




# STAFF ROSTERING POLICY

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<b>Policy Lead</b>	ICT and Inclusion	
<b>Policy author (if different from above)</b>	Corporate Systems Lead	
<b>Exec Sign off Signature (electronic)</b>		
<b>Disclosable under Freedom of Information Act 2000</b>	Yes	

## Policy context

The policy sets out the guidelines to assist managers to effectively roster their staff to ensure efficient utilisation of resources and high-quality care provision.

The objectives of this policy also include:

- Ensure that rosters are fit for purpose and have the appropriate skill mix.
- High quality standards of care to minimise clinical risk associated with skill mix and staffing levels.
- Rosters are fair and equitable to all staff.

## Policy requirement

This procedure will be subject to review as per the agreed review schedule of Trust HR policies and procedures and as agreed by the Trust's Partnership Committee.

Compliance with this procedure will be against the Trust's agreed minimum requirements/standards as detailed within its Auditable Standards and Monitoring Arrangements, as well as the use of internal reporting and recording within the Human Resources and Information Communication and Technology Directorate.

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## 1 INTRODUCTION

### 1.1 Rationale

- 1.1.1. Staff rosters are one of the fundamental systems used to deliver care to people who use our services by ensuring safe staffing levels at all times. It is therefore essential that they are drawn up in a timely and appropriate manner, maximising the benefits to people who use our services and without incurring any unnecessary expenditure (bank and agency). For staff to be able to achieve a work life balance in line with our Health and Well Being objectives, rosters must be drawn up giving maximum notice (6 weeks in advance) and taking reasonable account of the needs and requests of individual members of staff. Staff should also provide reasonable notice for any requests for time off.
- 1.1.2. Fair and equitable rostering is necessary to achieve the Trust's Vision and Values. All people using our services, as well as staff, have a right to expect the best support from the Trust. To do this we must ensure that work is distributed appropriately and fairly with our staff having had appropriate rest to deliver a safe, high-quality service. This must be based on the needs of the people using our services.
- 1.1.3. Improve the utilisation and allocation of existing staff establishments by giving relevant Managers and Matrons clear visibility of staff contracted hours, alongside this, improve management information and monitoring of sickness and absence by department and/or individual, generating comparisons, identifying trends and priorities for action.
- 1.1.4. Improve planning of non-patient contact days (Annual Leave, sickness, and study leave).
- 1.1.5. Enable timely and accurate payment of bank staff through efficient roster practice.

### 1.1 Scope

- 1.1.1 These guidelines apply to all staff working patterns, not just those working a variable shift pattern.
- 1.1.2 Applies to Managers/Team Leaders who have responsibility for rostering their staff.
- 1.1.3 Applies to the Clinical Nurse Managers/Matrons who have responsibility for authorising the duty rotas which have been produced, prior to publishing the final version (fully approving).
- 1.1.4 Considers the Rostering Managers, Professional Heads of Nursing and Senior Manager's roles and responsibilities in the delivery of safe, fair and cost-effective rosters.

### 1.2. Principles

- 1.2.1. To ensure that the services are safely staffed.
- 1.2.2. Ensure that rosters are fit for purpose and have the appropriate skill mix, to

ensure safe, high-quality standards of care.

- 1.2.3. To improve the utilisation of staff and reduce temporary workforce expenditure by providing managers with clear visibility of staff's contracted hours.
- 1.2.4. Ensure that rosters are fair and equitable to all staff, while balancing the requirements of the European Working Time Directive Regulations (EWTD) with the needs of service delivery.
- 1.2.5. To improve monitoring of sickness and absence by department and individual, generating comparisons, and identifying trends and priorities for action.
- 1.2.6. To improve planning of study days, annual leave and other non- clinical care working days.
- 1.2.7. Provide a mechanism for reporting real time data against Key Performance Indicators (KPIs) as well as measuring effective roster practice (monthly and weekly dashboards).
- 1.2.8. Support work life balance through flexible rostering – considering formal and agreed flexible working arrangements whilst producing rosters.

## **2.0. The Policy**

- 2.1. The purpose of this policy is to ensure effective utilisation of the trusts workforce through efficient rostering.
- 2.2. The purpose of these guidelines is to provide the principles upon which all rosters for staff must be based.
- 2.3. The Trust has adopted the Allocate Health Roster computerised system to ensure rosters are compliant with the Working Time Regulations, though guidance is given for manual rosters too where this system is not in operation.
- 2.4. The Flexible Working Policy and contact with HR must be read in conjunction with these guidelines to support staff that may have particular requirements in their working patterns.
- 2.5. These guidelines cover compliance with Section 27 of the Agenda for Change Handbook which covers the Working Time Regulations (WTR). Section 27 should be read in conjunction with these guidelines where full details of the restrictions on working time necessary to comply with the Working Time Regulations can be found. The only exception to this is Doctors in Training, which can be found at 27.3 of the Agenda for Change Handbook.

### 3.0. THE PROCEDURE

#### 3.1. ROSETRING PROCEDURE

- 3.1.1. Managers should produce a duty roster at least a minimum of 6 weeks and a maximum of 8 weeks in advance of the period to which the roster relates, using E-Rostering **where implemented**, and should ensure that the roster reflects the following requirements:
- Minimum staffing levels (number of staff) and skill mix (experience of staff required, competencies and gender) by shift and by day.
  - Policies relating to all types of leave, most importantly Annual Leave, Study Leave, Carers Leave and Working Time Regulations.
  - Service requirements are met and demand.
  - The maximum time ahead that requests can be entered from EOL (employee online), in order to ensure that new employees who join the team have a fair chance of adding their requests, it is understood that the units can open and close the roster request period as they chose, and the rostering calendar is for guidance only.
  - The date by when requests have to be made for consideration within the roster; it is suggested that this is 8 weeks prior to creation of the roster. However, there will be occasions where an employee may need to give less time, and this will need to be considered on a case-by-case basis and taking into consideration the reason for the request.
  - Long term absence, maternity leave etc.
  - Fairness and equality.
- 3.1.2. Units who do not fully roster will be encouraged to utilise the system to ensure recording of rosters when possible to prevent over working of bank duties as the system will need to identify any excessive working from individuals.
- 3.1.3. Fairness of staff allocation and that the Trust will seriously consider requests for flexible working in line with the appropriate HR policies in relation.
- 3.1.4. Shifts given a high priority for example nights and weekends must be rostered first, this must also be balanced with staff's current skill mix and staffing levels from Monday to Friday.
- 3.1.5. Staff hours and time owing should try to be balanced for each roster period to minimise any net hours carried over to the next roster (positive figure).
- 3.1.6. Additional duties must not be allocated to any member of staff whilst a roster is showing unused contractual hours by other members of the ward/unit in the vacant duty window. If there are exceptional circumstances where additional duties are to be assigned (i.e. to meet urgent patient need/ to ensure safety etc. where staff with unused hours are unable to cover the shift), the reasons for this must be recorded within the system and prior approval given by the Ward/Unit Manager.
- 3.1.7. **All** types of leave should be entered into the roster.
- 3.1.8. **Sickness absences** - All sickness needs to be recorded with an end dated or ether open ended for accurate extracting into ESR – this will prevent duplication of using both ESR and Healthroster. Please refer to the detailed guidance contained on our connect page.

## **Publishing your Roster**

- 3.1.9. After the roster has been created, it must be published in order for it to be visible to the operation staff (unit/teams). Prior to approval of the rota, all rosters will require approval by the Ward/Deputy/Team Managers and a 2nd approver by the Matron/CNM/Higher Management, we will encourage leads to check and challenge the rota in detail before final approval. Until this stage has been completed, no roster will be published and therefore will not be visible
- 3.1.10. A Roster Calendar will be produced every year by the Applications and Systems Team.
- 3.1.11. A single copy of the roster should be printed and made available on the ward/unit for all staff to view at least SIX weeks prior to the roster start date – this will be reported on with monthly dashboards to meet HR KPI's (Key Performance Indicators).
- 3.1.12. Any revision of the roster must be made on the system and if necessary the revised roster printed.
- 3.1.13. Disaster Recovery - A single copy of the roster should be printed off by the Ward/Unit Manager on a weekly basis and kept in the office away from the staff. This will counter any loss of access to Electronic systems making sure that an up-to-date copy of the roster is available to determine who is coming on duty, until the systems become available.

## **Finalising your Roster**

- 3.1.14. The Trust has two payrolls, weekly and monthly, weekly payroll for bank staff and monthly payroll for substantive staff.
- 3.1.15. It is the responsibility of the Ward/Unit Manager to check the data on the roster before finalising any shifts for weekly and monthly pay, as staff will be paid according to the finalised data. No changes can be made to the data by the Ward/Unit Manager once it has been finalised (locked down).
- 3.1.16. It is recommended that rosters are updated and finalised on a weekly basis for both weekly and monthly paid staff. This includes ensuring annual leave, sickness and any other leave/absence is recorded appropriately.
- 3.1.17. All rosters that fully roster must fully finalise by mid-day on the 5th of each month to be in time for payroll – this is to avoid any underpayments or incorrect payments to staff.
- 3.1.18. All outstanding updates to rosters for weekly payments must be entered and finalised by the 10:00 am each Monday to be in time for weekly payroll, any urgent issues you must contact the Temporary Staffing Team.
- 3.1.19. A deputy can finalise if the Ward/Unit Manager is to be absent on the finalisation date for any given reason, an audit is available.
- 3.1.20. Once the data has been finalised, payroll corrections can only be made by contacting the Application and Systems team, a retro pay can be utilised in exceptional circumstances.
- 3.1.21. The Ward/Unit/Team Managers hours will need to be finalised by their line manager.
- 3.1.22. **Where Healthroster is implemented**, all unsocial hours, overtime and on-call payments will be paid via the rostering system. Basic pay is not paid via the

rostering system and therefore will be unaffected by any data held within the system, ESR will pay staff basic pay so if any pay effecting changes that need updating must be updated in ESR first and foremost.

- 3.1.23. The duties on the roster will determine the payment for an individual.
- 3.1.24. Failure to finalise staff duties in a timely manner may affect an individual manager's pay progression.

### **3.2. SKILL MIX AND SHIFT STAFFING**

- 3.2.1. Each area has an agreed funded establishment from ESR and finance.
- 3.2.2. Each area should have an agreed level of staff with specific competencies on each shift, i.e. the ability to take charge.
- 3.2.3. Managers should Auto Roster personal and duty patterns before other duties.
- 3.2.4. The roster must be reviewed on a shift-by-shift basis by nurse in charge with prior agreement from the Matron/Manager/Clinical lead to ensure it covers patient dependency and acuity and dependency requirements (Safecare). This may require going above the minimum establishment set in line with Safer Staffing requirements and will be agreed by the Manager/Matron/Clinical lead.
- 3.2.5. Consideration should be given to flexible working, however, this needs to be fair and equitable to all staff and as applied for and agreed in accordance to the policy. Life work balance, early, lates, days off before and after annual leave. Those responsible for completing the rota for their staff are also responsible for the budget management of their wards/teams and therefore agreement to any number of flexible working and/or roster patterns should only be given where it is cost neutral to the allocated team budget.
- 3.2.6. Staff will be required to work a variety of shifts and shift patterns as agreed by their Manager. All staff will be required to work nights unless there are exceptional circumstances which mean they are unable to following advice from either Occupational Health or Human Resources.
- 3.2.7. Staff will work a maximum of 15 nights in 4 weeks pro rata and a minimum of 1 x 4 week per year, staff will can be exempt due to Occupational Health reasons, Employee Relations (HR) or a local agreement with the area of work.
- 3.2.8. Staff are not permitted to work permanent nights unless a formal flexible agreement is in place.
- 3.2.9. Staff may work long shifts, short shifts or a combination of both in order to meet the clinical requirements. Variations to these shifts may be worked but must be agreed with the Manager on the basis of service needs.
- 3.2.10. Night shifts should be kept together where possible. No more than 4 nights in a row should be allocated to a staff member. There should be a minimum of 2 days off after a staff roster for more than 4 in a row; however exceptions will be recognised according to a clinical need/requested shifts.
- 3.2.11. The core shift combinations are as followed: Although other shift patterns are viable (see appendix).
  - **Long Day x2 and Short Shift x2 = 37.5 hours**
  - **Max of x5 Nights in one week (No more than x4 in a row)**
  - **Long Day x3 (36.5 per week) and x1 Short Shift over 6-8 weeks to make time up.**

- **No more than 7 consecutive short shifts in a row (7.5 hours)**
- **(Optional with the agreement from Management – 3x LD with increased hours of 15mins per shift = 37.5 hours).**

- 3.2.12. All shifts must include a minimum 30 minute unpaid break depending on the length of the shifts, if more than 6 hours a 45 to 1 hour and fifteen minute break is required.
- 3.2.13. The units/teams are responsible for ensuring that breaks are facilitated.
- 3.2.14. Breaks must not be taken at the beginning or end of a shift. (Refer to the Working Time Directive Policy).
- 3.2.15. Weekend shifts are defined as Friday night, Saturday day or night, Sunday day or night and where applicable weekend shifts may include bank holidays.
- 3.2.16. Staff should have a minimum of one full weekend off per 4-week roster, in normal circumstances, the days off must be sequential. Additional weekends off can be included within the staff roster if the ward requirements allow. In regards to Night shift patterns, the shifts may have to be adjusted to accommodate the weekend off as Friday night is defined as a weekend shift.
- 3.2.17. The maximum number of consecutive standard day shifts recommended for staff to work is 7. Staff may work more than this if they specifically request to (to be agreed by line manager) and only if this meets service need and is not to the detriment of patient care and safety.
- 3.2.18. Under Working Time Regulation rules, staff cannot be forced to work more than an average of 48 hours per week. Measurement and monitoring of the 48 hour working week should be over a 26 week reference period for doctors (17 weeks for most other workers). Employers need to take reasonable steps to ensure that the working hours of all medical staff are compliant over this period of time.
- 3.2.19. Staff can opt out of the maximum 48 hour working week. This must be agreed in writing to the Temporary Staffing Team.
- 3.2.20. Within reason and under exceptional circumstances, the trusts WTD max of 60 hours can be increased if required.
- 3.2.21. All staff must have 11 hours continuous rest between shifts or within a 24 hour period, and 24 hours continuous rest in 7 days (or 48 hrs in 14 days). If a rest break has to be interrupted or delayed (e.g. to ensure continuity of care or in an emergency), compensatory rest must be taken immediately after the end of the working period, except in very exceptional circumstances.
- 3.2.22. For overtime or allocation of On Calls please refer to finance procedures.
- 3.2.23. Where staff who have second employment elsewhere, 60 hours is still applicable and need to be monitored for health and safety reasons.

### **Reallocation of Staff**

- 3.2.24. There may be a service need which requires staff to work elsewhere (where appropriate, consistent with skills and competence) in order to provide a safe and efficient service and reduce temporary staffing requirements.
- 3.2.25. Arranging deployment of staff can be utilised by the 'Redeploy' function within the system.



### **3.3. STAFF REQUESTS**

- 3.3.1. It is the managers' responsibility to ensure equity and fairness is maintained and monitored at all times regarding staff requests, however no requests should be granted at the detriment of patient care and safety.
- 3.3.2. Each team should use Employee Online for staff to make requests for all types of leave. These requests will be considered in the light of service needs and provision.
- 3.3.3. A maximum of 3 demands should be opened in advance to enable staff members to make requests, you are able to amend the opening and closing of these demands to allow staff to make requests.
- 3.3.4. All requests made on a particular day should be numbered / dated to ascertain the order in which they were made. The system retains information relating to the date requests are made in the audit trail in the duty assignment.
- 3.3.5. Requests should have a closing date, to prepare the roster. It is suggested this is 10 weeks prior to the roster being worked, it is managers discretion if they wish to extend or close the request dates.
- 3.3.6. If staff wish to change their rostered off duty (post publication), they can arrange a fair swap with another member of staff of the same grade, providing it meets approval. Shifts should not be swapped that adversely affect ward skill mix and safety.
- 3.3.7. The system will keep a record of staff requests for future reference; it is advised that the units/teams use 'Staff Leagues' to manage any future requests.
- 3.3.8. It must not be assumed by staff that the roster will be written to accommodate them individually but meet the needs of the entire staff and patient requirements. This includes essential requests. Service needs will take priority. Staff must be considerate of their colleagues and the service, and the requirement that they are fulfilling their share of weekend and night shifts and bank holidays, where required.

#### **Day Off Requests (DO)**

- 3.3.9. The table below provides the number of total requests staff can make according to individual contracted working hours for any four week period:

<b>Contracted hours per week</b>	<b>Total DO Requests per four-week period</b>
28.5 – 37.5 Hours	4
19 - 28 Hours	3
10 – 18.5 Hours	2
1 – 9.5 Hours	1

- 3.3.10. All duty requests and working patterns for the next planned period of roster need to be submitted 10 weeks in advance of the start date. In the event

that staff do not make any requests, it will be assumed that any duties can be worked. Therefore, it is the individual's responsibility to ensure requests are made in a timely way.

- 3.3.11. When making requests, staff must consider the clinical requirements of the service in conjunction with skill mix, number of staff on duty, weekend, night and bank holiday cover.
- 3.3.12. Requests are not guaranteed until the roster is published and will only be granted if the service allows.
- 3.3.13. Any amendments or cancellations to requests must be made before the roster is published.
- 3.3.14. Roster Managers will monitor the granting of staff requests to ensure fairness and equity.

#### **3.4. LEAVE AND BANK/AGENCY COVER**

- 3.4.1. All absences should be recorded in the system by the manager on the same day they are made aware and approval given. This includes unpaid leave, maternity leave, paternity leave, jury service, special leave, etc.

##### **Annual Leave**

- 3.4.2. Annual leave is to be requested, assigned, and utilised in line with Trusts Leave Policy and Procedure.
- 3.4.3. The Unit/Teams should calculate how many qualified and unqualified nurses must be given annual leave in any one week. An agreed number must be set and adhered to.
- 3.4.4. No holiday bookings or travel arrangements should be made until the Ward/Unit has sanctioned the annual leave requested. An annual leave request must be agreed and signed by the appropriate line manager.
- 3.4.5. It must not be assumed that all annual leave for new starters will be honoured.
- 3.4.6. Half term weeks and school holidays can be periods of increased requests for leave. The total amount of leave whether annual or study leave etc. should not be increased because of the well-recorded difficulties in obtaining temporary staff.
- 3.4.7. A minimum of 70% of annual leave should be agreed with staff and must be booked by the end of march.
- 3.4.8. Annual leave needs to be set and adhered to in line with Trusts KPI's
- 3.4.9. Please refer to leave policy for any additional annual leave queries
- 3.4.10. Every effort should be made to allocate days off surrounding the leave.

##### **Study Leave**

- 3.4.11. Study leave will be assigned in line with the Trust 'Study Leave Policy, HR18
- 3.4.12. Mandatory training must be allocated proportionately throughout the year and assigned per roster.

##### **Sickness**

- 3.4.13. Staff sickness should be reported and managed in line with the Trust Sickness Absence Policy and Procedure.
- 3.4.14. All managers are responsible for maintaining a record of sickness and reflecting this on the roster, you must record if the member of staff is medically or self-certified.

- 3.4.15. Staff cannot work in any capacity whilst off sick. This applies to substantive and bank posts.
- 3.4.16. All sickness must be recorded in the system in 'real time' i.e. on the day that the absence occurs. If the member of staff goes home sick after working **more than half** of their shift, they should not be noted as sick, but a note should be entered on the shift detailing the time that they went home sick and the reason. If less than half the shift was worked, the shift should be noted as sick with a note added detailing the time the member of staff went home.
- 3.4.17. If DO days follow on from sick days the area must be kept informed of recovery and unless notified DO days will be reclassified as sick leave.
- 3.4.18. All calendar days from the employee reporting as sick to the employee reporting as well again will be included in the calculation i.e. including non-working days. Therefore, if an employee is no longer sick on one of their days off they should inform their Ward/Unit Manager so that they are not recorded as sick for longer than they are.
- 3.4.19. The monthly interface into ESR is pulled on the 5<sup>th</sup> of each month, you must ensure that sickness is recorded correctly and locked down, if it is open ended please record this on the sickness episode and input the RTW (Return to Work).
- 3.4.20. A sickness period may be extended dependant upon individual circumstances following discussions with Occupational Health, HR and staff-side.

#### **Booking Temporary Workers - Bank/Agency**

- 3.4.21. Prior to any temporary shifts being sent to bank or agency, units/teams must ensure that where possible, shifts are filled by substantive staff with unused hours outstanding.
- 3.4.22. Replacement staff must not be booked unless the area has assessed the need, the grade required and the time that they are required to start and finish.
- 3.4.23. Reasons for temporary requests must be recorded on the shifts when entered onto the rostering system. These will be monitored by monthly KPI reports and from HR and TSS.
- 3.4.24. All shifts filled by temporary workers must be entered onto the rostering system prior to the shift being worked. This will enable the system to ensure compliance with the Working Time Directive and Trust policies and that the individual will be paid.
- 3.4.25. Temporary workers cannot be used to take charge of ward/units unless they are known to the organisation and have been assessed to do so.
- 3.4.26. Where possible, bank shifts should be requested 8 weeks in advance of the shift work date.

#### **The Procedure**

- 3.4.27. The **Ward/Deputy Manager/Team Manager** will check with all ward/team and department staff if they are available to undertake bank duties for the particular shifts in question.
- 3.4.28. The **Ward/Deputy Manager/Team Manager** will ensure that the temporary shift is entered onto the rostering system as soon as possible.
- 3.4.29. If bank cover within the Trust is not available, the bank will advise the ward

and request permission to go to agency in line with the approved Agency List from the Temporary Staffing Team.

### **Out of Hours**

- 3.4.30. The nurse in charge will contact the bank workers on the availability report prior to going to agency.
- 3.4.31. If there are no bank workers available, and permission is granted by the on-call manager for the use of agency, the nurse in charge can contact the appropriate nursing agency direct, the list of certified agencies can be found on the TSS homepage or from the TSS Lead.
- 3.4.32. Where possible, the nurse in charge will also update the rostering system to show the person filling the shift. If the person is not available to select on the system, the Temporary Staffing Team must be informed of the person filling the shift as soon as possible.
- 3.4.33. Even out of hours, retrospective booking is not permitted. All shifts have to be entered onto the rostering system prior to the shift being filled/worked.

### **Monitoring of Bank and Agency Workers**

- 3.4.34. It is the duty of the **Clinical/Operational Managers** lead to ensure that adequate monitoring takes place and that a weekly report of the number of bank and agency workers used in the preceding week is completed.
- 3.4.35. All bank and agency shifts must be correctly entered onto the Roster prior to the shifts being worked and all details must be correct.
- 3.4.36. If any activity is considered as potentially fraudulent it must be reported to the Local Counter Fraud Specialist for investigation.

## **3.5. STUDENTS**

- 3.5.1. It is the managers' responsibility or the nominated deputy to ensure that all rotas are updated with student records during their placement.
- 3.5.2. Students must be rostered to work with their mentor for a minimum of 2 days per week. If their mentor is unavailable an associate mentor should be allocated.
- 3.5.3. Unsocial hours should be distributed evenly and fairly, in accordance with agreed contractual restrictions.

## **3.6. UNSOCIAL HOURS / TIME IN LIEU**

- 3.6.1. Any time over / above shift times should be authorised by the relevant line manager.
- 3.6.2. Staff must ensure that they take time in lieu back within a three month period.
- 3.6.3. If time off in lieu is not taken within three months it will be forfeited, unless there are exceptional reasons where time off in lieu could not be taken for operational reasons in which case the arrangements set out within the Agenda for Change Terms and Conditions of Service will apply.

## **3.7. CHANGES TO PUBLISHED ROSTER**

- 3.7.1. Shift changes after rosters are published should be kept to a minimum and need to be authorised by the Ward/Team Managers, however, the Deputy Ward/Team Managers can also authorise on their behalf.
- 3.7.2. All shift changes should be made between staff that have an equivalent

minimum competency set, and with consideration for the overall skill mix and competence requirements, for all shifts being changed. If a swap, with a person who possesses an equivalent minimum competency set, is not possible, this should be negotiated with the Ward/Team Manager.

3.7.3. Additionally, all changes must be added to the electronic rostering system under 'actuals'. Once the roster has been published managers should not make alterations to staff members' allocated shifts without discussion with and agreement from the staff members involved.

### **3.8. FLEXIBLE WORKING**

3.8.1. BSMHFT recognises and values flexible working brings to the service and to the individual and their families, and is committed, where possible, to allow staff to work flexibly.

3.8.2. BSMHFT has a Flexible Working Policy for its staff and any request(s) will be considered in accordance with this policy and operational service requirements for the service.

### **3.9. REPORTS**

3.9.1. Exception reports must be scrutinised on a regular basis to identify potential excess working/overtime hours by staff involved in the rostering process. All exceptions must be reviewed, and if considered potentially fraudulent, reported to the Local Counter Fraud Service (LCFS) and HR for further investigation.

### **3.10. KEY PERFORMANCE INDICATORS AND AUDIT ASSURANCES**

3.10.1. The Application and Systems Team will produce reports detailing performance against the agreed key performance indicators. These reports will be sent out to the areas on a monthly basis. It is the responsibility of the units/teams to examine the reports and address any areas on non-compliance for the rosters they are responsible for. If they need any assistance in addressing any of the problems highlighted, they should contact the Application and Systems Team for advice.

### **3.11. INCREASED CLINICAL NEEDS/STAFF SHORTAGE/MAJOR INCIDENT**

3.11.1. In the event of any of the above, staff may be redeployed, taking into consideration their skills and competencies, to provide the best patient care.

### **3.12. MONITORING AND REVIEW**

3.12.1. Amendments will be made as a result of any updates. These may include (but are not limited to) Trust procedures, National Guidance, and Legislative enactments.

## **4.0. RESPONSIBILITIES**

<b>Post(s)</b>	<b>Responsibilities</b>	<b>Ref</b>
<b>All Staff</b>	<ul style="list-style-type: none"> <li>• Adhere to the principles laid out within the guidelines.</li> <li>• Attend work.</li> <li>• Be reasonable and flexible with their roster requests and be considerate to</li> </ul>	

	<p>their colleagues and service.</p> <ul style="list-style-type: none"> <li>• Submit their roster requests in a timely manner via EOL.</li> <li>• Work in line with the needs of the service.</li> <li>• Update personal skill sets.</li> <li>• Inform management of NMC updates, renewals.</li> </ul>	
<p style="text-align: center;"><b>Service, Clinical and Corporate Directors</b></p>	<p><b>Ward/Deputy Managers/Team Mangers</b> will ensure:</p> <ul style="list-style-type: none"> <li>• That all staff, including new employees and workers, whether temporary or permanent, are made aware of the principles detailed within these guidelines.</li> <li>• That rosters are created in line with safety, fairness, equality and effectiveness.</li> <li>• Compliance, creation and management of the rosters (see roster calendar).</li> <li>• Rosters being created and fully approved a minimum of 6 weeks and a maximum of 8 weeks in advance, so staff are able to see their working pattern.</li> <li>• Reviewing all staffing abilities to offer flexibility to address any issues that may arise.</li> <li>• The safe staffing of the ward – utilisation of daily staffing reports can be used to identify any short falls or red flags.</li> <li>• An effective roster handover at the end of shifts to the next nurse in charge detailing any areas of concern.</li> <li>• That staff are rostered to take their annual leave throughout the leave year period in line with the Trust Leave Policy and Procedure to support the effective management of rostering.</li> <li>• That bank and agency usage is kept to a minimal by ensuring effective rostering is in place.</li> <li>• The Ward/Team manager or Deputy is responsible for approving all annual leave.</li> <li>• That study leave, sickness, time in lieu and shift breaks are monitored and recorded accurately.</li> <li>• Staffing hours column is closely examined weekly to prevent staff from over working or under working on their contractual hours.</li> </ul> <p><b>Clinical/Matron Managers</b> will ensure:</p>	

	<ul style="list-style-type: none"> <li>• That these guidelines are implemented across their service areas.</li> <li>• That the Ward/Roster Managers of each roster in their service areas, conduct an audit of each roster at no longer than 6 monthly intervals.</li> <li>• That the staff demand profile and temporary staffing usage is monitored.</li> <li>• Where there is high temporary worker usage within services that action is taken.</li> <li>• Monitor staff absence and ensuring that the teams are proactive in managing sickness absence.</li> <li>• They monitor that there are sufficient staff in the right place, at the right time, based on Safer Staffing principles.</li> <li>• Sign off of rosters (fully approving).</li> </ul>	
<p style="text-align: center;"><b>Policy Lead</b></p>	<ul style="list-style-type: none"> <li>• Work with managers to utilise the e-rostering system to its full potential.</li> <li>• Co-ordinate the delivery of high-quality training to ensure Ward Managers are able to use and exploit Healthroster functionality.</li> <li>• Advise managers on the creation of rosters that support the principles of safety, fairness, equality, and effectiveness.</li> <li>• Ensure that data held within the system is maintained in order that rosters and system information is accurate – ESRgo/manual changes to working contracts, staff personal information, entitlements etc.</li> <li>• Lead on system updates and developments and inform all users via connect and communications team.</li> <li>• Monitor system compliance and ensure that payroll files are extracted and raise monthly concerns to management who fail to finalise in a timely manner.</li> </ul>	
<p style="text-align: center;"><b>Executive Director</b></p>	<ul style="list-style-type: none"> <li>• Ensuring that the principles of these guidelines are implemented across the organisation.</li> <li>• Ensuring the necessary financial resources are met for units.</li> </ul>	

## 5.0 DEVELOPMENT AND CONSULTATION SUMMARY

Consultation summary		
Date policy issued for consultation		January 2021
Number of versions produced for consultation		Two Versions
Committees / meetings where policy formally discussed		Date(s)
PDMG		February PDMG & April PDMG
Where received	Summary of feedback	Actions / Response
Meeting Discussion	- Shift times and locking down of duties.	Wider discussion was needed and felt like it was separate to the rostering policy.

## 6.0 REFERENCE DOCUMENTS

- BSMHFT Rostering Policy (HR27) Previous addition
- HR03 Sickness Policy
- HR06 Study Leave Policy
- HR12 Flexible Working Policy
- Equality and Diversity Policy
- Temporary Staffing Operational Protocols V2
- European Working Time Directive

## 7.0 BIBLIOGRAPHY

None

## 8.0 GLOSSARY

### Professional Leads and Professional Groups

Generic term used to refer to all Nurses, Clinical Support Staff and Allied Health Professionals.

### Second Approver Manager

The title given to a manager who has responsibility for second approving rosters for a group of teams within a service area This Manager will usually be a Clinical Nurse Manager/Matron/Service Manager

### Ward/Team Manager

Term used to refer to the team leader or individual who is responsible for creating the rosters and for first approval.

### Weekend Shifts

Defined as the following: Friday Night, Saturday day or night, Sunday day or night.

### Bank Holiday Shifts

Defined as a shift which in part or as a whole fall on a United Kingdom National Bank



Holiday.

### **Key Performance Indicators**

References to Key Performance Indicators, within this document, relate to specific indicators which are integral to the chosen Electronic Rostering System, and are defined as follows:

- Quality of Service Provision
- Fairness of Staff Allocation
- Effectiveness of Downtime Management
- Rostering Efficiency

## **9.0 AUDIT AND ASSURANCE**

<b>Element to be monitored</b>	<b>Lead</b>	<b>Tool</b>	<b>Frequ ency</b>	<b>Reporting Committee</b>
Safer Staffing	Daniel Coopey	Roster Perform	Monthly	Trust wide Healthroster Users
Absence Interface	Daniel Coopey	Interface	Monthly	N/A
Payroll Audit	Daniel Coopey	Audit Report	Annually	External/Internal Audit

## **10.0 APPENDICES**

Appendix 1 – Equality Impact Assessment

## Appendix 1 – Equality Impact Assessment

### Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect  
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

<b>Title of Policy</b>	Managing Processes and Trust Rules/Guidelines of Trust e-rostering Policy		
<b>Person Completing this policy</b>	Daniel Coopey	Daniel Coopey	Applications and Systems Integration Team (Workforce Systems Lead)
<b>Division</b>	ICT	ICT	HR Operations
<b>Date Started</b>	12th November 2020	12th November 2020	15th August 2023
<b>Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
The purpose and aim of this Policy is to ensure that staff rosters are produced to an agreed consistent standard and ensure effective utilisation of the Trust's workforce through efficient rostering			
<b>Who will benefit from the proposal?</b>			
<ul style="list-style-type: none"> <li>• This policy has the following objectives to:           <ul style="list-style-type: none"> <li>• Ensure that rosters are fit for purpose and have the appropriate skill mix, to ensure safe, high-quality standards of care</li> <li>• Minimise clinical risk associated with skill mix and staffing levels.</li> <li>• Ensure that rosters are fair and equitable to all staff, while balancing the requirements of the European Working Time Directive Regulations (EWTD) with the needs of service delivery</li> <li>• Ensure that staff are utilised efficiently within their own area and across rostering patches, to prevent wastage and to reduce expenditure on temporary cover arrangements.</li> <li>• Ensure that the required number of staff and skill mix are available to meet the demands of the service and its fluctuating needs.</li> </ul> </li> </ul>			

- Provide a mechanism for reporting real time data against Human Resource Key Performance Indicators (KPIs) as well as measuring effective roster practice.
- Improve management reporting of time and attendance and absence data, including enhanced shift allowances, sickness, annual leave and study leave.
- Facilitate the payment of substantive and bank staff through data being entered at source, via the electronic rostering system.
- Support work life balance through flexible rostering i.e. taking into account flexible working arrangements whilst producing rosters.

**Does the policy affect service users, employees or the wider community?**

***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***

No evidence identified to demonstrate that the policy will have a detrimental impact.

**Does the policy significantly affect service delivery, business processes or policy?**

***How will these reduce inequality?***

No evidence identified to demonstrate that the policy will have a detrimental impact.

**Does it involve a significant commitment of resources?**

***How will these reduce inequality?***

No evidence identified to demonstrate that the policy will have a detrimental impact.

**Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)**

No evidence identified to demonstrate that the policy will have a detrimental impact.

**Impacts on different Personal Protected Characteristics – *Helpful Questions:***

<p><i>Does this policy promote equality of opportunity?</i>  <i>Eliminate discrimination?</i>  <i>Eliminate harassment?</i>  <i>Eliminate victimisation?</i></p>				<p><i>Promote good community relations?</i>  <i>Promote positive attitudes towards disabled people?</i>  <i>Consider more favourable treatment of disabled people?</i>  <i>Promote involvement and consultation?</i>  <i>Protect and promote human rights?</i></p>
<p><b>Please click in the relevant impact box and include relevant data</b></p>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>	X			No evidence identified to demonstrate that the policy will have a detrimental impact on staff on the grounds of age.
<p>Including children and people over 65  Is it easy for someone of any age to find out about your service or access your policy?  Are you able to justify the legal or lawful reasons when your service excludes certain age groups</p>				
<b>Disability</b>			X	Neurodiverse and any physical disability may have an impact on accessing or working within the system, we will ensure reasonable adjustment tools are used/taken into consideration. Please see reference documents for equality and diversity policy.
<p>Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues  Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?  Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?</p>				
<b>Gender</b>			X	As stated within the policy, the flexible working policy will help managers to use the rostering system effectively to roster staff by gender when/where required and to roster in any working agreements which have been agreed.
<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another  Do you have flexible working arrangements for either sex?  Is it easier for either men or women to access your policy?</p>				

<b>Marriage or Civil Partnerships</b>	X			No evidence identified to demonstrate that the policy will have a detrimental impact on staff on the grounds of marriage of civil partnerships.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
<b>Pregnancy or Maternity</b>	X			No evidence identified to demonstrate that the policy will have a detrimental impact on staff on the grounds of pregnancy/maternity
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
<b>Race or Ethnicity</b>			X	Managers will be able to run reports within the system to show fairness around the usage of shifts. Each rota will need to be second lined approved to ensure effectiveness and equality amongst staff. This includes substantive and bank duties.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
<b>Religion or Belief</b>			X	The flexibility of the system allows for religious based time off when required.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>	X			Low levels of self-reported data, looking at improvements moving forward.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?				

Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>	X			Low levels of self-reported data, minimal data.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
<b>Human Rights</b>	X			No evidence identified to demonstrate that the policy will have a detrimental impact on staff on the grounds of human rights
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>				
	<b>Yes</b>	<b>No</b>		
<b>What do you consider the level of negative impact to be?</b>	<b>High Impact</b>	<b>Medium Impact</b>	<b>Low Impact</b>	<b>No Impact</b>
				X
If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.				
If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b> .				
<b>Action Planning:</b>				

How could you minimise or remove any negative impact identified even if this is of low significance?
Implement workshops and supporting guidance to enable effective rostering practice in line with Trust policies, the requirements of the EWTD, HR policies such as the Flexible Working Policy and safe staffing requirements.
How will any impact or planned actions be monitored and reviewed?
Through the rostering dashboard metrics, evaluation of learning and training as well as periodic audits of roster practice.
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
The policy provides a framework for ensuring rostering is undertaken in a fair and equitable manner. The policy also takes account of the requirements of the DDA in relation to reasonable adjustments that may need to be put in place as well as work life balance requirements and the requirements of the EWTD in relation to safe rostering and ensuring adequate rest periods for all staff .
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at <a href="mailto:bsmhft.edi.queries@nhs.net">bsmhft.edi.queries@nhs.net</a> . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis