Improved utilisation of staff's contractual hours;
- Improved planning of non-clinical working days (unavailability), e.g. annual leave, study leave and monitoring of sickness absence.

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## 1.0 Introduction

The Trust recognises the value of its workforces and is committed to supporting staff to deliver safe, quality patient care. This policy outlines the parameters for a flexible, efficient and robust rostering system so as to improve the utilisation of staff's contractual hours and effective management of temporary workers (bank and agency).

### 1.1 Purpose of policy

The purpose of this policy is to ensure the effective utilisation of the workforce through efficient use of the Trust's e-rostering systems by:

- improving the utilisation of permanent staff and reducing bank and agency spend by giving the roster managers clear visibility of staff contractual hours
- engaging staff in creating effective rosters that are fair, consistent and fit for purpose, with appropriate skill mix for the delivery of safe, high quality patient care and the maintenance of a work life balance
- improving the monitoring and management of sickness and absence by department and/ or individual, generating comparisons, identifying trends and priorities for action
- improving the planning of non-clinical working days (unavailability), e.g. annual leave and study leave, supporting the workforce to ensure appropriate work life balance and in line with service needs.
- enabling the legal requirements of the European Working Time Directive to be balanced with the needs of service delivery
- providing a mechanism for reporting against set Key Performance Indicators (KPIs)

### 1.2 Scope of policy

The policy applies to all staff, excluding Medical, employed by the Trust who are subject to and/or responsible for the rostering of staff to provide patient care.

### 1.3 Definitions

Non clinical working days and unavailability	Refers to days that staff are not available for the roster i.e. annual leave, study days, management days, sickness, maternity leave, carers leave, other authorised and unauthorised leave
One request	One shift
Permanent	Staff who have permanent contracted hours
Temporary	Bank and other temporary workers e.g. agency
Variations in shifts	Differing start and finish times to regular shifts
Headroom	The % built into budgets to cover planned absences
Fixed working pattern	Refers to the same shift on the same day a member of staff works every week

## 2.0 Communication

The Roster Policy is available on the [Trust's intranet, SUSI](#) where it can be viewed and downloaded. All staff should be encouraged to access the documents via SUSI (or have paper copies readily available where IT access is limited).

The policy documentation, (including the Employee Online guide) should be made available or communicated to all new staff as part of their Trust and/or local inductions.

## 3.0 Roles and Responsibilities

### 3.1 All staff group on the HealthRoster system

Staff are responsible for:

- adhering to the policy's requirements, ensuring they are familiar with the policy and associated procedures
- undertaking any training and maintaining their own competency necessary for effectively carrying out their role to support roster management within their area
- attending work as per their duty roster
- ensuring they work their fair share of less desirable shifts e.g. nights and weekend
- notifying the ward/unit/ward manager of changes to a planned or worked shift
- ensuring requests for working a shift or off duty are made via the Employee Online
- logging on to their own portal to check their timesheet information

**Take note:** The rostering roles below may be performed by a various clinical and administrative staff, as defined by each rostered area.

### 3.2 Roster Users

**Roster Creators (or Roster Managers)** are responsible for creating and managing all Rosters in their defined area (in line with KPIs).

- generate rosters using AutoRoster, modify and manage gaps before submitting for approval in line with the published Trust wide Roster Calendar
- Consider and approve all roster requests from staff, ensuring fairness and equity are applied in working patterns
- ensuring that all contracted hours are utilised before creating additional shifts or allocating permanent staff on a bank shift
- request temporary workers from the Temporary Staffing/Bank Office when required, using the 'Bank Request' functionality of HealthRoster, ensuring the correct reasons are applied

- bring any areas of concern to the attention of the Ward Manager/Matron
- support the Matrons/Clinical Lead Nurses in promoting the highest possible standards for the management of staffing resources within the scope of this policy

**Roster Maintainers/Administrators** are responsible for ensuring all rosters in their defined areas are updated daily. Ensuring real time change to approved rosters, due to shift swaps or unexpected absences are reflected on the eRoster.

### **First Level Roster Approver**

Ward managers are responsible for the 1<sup>st</sup> level roster approval. They are also responsible for nominating roster creators (roster managers) and deputies within their areas.

#### **1st level approver must:**

- ensure that a quality roster is created, maintained and finalised in line with the [Key Performance Indicators \(KPIs\)](#)
- ensure the safe staffing of the ward, even if they do not directly undertake the task of producing the duty roster
- ensure that there are enough nurses in the right place at the right time, based on the agreed and funded skill mix, with required skills, to meet the needs of the service
- consider all roster requests from staff, making sure there is fairness and equity in working patterns
- be fair and equitable in allocating annual leave and study leave
- ensure any rostering exceptions are justified in meeting service needs and minimising risk
- consider budget constraints
- finalise payroll information on a weekly basis for bank workers and monthly basis in line with the roster timetables and payroll deadlines

**In finalising rosters for payroll, ward managers/matrons are required to confirm that all entries are accurate and are a true record of hours/shifts worked.**

### **Second Level Roster Approver**

Matrons/Clinical Leads Nurses are responsible for the 2<sup>nd</sup> level roster approval. 1<sup>st</sup> and 2<sup>nd</sup> approvals **must not** be undertaken by the same individual.

## **2<sup>nd</sup> level approver is responsible for:**

- monitoring and approving the wards roster (level 1 approved) using the Roster Analyser, in line with KPIs, rejecting rosters that do not comply
- approving all shifts where temporary staff are requested and where additional duties are required
- providing guidance and support to the ward manager or designated roster creator/manager
- checking that any rostering exceptions are justified, service needs are being met and minimising risk and cost
- implementation of intervention and recovery plans for wards failing to meet KPIs

### **3.3 Supporting roles**

**Human Resources** are responsible for advice and intervention to improve staff utilisation, which could include:

- ensuring HealthRoster and HR policies are working in parallel
- advising on absence management
- supporting establishment reviews
- harmonising shift start, finish and break times
- increasing staff flexibility and availability
- supporting service in devising workforce plans to reduce agency spend across the organisation

**eRostering and Temporary Staffing/Bank Teams** are responsible for the administration and maintenance of HealthRoster for both eRostering and temporary staffing bookings. Where a temporary staffing solution cannot be identified, the Temporary Staffing Team is responsible for flagging this in a timely way to the relevant manager.

The eRostering team is responsible for the training of all relevant staff in the use of HealthRoster and providing on-going support as required.

### **3.4 Management Responsibilities**

**Senior Managers (Matrons, Clinical Lead Nurses, General Managers, CDS Directors, Associate/Deputy Directors and Deputy Chief Nurses)**

- support the delivery of the eRostering Vision and Strategy
- monitoring roster performance through eRoster KPIs

- monitoring and review of ward establishment levels on a regular basis, including skill mix to maintain safe staffing levels
- ensuring plans are in place to reduce the need for temporary workers, such as workforce plans, effective annual leave and absence management processes
- holding staff to account for deviations from the policy and lapses in best practice

### 3.5 Corporate Responsibilities

**The Chief Executive** has overall accountability for the implementation and monitoring of the use of policies in the Trust.

Delegated responsibilities have been given to **The Director of HR and Organisational Development** for the ratification and monitoring of the use of policies in the Trust.

**The Chief Nurse** is accountable to the Trust Board for ensuring Trust wide compliance with this policy and that the wards are able to deliver safe quality patient care with appropriately skilled staff.

In line with the National Quality Board (NQB) and NHS England (NHSE) requirements, to review staffing establishments at least six monthly to ensure that the Trust has adequate nursing capacity and capability and highlights key actions that needs to be addressed to maintain safer staffing standards.

## 4.0 Principles of Effective Rostering

### 4.1 Production, Validation and Approval of Rosters

Following best practice in roster management, should support creating a roster that is not only safe, efficient, and productive; but also support a balanced working life.

1. Gather all necessary information, e.g. shifts and absence requests.
2. Plan the roster using the Roster Calendar (produced by the eRostering Team annually) which sets a timeframe for the rostering processes, including payroll and reporting datelines.- the roster **must be published 6 weeks in advance** in accordance with the Roster Calendar.
3. Obtain authorisation Level 2 approval.
4. Send any unassigned cover requests to the Temporary Staffing/Bank office.
5. Review and adapt the roster in a timely manner whilst it is in use.
6. Record actual changes to the live roster daily and verify the shifts for payroll by the payroll cut-off dates.
7. In line with the requirements for weekly payroll and reporting, **all** rosters must be finalised **by 2pm every Monday** (or the next working day on Bank Holiday weeks). For

monthly enhancements and absence (substantive staff), all rosters must be finalised on the **second working day of each month**.

**N.B Failure to finalise rosters in time may lead to incorrect payments to staff/bank workers**

**Take note: Pre-authorisation review prior to Level 1 and 2 approvals must be taken into account:**

- any potential unsafe shifts
- shifts for which temporary staff are planned or booked (check time balance of substantive staff and if under allocated to discuss and where possible arrange for the staff to fill the gaps
- review the KPIs, such as annual and study leave allocation
- if a roster is rejected an email should be sent to Roster Creator/Manager indicating the reason and adding a note to the roster bar for reference. All rejected rosters must be reviewed and amended and will be subject to a further approval process

Staff must fulfil all their contractual hours over an 8 week roster period. Net balances should be reviewed prior to approval for staff to work any bank shifts. If a member of staff is over or under their contractual hours, their roster should be adjusted accordingly following discussion with the staff member.

## **5.0 Skill Mix (Nursing)**

The shift templates will be built in line with each ward's budget and workforce planning.

- Each ward should have an agreed total number of staff and skill mix for each shift, agreed with the Lead Nurse concerned, and must be achievable within the budget.
- Each area should have an agreed level of staff with specific competencies on each shift (i.e. the skill and competencies to take charge, PMVA, IBL and BLS)
- There should always be one Registered Nurse on duty from the ward establishment.

All departments will adhere to the escalation procedure indicating how to cover the ward in the event of unforeseen absences and will need to formally document the criteria if staff reallocation is deployed (5.11).

### **5.1 Changes to Published Rosters**

Whilst the roster creator/manager role may be delegated, It is the responsibility of the **ward managers** to ensure:

- rosters are amended and kept up to date on a daily basis with additional shifts and non-clinical work shifts i.e. sickness, non-attendance, study leave, etc.
- shift changes are kept to a minimum
- staff are responsible for negotiating their own changes once the roster is published. These changes must be approved by the ward manager
- all changes should be made with an equal grade, and with consideration for the overall skill mix of all shifts being changed
- All changes should be made with a similar grade/skill set and with consideration for the overall skill mix of all shifts being changed.

## 5.2 Starters, Leavers and Contractual changes

### ***New Starters:***

Where eRostering is in use, recruiting managers must confirm start dates with Recruitment. It is the responsibility of HR resourcing team to ensure the new starter is recorded on ESR within a reasonable timeframe to be uploaded onto HealthRoster using the ESR gateway; so as to support managers in allocating the shifts at the earliest opportunity prior to the start date.

### ***Contractual Changes***

Managers must complete online Contract Amendment Forms (CAF) as soon as any contractual change has been agreed with a member of staff. The ESR team will forward a copy of CAF to the eRostering team.

### ***Leavers***

**To avoid overpayment**, it is the line managers' responsibility to calculate the net annual leave and hours for final payroll calculations, complete the online Leaver Form within 48 hrs of receiving and accepting staff's notification; and notify the eRostering team.

## 5.3 Flexible Working

Contracted and management agreed flexible working patterns will be set up in the rosters. These are referred to as personal patterns in HealthRoster.

The Trust supports the principles as embedded in its Flexible Working Policy and Procedure regarding work life balance, [flexible working](#) and family friendly working. However this should 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.

The Trust will seriously consider requests for flexible working, but may decline them (the staff should be informed of the reason) if this pattern cannot be accommodated into the business needs. **Achieving adequate staffing numbers and skill mix is the main priority.** All other factors are secondary to this, including requests, preferences, team coverage and study leave.

A written record of the flexible working arrangement/s will be kept for all variations in shifts and will be reviewed regularly, in accordance with service needs.

#### **5.4 Requests/Employee Online**

Employee Online is available to all staff who are rostered in HealthRoster to make requests for all type of leave and these will be considered according to service needs.

A comment must be provided indicating the priority of the request made.

#### **Maximum Numbers of Requests**

A maximum number of working requests will be calculated according to a member of staff's contractual hours; in addition to the type of shifts they are working (2 shifts or 3 shifts type). This will be considered in light of the service needs. Staff should not assume that the roster will be developed to accommodate them. This includes essential requests as service needs will take priority.

<b>Contracted Hours</b>	<b>Requests per 4 Week Roster (2 shifts/3shifts)</b>
<b>28.5 – 37.5</b>	4 Requests / 6 Requests
<b>19 – 28</b>	3 Requests / 4 Requests
<b>9.5 – 18.5</b>	2 Requests / 2 Requests
<b>0 – 9</b>	1 Request / 2 Requests

*One request = one shift, i.e. early, late, long day, night or day off.*

All requests must be considered in the light of service needs and the Ward Manager/Matron will endeavour, as far as possible, to meet individual requests. Where eRoster is in use, Employee Online (EOL) is to be used to make requests for all types of leave, absence or shift requests. All staff must be aware that shift requests will be considered but not necessarily routinely granted.

#### **5.5 Shift patterns**

To ensure equity, staff are required to work a variety of shifts and shift patterns as agreed by their ward manager/matron, or as specified in their contract of employment.

Shift times may vary slightly across units, and start and finish times for each shift must be standardised within units to ensure appropriate staff cover and skill mix. Staff will be expected to adhere to these times. Variations to these shifts may be worked in special circumstances but must be agreed with the Ward Manager.

For agreed personal or variation pattern, please refer to 5.3 Flexible Working

The following principles are applied to all shift patterns:

1. A maximum of
  - a. 2 long-days together (3 consecutive long days unless staff specifically requested to)
  - b. 2 weekends rostered in a 4 week period
  - c. 3 lates in a 7 day period
  - d. 4 consecutive nights

2. A run of consecutive nights - should be followed by 2 days off

Please refer to “Working Time Regulations 1988” in the Appendices and [on Policies page on SUSI](#).

## 5.6 Breaks during shifts

- all shifts over 6 hours must include a minimum of 30 minutes unpaid break
- within a 12 hour shift a 60 minute unpaid break must be taken
- breaks must not be taken at the start or end of a shift i.e. the first or last hour of a shift as their purpose is to provide rest time during the shift.
- the person in charge of the shift is responsible for ensuring that breaks are planned and taken
- if breaks are unable to be taken at an agreed time due to clinical need they should be taken as soon as possible after this point
- rest breaks are normally unpaid and should not overlap with a worker’s daily rest period. The trust does not expect staff to undertake any form of work during their unpaid break
- when, in exceptional circumstances, there is a requirement to work during a break, this must be recorded on the roster and treated in line with the trust’s guidance for Time off in Lieu (TOIL)

## 5.7 Annual Leave

[Annual leave](#) is allocated in hours for all members of staff under the Agenda for Change terms and conditions of employment.

The line manager is responsible for approving all annual leave, in accordance with the Trust’s procedures on annual leave. Each member of staff is responsible for booking their annual leave in accordance with departmental procedures through Employee Online.

Each ward should calculate how many qualified and unqualified staff **must** be given annual leave in any one week, with a defined limit for each band, and adhere to the agreed number.

Annual leave must be booked at least 8 weeks in advance, except in case of any emergencies, and authorised by the line manager.

A maximum of 14 consecutive calendars of annual leave can be requested. Any request for more than 14 days must be put in writing and require approval from line manager. Please refer to the Trust Annual Leave Policy.

Annual leave for new starters will be negotiated to ensure service requirements are met, and it should be noted that it may not be possible to accommodate all requests. Specific pre-booked annual leave raised at interview will be honoured.

Annual leave should not be approved until the ward manager/Matron are satisfied that there is suitable cover on the ward and no temporary staffing is required to cover absences other than in exceptional circumstances (e.g. new starter, long term vacancies and pre or post maternity leave).

The Rostering target for percentage of staff on leave at any one time is 11-15%.

Where possible, all leave should be planned and booked in advance, at the start of the annual leave year i.e. by 1st April for AfC contracts based on the following suggested guide:

25% of leave taken 1st quarter (April – June),  
50% next two quarters (July – September) and (October – December),  
25% last quarter (January – March)

### **School Holidays and Bank Holidays**

The amount of annual leave taken during school and bank holidays should remain within the 11%-15% range. Discussions should be encouraged between those requesting time off so that each member of staff has an equal chance of being granted annual leave. Annual leave requests for school holidays will be shared equally amongst those requesting.

### **Christmas and New Year**

This period will be treated as all other weeks in term of leave. Each CDS will determine how the usual leave will be allocated i.e. a few staff may get some leave as opposed to a small number of staff having blocks of leave. This will depend on the adequacy of staffing at the time.

### **5.8 Study Leave**

Study leave will be assigned in line with Statutory and Mandatory requirements and agreed personal development plans. Line managers must ensure that mandatory training is balanced throughout the year.

There is an expectation that staff will return to work after a training session, if the session is less than the contracted hours/work day.

### **5.9 Sickness Absence**

Sickness Absence will be managed in accordance with the [Trust's Sickness Absence & Attendance Management Policy](#).

- Sickness must be communicated in person, unless illness prevents, by telephone, or other agreed method, to their line Manager or nominated deputy with as much notice as possible, prior to the shift commencing and no later than 1.5 hours from the beginning of the shift. At this point, a time and date will be agreed for the staff member to ring back and report on progress.

- If off-duty days follow on from sick days, the line Manager or deputy must be kept informed of recovery and, unless notified, off-duty days will be reclassified as sick leave.
- If an employee has taken sick leave, no additional/bank hours will be agreed until they have worked 'a working week' (7 days) following the sickness absence, in order to allow time to recover.
- No Bank shifts must be worked whilst on sick leave.

### **5.10 Unsocial hours /Time owing (TOIL)**

- Unsocial hours should be distributed evenly and fairly, in accordance with agreed contractual restrictions.
- Any time over / above shift times must be authorised by the relevant Matron and recorded on HealthRoster.
- Every 8 weeks the Ward Manager must run a report using the 'My staff hours' report available to ensure any staff hours that do not balance over a 4 week period are balanced over an 8 week period.
- Hours must be reconciled every 8 weeks with the manager reducing planned work time to 'pay back' any time over hours from the preceding roster; this should be discussed and planned with the employee wherever possible.
- Time owing to staff cannot be carried over into the new financial year (i.e. 1<sup>st</sup> April).
- Managers must make reasonable allowances to enable time to be taken back. If for operational reasons you are unable to take time off in lieu in 12 weeks it must be paid at the overtime rate. This must be authorised by the line Manager.

### **5.11 Temporary workers (Bank and Agency)**

No temporary worker should be booked with the Ward Manager/Matron assessing the need for them.

Bank and Agency workers will be managed through Temporary Staffing/Bank Team, with unfilled shifts directed to the Team electronically through the HealthRoster system, once rosters have been approved.

Bank and agency workers cannot be used to take charge of a clinical area unless they are known to the area concerned, have been assessed as competent to do so, and are willing to take charge. This must be approved by the Ward Manager or Matron.

Staff who have been off sick or taken any paid special leave in the previous 7 days should not be allowed to undertake bank work.

N.B. Staff who had been absent from work on special leave (paid or unpaid) and would like to undertake bank shifts should discuss this with their line-manager in the first instance, before booking any shifts. To support staff's well-being, anyone who has been absent from work due to sickness, the manager needs to be mindful of the length

of the absence and the reason. Staff returning to work following a period of sickness absence on a phased basis, should not work bank shifts until such time they have resumed working normal hours.

### **5.12 Escalation**

Escalation will be undertaken when; the ward draws attention to a major problem with staffing. These include:

- High levels of absence or vacancies of nursing staff
- High level of unfilled requests of bank or agency worker
- High dependency patients above those normally managed in the clinical area requiring additional staffing level above requirement

### **5.13 Staff redeployment**

During staff shortages it is accepted that staff may be required to work in another co-located ward to provide a safe and efficient service. If a ward requires staffing the Matron/Clinical Lead Nurse for that unit is responsible for the redeployment of appropriate staff within the hospital; following consultation with the member of staff.

## **6.0 UNPLANNED SYSTEM FAILURE**

To enable business continuity in the event of system failure, it is necessary that the ward manager prints out the roster after each update and that all previous versions are removed. This will ensure that each ward always has hard-copy access to the most up to date version of the roster.

In the unlikely event that staff are unable to access Roster system, the hard copy roster will be updated manually until such time as the system is available, and can be updated.

The ward manager will:-

- Ensure an E-mail update of the situation is sent ASAP after the event
- Make a note of changes made to live system since the last backup and make these changes on the paper roster
- Maintain the paper roster for ongoing changes
- Ensure E mail updates are sent once the system has been restored
- View the roster and make the changes required once the system has been restored
- Contact the eRoster Team if support is required

## **7.0 Development, Consultation and Ratification**

This policy has been developed in partnership with staff side colleagues through a full consultation process. Full consultation also included senior members of the HR Directorate, Nursing Directorate and operational staff, e.g. roster managers. This policy has also been benchmarked with other NHS Trusts. It has been ratified through the appropriate Trust approval processes.

## **8.0 Equality and Human Rights Impact Analysis (EHRIA)**

Equality and human rights impact assessment completed in April 2019 and will be reviewed.

## **9.0 Monitoring Compliance**

Compliance with the policy will be monitored against the Rostering timetable.

Key performance indicators and parameters will be set and monitored, using analysis reports, by the organisation. The indicators will be monitored by roster approvers and financial management teams. The following criteria should be considered when measuring the success of the rostering system.

A report of the KPIs will be made available and reported on to the Trust performance management team and used for Trust's board report, i.e. Finance & Investment Committee (FIC) and Safer staffing reports. This will include:-

- Reduction in bank, agency, overtime, and excess usage consistent with workforce plan targets.
- Overall staff cost performance v budget.
- The levels and trends of the following Key Performance Indicators:
  - % lost contracted hours
  - % over contracted hours
  - % additional duties
  - % unfilled duties
  - % non-effective working days
  - % requests
  - % contracted staff by WTE
  - % vacancies
  - % temporary staffing requests on a weekend/night duty
- Proportionate allocation of annual leave for each shift measured by the % leave allocated within the recommended bands.
- Reduction in the variance between planned and actual rosters.

- Reduction in clinical incidents relating to poor staffing.
- Increases in staff satisfaction as identified by the annual staff survey.

**Please refer to Appendix 4 for example of KPIs RAG rating.**

## **10.0 Dissemination and Implementation of Policy**

Both the Trust wide policy and unit based local guidelines on staffing must be made readily available to all staff.

The policy will be available on the Trust intranet with a hard copy accessible on the ward.

## **11.0 Document Control including Archive Arrangements**

It will be the responsibility of the Sponsors and Authors of this policy document to ensure that it is kept up to date with any local, national policy or legislation.

The policy will be managed in accordance with the Policy for Procedural Documents

## **12.0 Reference Documents**

There are a number of related policies that should be referred to in conjunction with this policy which include:

- Annual Leave Policy
- Flexible Working
- Sickness Absence [& Attendance Management Policy.](#)
- Special Leave Policy
- Maternity, Adoption and Maternity Support (Paternity) Leave Policy
- Staff Health and Wellbeing Strategy
- Supervision Policy
- Performance Management Policy
- Access Control Policy – Electronic Information Assets
- Data Protection and Security Policy
- Access to Personal Records Policy
- Data Quality Policy
- Display Screen Equipment Policy
- Standing Financial Instructions
- Working Time Directive

[http://www.direct.gov.uk/en/Employment/Employees/WorkingHoursAndTimeOff/DG\\_10029426](http://www.direct.gov.uk/en/Employment/Employees/WorkingHoursAndTimeOff/DG_10029426)

<https://improvement.nhs.uk/resources/rostering-good-practice/>

## **13.0 Appendices**

**Appendix 1** - Summary – The Roster Policy at a Glance

**Appendix 2** - HealthRoster timetable

**Appendix 3** - Working Time Regulations 1988

**Appendix 4** - KPI's

## Appendix 1 - Summary – The Roster Policy at a Glance

The purpose of this policy is to ensure the effective utilisation of the workforce through efficient rostering.

The key elements of the policy are:

- All duty rosters must commence on the same day of the week and be published 6 weeks in advance in accordance with the Trust's Roster Calendar. The creation of rosters is the responsibility of the Ward Manager.
- There is a 2-stage process for approving rosters:
  - Level 1: Roster Creator/Manager approval
  - Level 1: Matron/Clinical Lead approval
- The approval of rosters must consider the roster analysis information and the KPIs
- Staff will use the HealthRoster system to make requests for all types of leave. Requests will be pro rata'd for part time staff
- Staff will be required to work a variety of shifts and shift patterns to meet the needs of the service
- Staff may have a minimum of one weekend off per 4-week roster (unless they specifically request not to have weekend off). Additional weekends off can be rostered if the ward requirements allow
- The number of consecutive standard day shifts recommended for staff to work is 5. Staff may work up to a maximum of 7 if they specifically request to
- The number of consecutive 12-hour shifts (long day) recommended for staff to work is 3. Staff may work up to a maximum of 4 if they specifically request to
- Night Duty should not exceed a maximum of 4 consecutive shifts
- All staff must have at least 11 hours rest before their next shift. Where short shifts are the norm, a late to early shift pattern should be avoided
- All staff must have 24 hours rest in every 7 days OR 48 hours rest in every 14 days
- Staff must not work more than an average of 48 hours per week over a rolling 17-week reference period
- All shifts of 6 hours or more (up to 12 hours) must include at least 30-minute unpaid break and a 60-minute unpaid break for shifts of 12 hours or more. Night shifts must include a 60-minute unpaid break
- Annual leave must be booked at least 8 weeks in advance, except in case of domestic emergencies and authorised by the Department Manager. A maximum of 14 consecutive calendar days of annual leave can be requested. Any more than this will need special approval from the Senior Nurse / Modern Matron.

## Appendix 2 - Roster Timetable

April 2019 – April 2020

Roster timetable				
	ACTION	DEADLINE	PAYROLL CALENDAR	
Roster Period 4 weeks	Rosters Closed to Requests	FULL APPROVAL	MONTH	Roster Finalisation DEADLINE
8 April to 5 May 2019	10-Feb-19	24-Feb-19	Apr-19	02-May-19
6 May to 2 June 2019	10-Mar-19	24-Mar-19	May-19	04-Jun-19
3 June to 30 June 2019	07-Apr-19	21-Apr-19	Jun-19	02-Jul-19
1 July 28 July 2019	05-May-19	19-May-19	Jul-19	02-Aug-19
29 July to 25 Aug 2019	02-Jun-19	16-Jun-19	Aug-19	03-Sep-19
26 Aug to 22 Sept 2019	30-Jun-19	14-Jul-19	Sep-19	02-Oct-19
23 Sept to 20 Oct 2019	28-Jul-19	11-Aug-19	Oct-19	04-Nov-19
21 Oct to 17 Nov 2019	25-Aug-19	08-Sep-19	Nov-19	03-Dec-19
18 Nov to 15 Dec 2019	22-Sep-19	06-Oct-19	Dec-19	03-Jan-20
16 Dec to 12 Jan 2020	20-Nov-19	03-Nov-19	Jan-20	04-Feb-20
13 Jan to 9 Feb 2020	17-Nov-19	01-Dec-19	Feb-20	03-Mar-20
10 Feb to 8 Mar 2020	15-Dec-19	29-Dec-19	Mar-20	02-Apr-20
9 Mar to 5 April 2020	12-Jan-20	26-Jan-20	Apr-20	04-May-20

### **Appendix 3 - [Working Time Regulation -1988](#)**

In compliance with the Working Time Regulations 1998 (WTR) no member of staff, may work more than 48 hours a week on average whether substantive staff or Bank staff unless they have signed the Individual Working Hours Agreement form.

It is the responsibility of all concerned to ensure that these regulations are not infringed.

The onus is on ward or departmental managers to ensure that all substantive staff working extra hours on their ward, or elsewhere in the Trust, have signed the Individual Working Hours Agreement form and retained a copy for their reference and returned a copy to the Bank.

Providing that the Individual Working Hours Agreement form is signed, a member of staff may work up to a maximum of 60 hours per week averaged over a rolling 17 weeks period. Under no circumstances will a member of staff be permitted to exceed these hours, either through undertaking bank duties within the Trust, or working elsewhere with another organisation.

**If you are required to work a shift in your post, in doing so you agree that you will not undertake back-to-back shift working, which may include:**

- A Late (or a long day) shift followed by a night shift
- A night shift followed by an day duty

You should also ensure that you comply with the following rest periods, which can be averaged out over a seven-day period; however, you should ensure that you receive a minimum of a 90 hours rest a week.

- 30 mins if at work for longer than 6 hours
- 11 hours every 24 hours
- 48 hours rest periods uninterrupted every 14 days

Annual Leave: for your own health and wellbeing you are encouraged to take your annual leave, evenly throughout the year. If you chose to undertake additional shifts whilst on leave please ensure you have the required breaks between shifts

## Appendix 4 - KPIs Threshold

Group	Key Performance Indicator	Amber Threshold	Red Threshold
Nursing Supply Effectiveness	Overall Headroom Limit	0.24	>25%
	Sickness	4%	>5%
	Annual Leave (min staff required)	Set by individual wards	
	Annual Leave minimum	10%	5%
	Annual Leave maximum	15%	>15%
	Study Day	5%	>5%
Rostering Effectiveness	Over contracted hours	1%	2%
	Unused contracted hours	1%	2%
	Bank and Agency Usage	5%	10%
	Unfilled shifts	20%	30%
Rostering Budget	Over Budget	2%	5%
Fairness	Requested Roster	30%	50%
Safety	Shifts without Charge cover	1	3