

ROSTER POLICY

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Applies to:	All Trust Staff for Rostering (excluding volunteers)

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DOCUMENT CONTROL

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<p>Amendments This policy has been reviewed and updated in light of recommendations from the Carter Review and to enable the users of E-Roster to use the auto roster facility so that rosters are created on a more fair and equitable basis.</p>			
<p>Document objectives: The objective of this policy is to ensure the effective allocation of the workforce through efficient rostering and will also encompass the management and monitoring of annual leave and sick leave within the Trust.</p>			
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1. ROSTER AIMS AND PURPOSE

Rostering has the potential to solve a number of workforce challenges. Effective rosters take into consideration factors such as patient, staff and organisational need, the workforce and skills required to deliver services and workforce availability. Effective rostering is therefore essential in ensuring staffing resources are appropriately allocated in order to provide a high quality and efficient health service.

The workforce, its availability and how it is deployed, is affected by many factors. Service transformation, national policy, local care needs and staff supply all evolve and all impact workforce deployment. It is therefore essential that the organisation continues to re-evaluate the policy over time to ensure it is used to reflect the changing needs of services and the organisation.

This policy outlines the techniques which will ensure that staff are rostered in an efficient manner in order to ensure high quality care is provided to patients whilst minimising operational and clinical risk factors.

The Policy purpose is:

- to ensure safe and appropriate staffing levels across the Trust using fair and consistent duty rota planning;
- minimise clinical risk associated with the level and skill mix of staffing levels;
- to provide effective management of establishments, improving efficiencies in the workforce across the Trust;
- to provide clear guidance to managers responsible for roster development and management of the standards required;
- to improve the utilisation of existing staff to maintain consistent duty rotas;
- to improve planning of clinical and non-clinical working days e.g. annual leave (inc Bank Holidays), sickness, study leave;
- to enable flexible working patterns where possible and support a positive work life balance in line with service requirements;
- promote the well-being of staff by the provision of fair and equitable rosters;
- to introduce standardisation of roster management whilst enabling specialty specific flexibility.

This policy should be read in conjunction with relevant HR policies and guidance.

2. QUICK REFERENCE GUIDE

- Any rota produced must be in a standard format – utilising e-rostering.
- The rota must provide staff numbers and skill mix to meet the needs of the service, be equitable in the management of requests and allocated shift patterns.
- Rotas should ensure that shift patterns conform with European Working Time Directive (EWTD) and this roster management policy. The EWTD, gives staff the right to have the following:
 - 11 hours rest before their next shift, therefore the pattern of a late shift immediately followed by an early shift should be avoided.
 - 24 hours rest in every 7 days OR 48 hours rest in every 14 days.
 - A limit of an average 48 hour week over a 17 week period on the hours a worker can be required to work. Individuals may choose to work longer by "opting out". Opting out of the 48 hour working week is not encouraged by the Trust however where this does occur then it should be accompanied by a comprehensive individual risk assessment.
- All shift patterns must enable staff to have their required breaks.
- All rotas must be produced and published at least 6 weeks in advance.
- All rotas must meet the minimum standards in this policy and the planned staffing numbers in line with the budgeted establishment.
- The published rota is the responsibility of the Manager or local designated lead and must be authorised prior to publication.
- Any changes to a published rota must be approved and recorded by the Manager or local designated lead or their designated deputy. A record of that change must be documented for audit purposes.

3. DUTIES AND RESPONSIBILITIES

3.1 Chief Executive and Trust Board

The Chief Executive and Trust Board have overall responsibility for ensuring that an adequate and effective process for providing efficient rostering is delivered throughout the Trust.

3.2 Heads of Division

Heads of Division are responsible for:

- providing assurance that all staff responsible for the development, implementation and monitoring of rosters are aware of the requirements within this policy;
- for ensuring compliance with the policy;
- also responsible for ensuring that rosters in their divisions meet roster policy requirements'
- Ensure that any use of temporary workforce or overtime is within budgeted establishments or variance can be evidenced.
- Approving temporary staffing where agency cover is requested (or delegation of this duty).

3.3 Local Designated Leads and Line Managers

Local Designated Lead and Line Managers are responsible to the Heads of Division for implementing the policy at a local level and ensuring compliance with the rostering policy. They are also responsible for:

- monitoring and approving the ward / unit / department duty roster on completion (level 2 approval) using Roster Analyser, and in line with the Key Performance Indicators, rejecting rosters that do not comply with the defined parameters;
- identifying any training needs of the roster creator relating to roster development and accessing appropriate training if required;
- producing analysis reports on staffing, expenditure and quality in their area of responsibility using Roster Perform;
- approving all shifts where temporary bank staff are requested;
- approving all shifts where additional duties are required;
- providing guidance and support to the Manager or designated other in the creation of duty rosters, using the Key Performance Indicators as a

reference;

- notifying the Division / Directorate Management Accountant of any additional hours agreed above the required staffing resource;
- the implementation of intervention and recovery plans for wards/units/ departments failing to meet KPIs.

3.4 **Roster Creators (Ward Managers, Department Managers or Deputies)**

Roster Creators are responsible for ensuring that rosters are produced in line with the Trust Rostering Policy. They are also responsible for the management of non-effective working time (annual leave etc.) in line with this policy and the reduction of the accumulation of time in lieu and the responsibility to ensure that any hours owed are worked within the next roster.

3.5 **Healthroster Central Administrator**

Healthroster Central Administrator is responsible for:

- producing the Trust Wide Roster Calendar;
- monitoring rosters on completion and reporting against KPIs, feeding back to the appropriate Managers and the E-Rostering Group where better rostering could improve the utilisation of the workforce;
- ensuring the Healthroster system remains appropriately configured;
- providing support and ongoing training to the Healthroster users;
- liaising with the Healthroster Support Team to resolve system issues as required.

3.6 **All employees**

All Trust employees are responsible for ensuring that they are familiar with the Trust Rostering Policy, understanding both the expectations and implications. Individuals are responsible for ensuring they check rosters as they are published and ensure they are on time for the shifts they are allocated. Individuals are also responsible for ensuring that they work their contracted hours and that they highlight to their manager if they are not allocated the correct hours in the roster.

4. OUTCOME MEASURES

In order to monitor and review adherence to the policy and process for rostering a series of Key Performance Indicators (KPIs) should be reported monthly. This enables local managers, matrons, senior staff and the Trust Board to review current levels of efficiency and quality. These KPI's include:

- Headroom and usage of annual leave, study leave, sickness, maternity leave and other leave, where applicable;
- 6 week roster approval rates;
- lost contracted hours not used per month;
- additional shifts and reasons for booking;
- number of working restrictions per rostering unit;
- auto-roster percentage enabled;
- number of bank requests to the total bank hours worked (fill rate);
- number of bank requests on weekend and night duties.

5. KEY METRICS

The Key Metrics for determining the effectiveness of good rostering practice include:

- Unavailability days – staff's unavailability during the 4 week roster period, broken down in to the following categories. The total percentage of these should equate to a maximum of 22% headroom. For mental health inpatient services who are required to undertake additional mandatory training the headroom will be 23%:
 - annual leave - should be calculated for each area but should be less than 16% per roster period;
 - sickness - should be below 4%;
 - study days – less than 2% or 3% for mental health inpatient services
 - total of the above – less than or equal to 22%; 23% for mental health inpatient services

- all absence other than sickness i.e. parental, maternity, special leave – (these are not included within the headroom);
- unused contracted hours – contracted hours not used over a 4-week roster period should be less than 1%;
- over contracted hours – hours used over those contracted to work (time in lieu);
- additional duties – any duties allocated that are above the agreed staffing requirements for the area will be automatically flagged as this will be above the agreed establishment/budget;

6. EXPLANATION OF TERMS USED

A number of terms are defined below to assist understanding:-

- **non-clinical days and unavailability:** relates to days that staff are not available for the roster i.e. annual leave, study days, management days, sickness, paternity leave, maternity and carers leave, etc;
- **one request:** one shift, including rostered days off (not annual leave);
- **permanent:** staff who have permanent contracted hours i.e. those with no agreed end date at the commencement of their service with the Trust;
- **temporary:** bank and other temporary staff e.g. agency staff;
- **substantive:** staff who have a permanent or fixed term contract;
- **variations in shifts:** differing start and finish times to regular shifts;
- **headroom:** relates to the percentage of non-clinical (unavailability) days that are included in each establishment (23% for mental health wards and 22% for community hospitals. No headroom for other services);
- **personal pattern:** every week the person works the same shift on the same day;
- **contingent workforce:** A member of staff recruited and managed by an external organisation who works in conjunction with substantive teams but the contract is with the external organisation and is time-limited (e.g. agency staff);

- **unit:** ward, department or team;
- **management days / working days:** office / administration days for nursing staff, usually ward/unit Managers and deputies;
- **WTE:** whole time equivalent;
- **planned roster:** the initial roster produced 6 weeks prior to start date;
- **headroom allowance:** the % built into budgets to cover planned absence.

7. ROSTERING PROCESS

- 7.1 The publication of working rosters will take place simultaneously across all departments using Healthroster. A Roster Calendar will be produced by the Healthroster Administrator, see Appendix 1.
- 7.2 All rosters must commence on the same day of the week, usually a Monday.
- 7.3 All rosters must be created using the auto roster facility.
- 7.4 Rosters must be published at least 6 weeks in advance of the start date, using Healthroster. This will enable staff to better manage their personal arrangements and to afford the Staff Bank office/ HCA Relief Team sufficient time to fill vacant shifts.
- 7.5 All rosters should be composed to adequately cover 24 hours (or agreed set hours) utilising permanent staff proportionally across all shifts.
- 7.6 Shifts given a high priority on Healthroster/ hard to fill shifts must be filled first, i.e. nights, bank holidays and weekends. Where additional staff are required to achieve safer staffing levels then these should be covered by using, wherever possible, part time staff working additional hours up to full time, and/or bank staff/ relief team.
- Where all alternatives have been exhausted and other temporary staffing arrangements are required (i.e. agency) then this will require authorisation by a relevant senior manager or nominated deputy. Agency staff will be booked through the bank and agency office.
- 7.7 If any of the staff are working non–standard shifts such as late starts, this should be entered on the roster to avoid misinterpretation.
- 7.8 A ‘Quick Guide to Producing Rosters’ is provided in Appendix 2.

8. VALIDATION AND APPROVAL

- 8.1 A completed roster must be reviewed by the Roster Creator/ Manager prior to being published. This is the Level 1 validation and involves checking the roster and partially approving before forwarding to the Line Manager for review and final approval.
- 8.2 The Line Manager completes the Level 2 validation and approval process and will approve the roster if it meets the defined parameters.
- 8.3 If a roster is rejected an email should be sent to the Roster Creator/ Manager indicating why it was rejected, adding a note to the roster bar for reference. All rejected rosters must be reviewed and amended and must be subject to a further approval process.
- 8.4 A checklist for validating and approving rosters is in Appendix 3.

9. CHANGES TO PUBLISHED ROSTERS

- 9.1 Whilst it is acknowledged that this task may be delegated, it is the responsibility of the Manager to ensure that rosters are amended and kept up to date with additional shifts and non-clinical shifts (unavailability) i.e. sickness, no shows, study leave, etc. on the next working day;
- 9.2 All changes made, after the roster has been approved are recorded in E-Roster for audit purposes. If the change has an impact on the booking of temporary staff the bank and agency office should be advised to request cover as soon as possible.
- 9.3 Shift changes should be kept to a minimum. Staff are responsible for negotiating their own changes once the roster is completed. These changes must be approved by the Manager and the roster updated accordingly.
- 9.4 All changes should be made with an equal grade and with consideration for the overall skill mix of all shifts being changed. The skill mix and patient dependency factors must be taken into consideration. If an equivalent pay band is not available then the shift change must be agreed with the Senior Nurse prior to its approval or informed on their return on duty
- 9.5 Where staff are allocated a student, shift changes on the roster should not occur for that staff member without ensuring that the student either changes with the staff member or is allocated to another suitable member of staff. It is important to ensure that the student is aware of the change and that the change to the duties of the staff

member is recorded on the roster. If a student requests a shift change, this can only take place where it is approved and can be accommodated by the staff member to whom they are allocated or by another suitable member of staff.

9.6 All updates to the roster must be made as soon as practically possible after occurrence, taking into consideration payroll deadlines (this includes changes to shifts, times of attendance, late finishes, sickness and holiday). The actual worked roster must be verified by the Manager by 10.30 every Friday for the previous 7 days. It is the Manager's responsibility to ensure appropriate staff have access and are trained to make these changes. It is essential that rosters are validated according to the above deadlines to ensure that weekly paid staff receive their pay on time, or else they will not be paid until the following week.

9.7 Managers are responsible for checking the roster produced against the actual roster worked to identify the % of changes. If the original roster has been amended by more than 33% the Manager will be requested to review the changes.

10. NEW STAFF

10.1 New substantive staff (permanent and fixed term) may have a planned supernumerary period. This will be for a maximum of 2 weeks and will be assessed on an individual basis, taking into consideration the requirements of the department/directorate.

10.2 New staff should work with their mentor during the planned supernumerary period, to ensure that their induction is completed and objectives are planned. Newly qualified staff should work with their preceptor following the guidelines in the Trust's Preceptorship Policy.

11. INPATIENT UNITS

11.1 An agreed and funded staffing baseline is essential to delivering high quality care. Each inpatient ward has have an agreed total number of staff and skill mix for each shift, approved by the Director of Nursing and Patient Safety, Senior Nurse and the Ward / Department Manager and based on the safer staffing establishments which are approved by the Trust Board.

11.2 The skill mix and establishment are reviewed six monthly and agreed by the Trust Board, along with the budget setting and workforce planning process. Skill Mix and establishment reviews may happen more frequently if a need or risk is identified.

- 11.3 In areas where the workload is known to vary according to the day of the week staff numbers and skill mix should reflect this.
- 11.4 Each area should have a competent level of staff with specific competencies on each shift, to enable appropriate cover e.g.:-
- giving medication;
 - taking charge of the shift;
 - ability to perform assessments and observations.
- 11.5 The duty roster for senior staff must be compatible with their on call commitments.
- 11.6 There must be a designated person in charge for each shift who has been identified as having the necessary leadership skills to undertake this.
- 11.7 To achieve a balance of skills across all shifts, senior staff should work opposite shifts.
- 11.8 Ward/Unit Managers should routinely work across the seven day period.
- 11.9 Mentors should be rostered to enable them to work with their student for a minimum of 2 days per week (40%) of their placement time. If the mentor is unavailable, an associate mentor should be allocated.

12. FLEXIBLE WORKING

- 12.1 The Trust is committed to supporting staff to achieve an appropriate work-life balance whilst acknowledging the need to balance this with effective provision of service in accordance with the Trust's Flexible Working Policy. All flexible working arrangements should be agreed with the line manager and supported by a signed agreement. These should be reviewed every 6 months in line with the Flexible Working Policy. Changes to local e-rosters will only be authorised via the E-Roster Group when accompanied by the appropriate documentation confirming the Flexible Working Agreement is in place and valid.
- 12.2 Staff may work 'long shifts (12.5 hours with 11.5 hours paid) subject to a flexible working agreement with their line manager based on their ability to work safely for this period taking into account their health, well-being and circumstances. Please see Appendix seven for further guidance.

12.3 The Trust will seriously consider requests for flexible working, but may on occasion be unable to agree to requests if their proposed working pattern cannot be accommodated within overall service needs. Service needs will take priority when creating a roster and achieving safe staffing numbers and an appropriate skill mix is essential.

13. REQUESTS

13.1 Each department/ward will use the Employee on line system for staff to make requests for all types of leave.

13.2 A comment must be provided indicating the level of priority.

13.3 Requests will be calculated according to individual's hours of work.

13.4 The maximum number of requests outside flexible working arrangements that can be made by a full time staff member is 6 requests per 4 week roster period, taking in to account the needs of the service. The number of requests will be pro rata for part time staff in accordance with the table below.

13.5 Staff should be aware that if they submit the same request as one or more of their colleagues it may not be possible to accommodate every request. Informal personal patterns are to be counted in the request total.

13.6 The number of requests in a roster period will be considered in line with service needs and the Manager will endeavour, as far as possible, to meet individual requests. However, it cannot be assumed that the roster will be developed to accommodate all requests, including high priority requests, as service needs will take priority. Staff must not therefore book holidays or training/development opportunities until their request has been approved.

13.7 The Manager is responsible for approving all requests and ensuring fairness and equity.

Contract Hours	Number of requests permitted per 4 week roster
0 – 6.25	1
6.26 – 12.5	2
12.6 – 18.75	3
18.76 – 25	4
25.1 – 31.25	5
31.26 – 37.5	6

14. SHIFT PATTERNS

- 14.1 Staff will be required to work a variety of shifts and shift patterns as agreed by their Manager or as specified in their contract of employment.
- 14.2 Once the roster has been published, it is the responsibility of the individual staff member wanting to change shifts to swap with a colleague of the same skill and competence. Consideration should be given to the impact of swapping shifts on time availability to work with students or staff as a mentor /preceptor when swapping shifts. It is not the responsibility of the Manager to organise the swapping of shifts,
- 14.3 Swapping shifts can only be agreed and authorised by the Manager or the named deputy.
- 14.4 Staff must have a minimum of one weekend off per 4 week roster unless they specifically request not to have weekends off as part of their monthly request allowance if there is not a formal flexible working arrangement in place. Additional weekends off can be rostered if the departmental requirements allow.
- 14.5 The number of consecutive standard day shifts recommended for staff to work is 5. Staff may work more than this to a maximum of 8.
- 14.6 Night Duty should not exceed a maximum of 4 consecutive shifts within one week and a maximum of 7 shifts in a fortnight.

14.7 Shifts should be rostered in accordance with the European Working Time Directive, see Appendix 4.

15. BREAKS DURING SHIFTS

15.1 All shifts of more than 6 hours must include a minimum of 20 minutes unpaid break in accordance with Agenda for Change and the European Working Time Directive.

15.2 Night shifts must include a minimum of 45 minutes unpaid break.

15.3 The Manager or person in charge and the individual are responsible for ensuring that breaks are taken. If breaks are unable to be taken at an agreed time due to clinical need, they should be taken as soon after this point as possible.

15.4 Breaks will not be taken at the end of a shift as their purpose is to provide rest time during the shift.

15.5 Sleep within clinical and public areas on Trust premises on any shift is not allowed. Staff may rest in designated rooms/areas within their break period, but must return to the clinical area to work at the set time. Where staff are required for religious purposes to take time for prayer this would be accommodated where reasonably practicable.

16. BREAKS BETWEEN SHIFTS

16.1 Staff have the right to 11 hours uninterrupted rest in a 24 hour period, e.g. if they finish work at 20.00, they should not start work again until 07.00 the next day.

16.2 Where an 11 hours break has not been possible e.g. due to an emergency arising within the shift, staff are entitled to 'compensatory rest' i.e. a rest break the same length of time as the break/part of the break that they've missed i.e. the number of hours lost e.g. if there are only 8 hours daily rest one day, to be allowed the remaining 3 hours another day in addition to the 11 hours for that day.

16.3 Compensatory rest should be taken within 24 hours.

17. STUDENTS

17.1 Students will not normally be included within the e-rostering system.

18. STAFF REDEPLOYMENT

- 18.1 During staff shortages it is accepted that staff may be required to work in other clinical areas to provide a safe and efficient service. The Senior Manager or other designated person for each area is responsible for the redeployment of staff within the division / directorate to meet service requirements. Out of hours, this decision will be made by the On Call Manager.
- 18.2 It is accepted that in the event of a Major Incident staff will be redeployed, taking into consideration their skills, to provide the best patient care. The Healthroster system will be used to manage workforce redeployment in the event of a major incident.

19. BOOKING OF TEMPORARY STAFF

- 19.1 No temporary (bank or agency) staff should be booked without assessing the need for them; the level/pay band required and the time that they are needed to start and finish.
- 19.2 It will not be possible to book temporary staff to cover annual leave requests that exceed the documented acceptable level for the ward.
- 19.3 There should be no use of temporary staff for bank holiday shifts, unless approved by the Senior Manager in conjunction with the ward sister /departmental Manager.
- 19.4 Temporary staff cannot be used to take charge unless, in exceptional circumstances, and only when they have been assessed as competent to do so, and are willing to take charge. The local manager or their nominated deputy must approve this.
- 19.5 Out of hours the person in charge of the ward/team is responsible for the booking of additional staff following consultation with the duty manager (Saturday/Sunday/Bank Holidays). During weekdays and weekends the primary link team can also facilitate bank texts for staff, in the absence of the bank office being open.
- 19.6 Temporary staff should ideally not be used to cover study leave.
- 19.7 Prior agreement from (or discussion with) a Head of Division or Deputy must be obtained in relation to any additional staffing requirements which are over and above the budgeted establishment, i.e. where additional staff are required due to high levels of dependency of a particular patient.

20. UNSOCIAL HOURS AND TIME OWING

- 20.1 Any hours above a staff member's contracted hours must be authorised by the ward sister ward manager/team leader.
- 20.2 Any time claimed back that is not recorded as overtime must be recorded and agreed by the ward sister/ward manager/team leader or their nominated deputy. An example of this might include when a staff member stays on in order to allow the nursing handover to finish. The minimum time period that a member of staff can claim back for staying late will be 15 minutes.
- 20.3 The ward sister/team leader must distribute unsocial hours evenly and fairly.
- 20.4 The ward sister /team leader must ensure all staff hours balance over a four week period.

21. ANNUAL LEAVE/ SICK LEAVE

- 21.1 Each member of staff is responsible for booking their annual leave in accordance with the Trust's annual leave policy. It is essential that annual leave is evenly distributed throughout the year.
- 21.2 Staff should not book holiday prior to receiving authorisation from their Manager that they will be released from work.
- 21.3 Each department should calculate how many qualified and unqualified staff may be given annual leave at any one time, with a defined limit (maximum and minimum) for each band (see Appendix 5 for the annual leave algorithm). An agreed number will be set and must be adhered to. Staff should be made aware of the need to maintain this number consistently throughout the year.
- 21.4 Sickness should be managed in accordance with the sickness policy and requirements followed where there are patterns or multiple occasions of sickness.
- 21.5 Absences due to carers leave or sickness should be entered in real time and not retrospectively.
- 21.6 Sickness must be communicated by telephone to the Ward / Unit Manager or nominated deputy as agreed in the Trust's Sickness Absence Management Policy and in line with local reporting arrangements.
- 21.7 If off-duty days follow on from sick days, the Manager or Staff Bank office must be kept informed of recovery. Unless notified otherwise off-

duty days will be reclassified as sick leave.

School Holidays and Bank Holidays

- 21.8 The amount of annual leave taken during school and bank holidays should remain within the agreed 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 making requests.

Christmas, New Year and other religious festivals

- 21.9 Leave during this period will be restricted unless exceptional circumstances are demonstrated. Staff should plan to take annual leave outside the Christmas/New Year 2 week period or any other religious festivals. Rosters should be adjusted to ensure all staff have a fair allocation of scheduled days off during this period as opposed to annual leave.

Guide for Duty Roster Creators

- 21.10 Where possible, all leave should be planned and booked in advance, at the start of the annual leave year.

It is an individual staff member's responsibility to ensure they take their annual leave allocation evenly within the leave year. Staff should ensure that they have taken half their annual leave allocation by 30 September and should take no more than 10 days (pro-rata) over into January of the following year.

- 21.11 Managers may find it useful to not authorise annual leave requests for March, unless there are exceptional circumstances. This would give the opportunity for those who may have not been able to take their annual leave i.e., due to sickness or maternity leave and to ensure that new starters have an opportunity to take theirs before the end of the financial year.
- 21.12 It is a requirement of the Trust that all leave entitlement is taken within the leave year in which it is accrued. Staff can only carry leave over into the following year in exceptional circumstances and must have approval of the relevant Head of Division.
- 21.13 Annual leave must be booked or cancelled before a roster is planned.
- 21.14 Annual leave requested after this can only be given if staffing levels permit it.
- 21.15 Annual leave requests that exceed the documented acceptable level

for the department will not be approved.

21.16 Staff on rotational programmes should take annual leave proportional to each placement.

22. STUDY LEAVE

22.1 Study leave will be assigned in line with Mandatory and Statutory requirements. Staff must not book onto training/development opportunities until the study time has been confirmed on the roster.

22.2 The Ward / Unit Manager should:

- utilise the available number of study leave days in each roster;
- prioritise mandatory training requirements for staff which may include induction, updates, etc;
- produce rosters ensuring staff have the required mandatory training.

23. TIME OFF IN LIEU

23.1 Any time worked over and above their contracted hours should be sanctioned by the Manager and recorded on the roster.

23.2 Any time claimed back, via time owing must be recorded and authorised by the Manager. These shifts should be allocated on the roster as Day Off and the lieu box must be ticked.

24. UNAVAILABILITY RULES

24.1 Unavailability rules will be set within Healthroster to support Managers in managing leave more effectively. This will include Annual Leave, Sick Leave and Study Leave rules.

24.2 Any local rules which are in addition to the 'Global' rules set for the system will only be agreed:

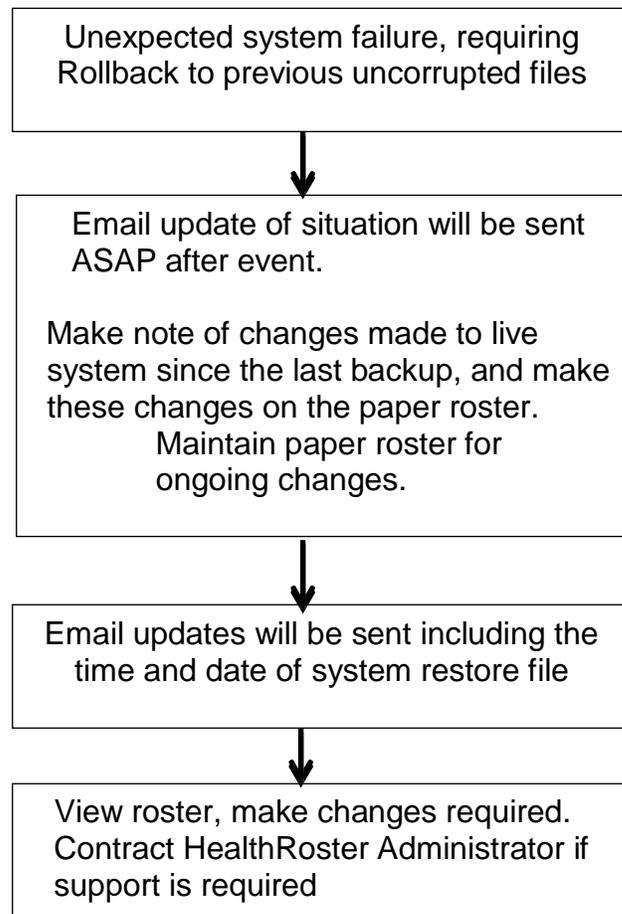
- where there is current, authorised flexible working agreement in place;
- the Roster Monitoring Group has agreed the rule.

24.3 The total number of warnings should not exceed 10% in one roster. If this is exceeded the Ward Manager is required to send a report to the E-Rostering team detailing why they have breached the threshold for warnings.

25. UNPLANNED SYSTEM FAILURE

Action in the Event of System Failure

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



- 25.2 In the unlikely event that staff are unable to access Healthroster the hard copy roster will be updated by hand until such time as the system is available.

26. MONITORING COMPLIANCE AND EFFECTIVENESS

- 26.1 Overall monitoring will be by the E-Roster Project Steering Group and then via the Senior Managers Meeting, Ward/Team Managers and the Electronic Rostering Project Manager/ Roster Administrator (for the duration on the implementation).

Responsibilities for conducting the monitoring

- 26.2 Key performance indicators (KPI's) and parameters will be set and monitored, using the Healthroster analysis reports, by the Trust Senior Managers, Managers and the E- Roster Monitoring Group.

Methodology to be used for monitoring

- 26.3 Key performance indicators (KPI's) and parameters will be set and monitored by the E-Roster Monitoring Group, using the Healthroster analysis reports.

Frequency of monitoring

- 26.4 Monitoring of KPIs' will be undertaken on a quarterly basis or more frequently where the E-Roster Monitoring Group deem necessary.

Process for Monitoring Compliance

- 26.5 Audit results will be reported to the Clinical Governance Group. The E-Roster Monitoring Group will be responsible for ensuring improvements, where necessary, are implemented.

27. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

Cross reference to other procedural documents

Annual and Special Leave Policy
Bank, Agency and Locum Policy
Equality and Diversity Policy
Flexible Working Policy
Sickness Absence Management Policy
Preceptorship Policy

28. APPENDICES

For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix 1	Example Roster Calendar
Appendix 2	Quick Guide to Producing Rosters
Appendix 3	Checklist for Validating and Approving Rosters
Appendix 4	European Time Directive
Appendix 5	Best Practice and Minimum Standard Roster Requirements
Appendix 6	Annual Leave Algorithm

APPENDIX 1

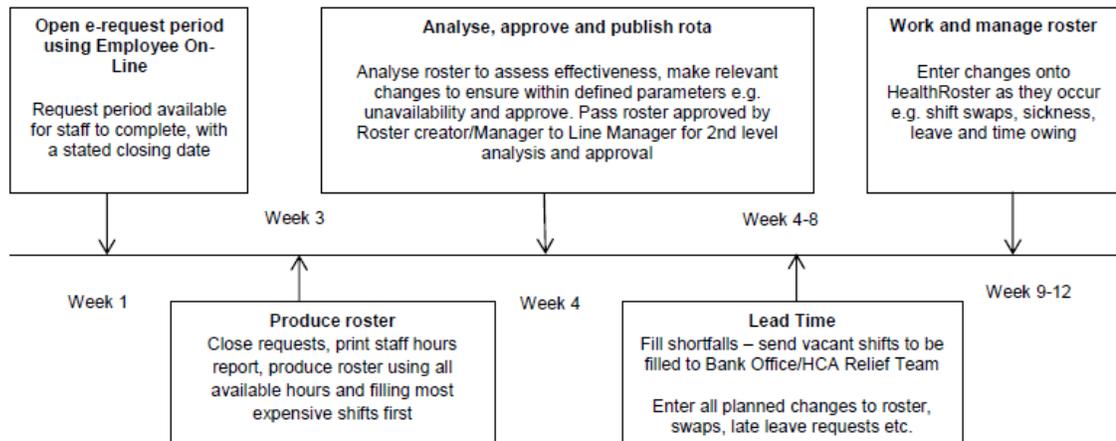
EXAMPLE ROSTER CALENDAR

4 WEEK PERIOD TO BE WORKED		ROSTER OPEN FOR REQUESTS (Sun)	EMPLOYEE ONLINE REQUESTS DEADLINE (Sun)	PRODUCTION DEADLINE 1ST APPROVAL	2ND APPROVAL/PUBLICATION DEADLINE (Sun)
31-Oct-16	27-Nov-16	07-Aug-16	04-Sep-16	15-Sep-16	18-Sep-16
28-Nov-16	25-Dec-16	04-Sep-16	02-Oct-16	13-Oct-16	16-Oct-16
26-Dec-16	22-Jan-17	02-Oct-16	30-Oct-16	10-Nov-16	13-Nov-16
23-Jan-17	19-Feb-17	30-Oct-16	27-Nov-16	08-Dec-16	11-Dec-16
20-Feb-17	19-Mar-17	27-Nov-16	25-Dec-16	05-Jan-17	08-Jan-17
20-Mar-17	16-Apr-17	25-Dec-16	22-Jan-17	02-Feb-17	05-Feb-17
17-Apr-17	14-May-17	22-Jan-17	19-Feb-17	02-Mar-17	05-Mar-17
15-May-17	11-Jun-17	19-Feb-17	19-Mar-17	30-Mar-17	02-Apr-17
12-Jun-17	09-Jul-17	19-Mar-17	16-Apr-17	27-Apr-17	30-Apr-17
10-Jul-17	06-Aug-17	16-Apr-17	14-May-17	25-May-17	28-May-17
07-Aug-17	03-Sep-17	14-May-17	11-Jun-17	22-Jun-17	25-Jun-17
04-Sep-17	01-Oct-17	11-Jun-17	09-Jul-17	20-Jul-17	23-Jul-17
02-Oct-17	29-Oct-17	09-Jul-17	06-Aug-17	17-Aug-17	20-Aug-17
30-Oct-17	26-Nov-17	06-Aug-17	03-Sep-17	14-Sep-17	17-Sep-17
27-Nov-17	24-Dec-17	03-Sep-17	01-Oct-17	12-Oct-17	15-Oct-17
25-Dec-17	21-Jan-18	01-Oct-17	29-Oct-17	09-Nov-17	12-Nov-17
22-Jan-18	18-Feb-18	29-Oct-17	26-Nov-17	07-Dec-17	10-Dec-17
19-Feb-18	18-Mar-18	26-Nov-17	24-Dec-17	04-Jan-18	07-Jan-18

4 WEEK PERIOD TO BE WORKED		ROSTER OPEN FOR REQUESTS (Sun)	EMPLOYEE ONLINE REQUESTS DEADLINE (Sun)	PRODUCTION DEADLINE 1ST APPROVAL	2ND APPROVAL/PUBLICATION DEADLINE (Sun)
19-Mar-18	15-Apr-18	24-Dec-17	21-Jan-18	01-Feb-18	04-Feb-18
16-Apr-18	13-May-18	21-Jan-18	18-Feb-18	01-Mar-18	04-Mar-18
14-May-18	10-Jun-18	18-Feb-18	18-Mar-18	29-Mar-18	01-Apr-18
11-Jun-18	08-Jul-18	18-Mar-18	15-Apr-18	26-Apr-18	29-Apr-18
09-Jul-18	05-Aug-18	15-Apr-18	13-May-18	24-May-18	27-May-18
06-Aug-18	02-Sep-18	13-May-18	10-Jun-18	21-Jun-18	24-Jun-18
03-Sep-18	30-Sep-18	10-Jun-18	08-Jul-18	19-Jul-18	22-Jul-18
01-Oct-18	28-Oct-18	08-Jul-18	05-Aug-18	16-Aug-18	19-Aug-18
29-Oct-18	25-Nov-18	05-Aug-18	02-Sep-18	13-Sep-18	16-Sep-18

QUICK GUIDE TO PRODUCING ROSTERS

APPENDIX 2



Process	Responsibility
Use the standard roster date	Roster creator
Open the roster for requests using Employee On Line	Roster creator
Close the roster to requests, approve requests, and add/approve any other non-effective periods	Roster creator
Run the auto roster (this will try to fill in the expensive/difficult to fill shifts (e.g. nights/weekends) first and create a balance)	Roster creator
Ensure that there is a nurse in charge for each shift, manually move shifts as necessary	Roster creator
Fill remaining staff hours with vacant shifts, adjusting duty times were necessary	Roster creator
Review roster analysis data, ensure good balance of staff across 4 week period, all staff hours are used, charge cover allocated and there is a fair balance of popular and unpopular shifts amongst substantive staff. Staff unavailability should be within the specified parameters, if it is not, the roster should be reviewed and amendments made before reviewing the analysis data.	Roster creator/Manager
Approve the roster ready for Line Manager approval	Manager
Manager review analysis data, if there are gaps in the roster try to cover them by moving nurses or responsibilities between teams/wards/units	Line Manager
Once approved by Line Manager publish roster, including the vacant shifts to be filled by Nurse Bank	Roster creator
If there are still gaps in the roster, plan to fill them with temporary staff or by using supernumerary staff e.g. prioritise workload or consider moving less urgent tasks to another shift and/or to make best use of supernumerary staff available	Line Manager
If temporary staff are necessary, ensure you are rostering them for the cheapest possible shift, length of time and grade	Line Manager
Inform Bank/HCA Relief Team of likely temporary staff requirements as soon as possible, requesting bank shifts from 'vacant duties' window	Line Manager

APPENDIX 3

CHECKLIST FOR VALIDATING AND APPROVING ROSTERS

ACTION		CHECK
The Roster has been created 6 weeks before off duty commences		
All shifts have an agreed total number of staff and skill mix as shown by the establishment templates		
The off duty is within the budget for the ward/department		
All staff have at least one weekend off in a 4 week period		
The number of unfilled shifts that occur on nights and weekends is 0% <i>Note: the number of unfilled shifts at night and at weekends should always be lower than for day shifts.</i>		
No more than 5 standard shifts days/nights are worked consecutively to a maximum of 7 if specifically requested		
No more than 2 x 12 hour shifts to be worked consecutively to a maximum of 3 if specifically requested		
Hours carried forward are as near to 0 as possible		
Roster Effectiveness Indicators	Over contracted hours are as near to 0 as possible	
	Lost contracted hours are as near to 0 as possible	
	The reason for additional shifts	
	Overtime hours are as near to 0 as possible	
Fairness and Safety indicators	Requests are not greater than the requirements of the policy according to hours worked	
	Shifts with warnings are acceptable	
	The policy rules are not being broken by viewing my Roster Stats and reviewing the Rule/Violation column	
	The reason for rules being broken	
	Shifts without in-charge cover at 0	
	Annual leave is evenly distributed and is consistent with the % calculated for the ward	

	Mandatory unfilled shifts, Sunday/Bank Holidays are as low as possible	
Check Effectiveness tab for:	Requirements vs Availability	
	Staff unavailability – there should be 0 warnings	
	Filled shifts – there should be 0 Optional and Additional shifts unless agreed prior to the creation of the roster	
Flexible Working Patterns are still valid – check every 6 months		

EUROPEAN WORKING TIME DIRECTIVE

The Working Time Directive (WTD) is EU legislation intended to support the health and safety of workers by setting minimum requirements in relation to working hours, rest periods and annual leave.

A main working time feature is:

- Maximum of an average of 48 hours working time each week, measured over a reference period of 17 weeks (unless an individual chooses to 'opt out' of this requirement).

An individual may exercise the right to 'opt out' of the average 48 hours working week but the rest and leave requirements must be met – there is no "opt out" from the minimum rest and leave required.

The EWTD cannot be ignored. It is a legal requirement under EU and domestic UK legislation (the Working Time Regulations 1998, as amended). Employers are obliged to comply with all of its requirements, and employees entitled to the protections it affords.

Even if an Individual agreement to Waiver the threshold of 48hr average weekly limit is signed. There is a 2nd threshold of an average 56hrs, which is a Trust policy, designed to support our duty of care to both patient and staff. Under no circumstances should a member of staff work more than 60 hours in one week.

Summary of EWTD related Trust Rostering Policy

1. Max 4 consecutive long (9hrs or greater) shifts;
2. Max 8 consecutive short (9hrs or less) shifts, providing this is not in breach of point 6;
3. Mandatory 2 Days Off after 2 or more nights;
4. 20 minute break in work periods of over 6 hours;
5. 11 hours continuous rest in 24 hours;
6. 24 hours continuous rest in 7 days (or 48 hrs in 14 days).

BEST PRACTICE AND MINIMUM STANDARD ROSTER REQUIREMENTS

(All based on a full time worker)

Best Practice	Minimum Standard
8 hour shifts	
<p>Minimum 2 days off per week An early shift should be rostered prior to days off or annual leave A late shift or night shift should be rostered to follow days off or annual leave No more than eight days to be worked consecutively</p>	<p>Minimum 4 days off per 14 day period No more than 10 days worked consecutively Where staff are required for religious purposes to take time for prayer this should be accommodated where reasonably practicable.</p>
12.5 hour day and night shifts	
<p>No more than 2 day shifts to be rostered consecutively No more than 4 night shifts to be rostered consecutively Staff should expect 1 day off prior to annual leave Staff should expect 2 x 30 minute breaks during a day shift Staff should expect a 60 minute break during a night shift A 12 hour day shift should include 2 x 30 minute breaks ideally taken as two separate breaks rather than an hour in the middle. The sickness absence record of colleagues working 12 hour shifts should be monitored carefully. If attendance deteriorates to such an extent that that trigger formal monitoring their right to work 12 hour shifts should be temporarily suspended.</p>	<p>No more than 5 night shifts to be worked consecutively if working 12.5 hour night shifts No more than 7 night shifts to be worked consecutively if working 11 hour night shifts Staff should expect 2 x 30 minute breaks during a day shift Staff should expect a 60 minute break during a night shift Where staff are required for religious purposes to take time for prayer this should be accommodated where reasonably practicable.</p>

Mixed short and long day shift patterns	
Full time staff should work 2 x long days and 2 x short days in a week No more than 2 long day shift consecutively	No more than 3 long day or 2 long days and 1 short day shifts consecutively
Internal rotation to night duty	
Staff should not work more than 50% of their shifts on night duty unless otherwise negotiated. This excludes staff who work predominately night's shifts. Night duty should not be mixed with day shifts more than once in a 7 day period.	Staff will not work more than 10 night shifts per 4 week rota period, unless otherwise negotiated and excluding staff who work, predominately night shifts. Night duty should not be mixed with day shifts more than once in a 7 day period, unless negotiated with manager.
Weekends	
No more than 4 weekend shifts to be worked consecutively, excluding staff who work predominately weekends, or staff who have agreed requests to work more	No more than 6 weekend shifts to be worked in a 4 week period One complete weekend off per 4 week period, excluding staff who work predominately weekends, or staff who have agreed requests to work more

ANNUAL LEAVE ALGORITHM

Clinical Area X has 21 WTE nursing staff and 7 WTE HCA's.

The percentage of staff on annual leave at any time is 14.0%

Therefore:

$$21 \times 0.140 = 2.94 \text{ } 3.00 \text{ WTE}$$

$$7 \times 0.140 = 0.98 \text{ } 1.0 \text{ WTE}$$

You would need to try and allocate approximately 3 trained nurses and 1 HCA per week on leave to achieve balance over the year.

The number of WTE in post can be viewed in Healthroster by using the details pane under 'My Staff Details'.

Please note: This number is based on WTE in post; therefore as staff join and/or leave you will need to recalculate the above.

SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

MALLARD COURT, EXPRESS PARK, BRISTOL ROAD, BRIDGWATER, TA6 4RN

MEMORANDUM	
<p>To: Matrons Ward Managers Ward Sisters</p> <p>Copy to: HODs Deputy HODs E-Roster Team Head of General Nursing Head of Mental Health Nursing Deputy Chief Operating Officer</p> <p>Date: 4 July 2016</p>	<p>From: Sue Balcombe Director of Nursing and Patient Safety</p> <p>Andy Heron Chief Operating Officer</p> <p>Ref: SB/AH/SVD</p>
<p>SUBJECT: Long Shifts in Community Hospitals inpatient units</p>	

Dear Colleagues

As you are aware the Trust made a decision in November 2015 to allow the use of twelve hour shifts on inpatient wards as part of a blended shift pattern.

There are evidence based concerns around the use of long shifts both in terms of:

- Patient care – staff who work long shifts are tired and less productive towards the end of the shift with the potential for an increase in patient safety incidents and harm to patients and a decrease in the quality of care provided
- Staff – research shows that working consistently on long shifts can have a detrimental impact on health and wellbeing

Where any staff member is working long shifts – the outcomes for patients and their own personal health should be closely monitored.

The recommendations are that:

- To minimise the impact for patients it is recommended that no more than 50% of all staff on duty at any one time should be working a twelve hour shift.

- To minimise the impact on the health and well-being of individual staff – working long shifts should be voluntary and it is recommended that full time staff should not work more than 3 long days in any two week rota
- No more than 3 long shifts should be worked consecutively
- A 12 hour shift should include 2 x 30 minute breaks ideally taken as two separate breaks rather than as an hour in the middle. This will split the shift up and provide some rest time. It is not appropriate for colleagues to save up the breaks to allow them to leave earlier
- Maximum shift length should be 12.5 hours with 11.5 hours paid
- Ideally, 12 hour shifts should be avoided on Bank Holidays and at weekends as this has the potential to leave significant gaps in the rotas on these days if the individual is unavailable at short notice and will be almost impossible to fill at late notice.
- The sickness absence record of colleagues working 12 hour shifts should be monitored carefully. If attendance deteriorates to such an extent that they trigger formal monitoring should have the right to work 12 hour shifts temporarily suspended.
- All staff working regular 12 hour shifts should be required to have an annual health check via Occupational Health.

We hope you find this guidance helpful and finally, we would like to thank you for the excellent work you do every day in ensuring our inpatient services continue to deliver excellent care for patients.

Sue Balcombe
Director of Nursing and Patient Safety

Andy Heron
Chief Operating Officer