

ROSTERING POLICY & PROCEDURE

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PROCEDURE SUMMARY

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

The Trust Monitors the implementation of, and compliance with this procedure in the following ways:

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 Directorate.

Services	Applicable	Comments
Trust wide	✓	

**The Director responsible for monitoring and reviewing this Clinical Guideline is
Executive Director of Mental Health, Executive Nurse**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

ROSTERING PROCEDURAL GUIDELINE

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1 Assurance Statement

- 1.1 These procedural guidelines set out the standards to assist managers to work with their staff to plan shift patterns and rosters so as to enable managers to effectively utilise resources in the context of the best quality care within the constraints of their safer staffing establishment and budget.
- 1.2 These guidelines are to ensure that the processes and systems are fair and consistent across the Trust to ensure all staff are treated equally.

2 Introduction

- 2.1 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. For staff to be able to achieve a work life balance in line with our Health and Well Being Strategy, rosters must be drawn up giving maximum notice 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.
- 2.2 Good, fair and equitable rostering is necessary to achieve the Trust's Vision and Values. It also supports the Trusts agenda for reducing its temporary staffing spend. 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.

3.0 PURPOSE

- 3.1 The purpose of these guidelines is to provide the principles upon which all rosters for staff must be based.
- 3.2 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.
- 3.3 The Flexible Working Policy must be read in conjunction with these guidelines to support staff that may have particular requirements in their working patterns.
- 3.4 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.

4.0 SCOPE

- 4.1 These guidelines apply to all staff working patterns, not just those working a variable shift pattern.
- 4.2 Reference to Electronic Roster or E-Rostering system only applies where the system has been implemented.

5.0 RESPONSIBILITIES

- 5.1 **The Trust Board** is responsible for:
- Ensuring that the principles of these guidelines are implemented across the organisation;
 - Ensuring the necessary financial resources.
- 5.2 **Ward Managers/Roster Managers** are responsible for ensuring:
- That all staff, including new employees and workers, whether temporary or permanent, are made aware of the principles detailed within these guidelines;
 - That rosters are created in line with safety, fairness, equality and effectiveness;
 - Compliance with the publishing of roster timetable;
 - The creation and management of rosters;
 - Rosters being created and fully approved a minimum of 6 weeks and a maximum of 8 weeks in advance
 - Reviewing all staffing abilities to offer flexibility to address any issues;
 - The safe staffing of the ward;
 - An effective roster handover at the end of shifts to the next nurse in charge detailing any areas of concern
 - That there are sufficient staff in the right place at the right time, based on Safer Staffing principles;
 - 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:
 - That temporary worker usage is kept to a minimal by ensuring effective rostering is in place;
 - That the implementation of these clinical guidelines is monitored through supervision.
 - That an audit of each roster is conducted at no longer than 6 monthly intervals. The NHSi Audit Tool Checklist (Appendix E) must be completed as part of this activity.
- 5.3 **Clinical/Operational Managers** will ensure:
- That these guidelines are implemented across their service areas;
 - 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. The NHSi Audit Tool Checklist (Appendix E) must be completed as part of this activity. The Clinical/Operational Managers should ensure that any issues highlighted by the audits are addressed as a matter of priority.

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- That the staff demand profile and temporary staffing usage is monitored against establishments;
- Where there is high temporary worker usage within services that action is taken to address and reduce;
- They monitor staff absence and ensuring that the teams are proactive in managing sickness absence;
- They monitor that there are sufficient staff in the right place, at the right time, based on Safer Staffing principles.

5.4 **The E-Rostering Manager and the E-Rostering Team** will:

- Work with Trust clinicians and managers to utilise the e-rostering system to its full potential
- Co-ordinate the delivery of high quality training to ensure Ward Managers are able to use and exploit HealthRoster functionality
- Advise managers on the creation of rosters that support the principles of safety, fairness, equality and effectiveness
- Ensure that data held in HealthRoster is maintained in order that rosters and system information is accurate
- Be the Trust's lead on system updates and developments
- Monitor system compliance and ensure that payroll files are extracted

5.5 **Individual staff** will:

- Adhere to the principles laid out within the guidelines
- Attend work punctually as per their duty roster;
- Be reasonable and flexible with their roster requests and be considerate to their colleagues and service within the relevant policies set out by the Trust;
- Submit their roster requests in a timely manner.
- Work in line with the needs of the service.

6.0 PRINCIPLES

- 6.1 To ensure that the services are safely staffed.
- 6.2 To ensure safe and appropriate staffing for all departments using fair and consistent rotas.
- 6.3 To improve the utilisation of staff and reduce temporary workforce expenditure by providing managers with clear visibility of staff's contracted hours.
- 6.4 To minimise clinical risk associated with the level and skill mix of clinical and non-clinical staffing levels.
- 6.5 To improve monitoring of sickness and absence by department and individual, generating comparisons, and identifying trends and priorities for action.
- 6.6 To improve planning of study days, annual leave and other non-clinical care working days.

7.0 ROSTERING PROCEDURE

- 7.1 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;
 - The maximum time ahead that requests can be entered, in order to ensure that new employees who join the team have a fair chance of adding their requests;
 - The date by when requests have to be made for consideration within the roster; it is suggested that this is 8 weeks prior to production 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;
 - Staff changes such as retirements, resignations and the recruitment to vacant posts;
 - Long term absence, maternity leave etc.
 - Fairness and equality.
- 7.2 All ward/department duties must commence on a Monday.
- 7.3 All staff rosters must be composed to safely cover the full operational period of the service (24 hours where appropriate) utilising permanent staff proportionately across all shifts. This will help ensure that bank and agency staff are working with regular staff when used.
- 7.4 If any staff are working non-standard shifts such as “middle” (for example 9-5) or twilight shifts (for example 16.30-12 midnight), this should be visible on the roster to avoid misinterpretation.
- 7.5 Shifts given a high priority on the **e-rostering system** must be filled first, i.e. nights and weekends. This must be balanced with current skill mix and staffing levels from Monday to Friday. The use of bank and agency for nights and weekends should be avoided wherever possible.
- 7.6 Staff hours and time owing should be balanced each roster period to minimise any net hours carried over to the next roster.
- 7.7 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 e-rostering system and prior approval given by the Ward/Unit Manager.

7.8 All types of leave should be entered into the roster.

7.9 **Sickness absences** - To ensure correct and accurate rostering of sickness absence; please refer to the detailed guidance contained in the HealthRoster User Guide available on the Trust intranet.

7.10 Publishing an Electronic Roster

7.10.1 After the roster has been initially created and prior to being finalised, it must be published in order for it to be visible to the workforce. Prior to publication, all electronic rosters will require approval by the Roster Creator and a 2nd Approver. Until this stage has been completed, no roster will be published and therefore will not be visible to the workforce

7.10.2 The publication of working rosters will take place simultaneously across all departments in the Trust. A Roster Calendar will be produced every year by the e-Rostering Team.

7.10.3 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.

7.10.4 Any revision of the roster must be made on the system and if necessary the revised roster printed.

7.10.5 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.

7.11 Finalising an Electronic Roster;

7.11.1 The Trust has two payrolls, weekly and monthly, weekly payroll for bank staff and monthly payroll for substantive staff.

7.11.2 It is the responsibility of the Ward/Unit Manager to check the data on the roster before finalising any shifts, 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).

7.11.3 It is recommended that rosters are updated and finalised on a daily basis for both weekly and monthly paid staff. This includes ensuring annual leave, sickness and any other leave/absence is recorded appropriately. All shift times should be correct for each individual and any adjustments made as appropriate.

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- 7.11.4 All outstanding updates to rosters for monthly payments must be entered and finalised by mid-day on the 4th of each month to be in time for payroll.
- 7.11.5 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 payroll.
- 7.11.6 A deputy must be designated in advance to finalise if the Ward/Unit Manager will be absent on the finalisation date.
- 7.11.7 Once the data has been finalised, payroll corrections can only be made by the Ward/Unit Manager completing and submitting an Amendment form to Payroll.
- 7.11.8 The Ward/Unit Managers hours will need to be finalised by their line manager, as his/her hours will not be finalised on his/her logon.
- 7.11.9 **Where E-Roster is implemented**, all unsocial hours, overtime and on-call payments will be paid via the e-rostering system. Basic pay is not paid via the e-rostering system and therefore will be unaffected by any data held within the system.
- 7.11.10 The duties on the roster will determine the payment for an individual.

8.0 SKILL MIX AND SHIFT STAFFING

- 8.1 Each area has an agreed funded establishment which is reviewed every six months in line with the recommendations set out by the National Quality Board in relation to Safer Staffing.
- 8.2 Each area should have an agreed level of staff with specific competencies on each shift, i.e. the ability to take charge, site officer (where appropriate) and clinics, staff.
- 8.3 Where the Electronic Roster system is implemented, managers should Auto Roster the Take Charge duties before other duties, to ensure the Take Charge competency has been met and is identified.
- 8.4 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. 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.
- 8.5 In areas where the workload is known to vary according to the day of the week; staff numbers and skill mix should reflect this.
- 8.6 The roster of senior staff must be compatible with their commitment to Trust requirements i.e. meetings/forums etc.

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- 8.7 Where appropriate, there should be a designated nurse in charge who has been identified as having the required skills and competencies for assuming the responsibility for co-ordinating staff during a shift. In these cases the member of staff must be an RGN/RMN.
- 8.8 Senior ward staff should work opposite shifts unless a clinical need defines otherwise.
- 8.9 Ward Sisters/Charge Nurses may work on supernumerary basis for two shifts per week, with the exception of Secure Services.
- 8.10 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 (refer to Trust Flexible Working Policy HR 39).
- 8.11 Staff will be required to work a variety of shifts and shift patterns as agreed by their Manager. All staff will work nights, unless by prior agreement, working a maximum of 15 nights in 4 weeks pro rata and a minimum of 1 x 4 week per year.
- 8.12 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.
- 8.13 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 a night shift; however exceptions will be recognised according to a clinical need/requested shifts.
- 8.14 All shifts must include a minimum 20 minute unpaid break if over 6 hours and 60 minute unpaid break for shifts of 11 hours or more. (Refer to the Working Time Directive Policy). The exception to this is Brockfield House.
- 8.15 The Sister / Charge Nurse / Nurse in Charge is responsible for ensuring that breaks are facilitated.
- 8.16 Breaks must not be taken at the beginning or end of a shift. (Refer to the Working Time Directive Policy HR22).
- 8.17 Weekend shifts are defined as Friday night, Saturday day or night, Sunday day or night and where applicable weekend shifts may include bank holidays.
- 8.18 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.
- 8.19 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. Any

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arrangements need to comply with the Working Time Directive requirements (see 8.21 and 8.22).

- 8.20 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.
- 8.21 Staff can opt out of the maximum 48 hour working week. This must be agreed in writing and in these cases, there is an absolute maximum of 60 hours per week with the exception of junior doctors who are limited to 56 hours per week under the 'New Deal'.
- 8.22 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 (**Refer to Section 6 of the Working Time Regulations Procedure, HRPG22**). 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.

8.23 Reallocation of Staff

- 8.23.1 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.
- 8.23.2 If an area requires staffing changes the Service Lead for that area is responsible for reallocating staff. Out of hours the Site Manager or bleep holder will be responsible.
- 8.23.3 The Roster Managers arranging the temporary redeployment are responsible for notifying the e-Rostering Team at the earliest opportunity to ensure the rosters are updated accordingly.

9.0 STAFF REQUESTS

- 9.1 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.
- 9.2 Each team should use Employee Online where E-Rostering is in place for staff to make requests for all types of leave. These requests will be considered in the light of service needs and provision.
- 9.3 Where E-rostering is implemented, a maximum of 3 blank rosters should be opened in advance to enable staff members to make requests.
- 9.4 If annual leave is being taken during this time, off-duty requests should be pro rata.
- 9.5 All requests made on a particular day should be numbered / dated to ascertain the order in which they were made. The e-Rostering system retains information relating to the date requests are made in the audit trail in the duty assignment.
- 9.6 Requests should have a closing date, in order to prepare the roster. It is suggested this is 10 weeks prior to the roster being worked.
- 9.7 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 the Ward Manager / Roster Manager's approval. Shifts should not be swapped that adversely affect ward skill mix and safety.
- 9.8 The e-Rostering system will keep a record of staff requests for future reference. For any units not currently using the e-Rostering system, a record of all staff requests must be kept manually and maintained by the manager and individual staff member.
- 9.9 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.
- 9.10 Emergency/annual leave may be granted via discussion between the member of staff and the appropriate manager in accordance with the Special Leave Procedure HRP24D (this must be recorded within the system for future reference).

9.11 Day Off Requests (DO)

- 9.11.1 Each member of staff may request specific days off. A DO request covers a 24 hour period and is classed as a request by an individual not to be rostered into work.

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

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

9.11.3 All 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.

9.11.4 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.

9.11.5 Requests are not guaranteed until the roster is published and will only be granted if the service allows.

9.11.6 Any amendments or cancellations to requests must be made before the roster is published.

9.11.7 Roster Managers will monitor the granting of staff requests to ensure fairness and equity.

10.0 LEAVE AND BANK/AGENCY COVER

10.1 All absences should be recorded in the e-rostering 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.

10.2 Annual Leave

10.2.1 Annual leave is to be requested, assigned and utilised in line with Trusts Leave Policy and Procedure HRP24.

10.2.2 The Ward Manager/Roster Manager 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. Staff should be made aware of the need to maintain this number constantly throughout the year.

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Should this number not be met, by way of requests, the Ward Manager/Roster Manager will allocate leave following discussions with the staff concerned.

- 10.2.3 No holiday bookings or travel arrangements should be made until the Ward Manager/Roster Manager has sanctioned the annual leave requested. An annual leave request must be agreed and signed by the appropriate line manager.
- 10.2.4 It must not be assumed that all annual leave for new starters will be honored. This will need to be negotiated to ensure ward requirements are met.
- 10.2.5 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. Discussions should be encouraged between those requesting leave during school holiday periods so that each member of staff has an equal chance of being granted annual leave. Annual leave requests for school holidays will be shared equally amongst those requesting.
- 10.2.6 Annual leave not requested at the beginning of the leave year must be booked or cancelled before a staff roster is planned. Annual leave requested after this can only be given if staffing levels permit, near to the day.
- 10.2.7 It is recommended that Annual Leave will be planned evenly and so taken proportionally throughout the leave year. The responsibility for this will lie equally with the employee and the authorising manager. Annual leave amounts should be taken accordingly by the following dates:

1 April to 31 August	40% of Annual Leave to be taken
1 September to 31 December	35% of Annual Leave to be taken
1 January to 31 March	25% of annual Leave to be taken

Any exceptions to the above should be by prior arrangement with the line manager and owing to the needs of the service or as a result of ill health/maternity leave.

Managers should notify employees of any outstanding annual leave at the end of each period. If, annual leave is not being planned or requested by employees and leave remains unbooked, then the line manager should automatically schedule annual leave to ensure that the employee does not have excessive amounts to take at the end of the year. Where the line manager schedules annual leave the employee can request to change this to an alternative date, consideration will need to be given on the impact on the service before any changes are authorised.

10.2.8 Please refer to leave policy HRP24 for further details

10.2.9 Every effort should be made to allocate days off surrounding the leave.

10.3 Study Leave

10.3.1 Study leave will be assigned in line with the Trust 'Study Leave Policy, HR18

10.3.2 Mandatory training must be allocated proportionately throughout the year and assigned per roster.

10.4 Sickness

10.4.1 Staff sickness should be reported and managed in line with the Trust Sickness Absence Policy and Procedure HR26.

10.4.2 All managers are responsible for maintaining a record of sickness and reflecting this on the staff roster.

10.4.3 Staff cannot work in any capacity whilst off sick. This applies to substantive and bank posts.

10.4.4 All sickness must be recorded in the e-rostering 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.

10.4.5 If DO days follow on from sick days the Ward/Unit Manager must be kept informed of recovery and unless notified DO days will be reclassified as sick leave.

10.4.6 The e-rostering system will alert when a review meeting should be arranged. This will be triggered by indicators, such as, Bradford Scores, which are calculated from the previous 12 months sickness data on a rolling basis. The alert is shown by a triangular yellow alert on the period of sickness. If the mouse pointer is hovered over the shift, the alert descriptions are shown.

10.4.7 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.

10.4.8 Ward/Unit Managers should identify the medical certificate status (check tick box on E-R System) on the absence for staff that provided a fit note.

10.4.9 Ward/Unit Managers can identify the requirement for a Back to Work Interview by checking the tick box on E-R System. Referral to Occupational health can be recorded as well.

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

10.5.1 Prior to any temporary shifts being sent to bank or agency, Ward Managers/Roster Managers must ensure that where possible, shifts are filled by substantive staff with unused hours outstanding.

10.5.2 Replacement staff must not be booked unless the Ward/Unit Manager has assessed the need, the grade required and the time that they are required to start and finish.

10.5.3 Temporary worker shifts will only be approved if requests are within established budget and all agency shifts have to be approved by a Director.

10.5.4 Should temporary workers be required outside the above parameters approval can be provided by the Director for agency temporary cover. Reasons for these requests may include special clinical need or 1:1 specialising.

10.5.5 Reasons for temporary requests must be recorded on the shifts when entered onto the rostering system. These will be monitored by the Senior Nursing Officer/Senior Manager and Bank Office.

10.5.6 During evenings, overnight and weekends, all requests for temporary workers will be approved by the Director on-call for agency.

10.5.7 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.

10.5.8 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. Approval for this will be made by the Senior Nursing Officer/Senior Manager for the area.

10.5.9 Where possible, bank shifts should be requested 8 weeks in advance of the shift work date.

10.5.10 **The Procedure**

- The **Ward Manager/Roster Manager** will check with all ward and department staff if they are available to undertake bank duties for the particular shifts in question.
- The **Ward Manager/Roster Manager** will ensure that the temporary shift is entered onto the rostering system as soon as possible (ideally 8 weeks before the shift work date)
- 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 East of England approved Agency List.

The decision to go to Agency for staff cover must be approved by the relevant Director.

10.5.11 Out of Hours

- The nurse in charge will contact the bank workers on the availability report prior to going to agency.
- If there are no bank workers available, and permission is granted by the Director on-call for the use of agency, the nurse in charge will contact the appropriate nursing agency direct. The agency must be from the approved list of agencies. The shift must still be correctly entered onto the rostering system in advance of the shift being filled/worked.
- 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.
- 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.

10.5.12 Monitoring of Bank and Agency Workers

- 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.
- All bank and agency shifts must be correctly entered onto the Roster prior to the shifts being worked and all details must be correct.
- If any activity is considered as potentially fraudulent it must be reported to the Local Counter Fraud Specialist for investigation.

11.0 STUDENTS

- 11.1 It is the managers' responsibility or the nominated deputy to ensure that all rotas are updated with student records during their placement.
- 11.2 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.

12.0 UNSOCIAL HOURS / TIME IN LIEU HR47

- 12.1 Unsocial hours should be distributed evenly and fairly, in accordance with agreed contractual restrictions.
- 12.2 Any time over / above shift times should be authorised by the relevant line manager.
- 12.3 Any time claimed back, **must** be recorded, agreed and signed by a manager as per Time in Lieu policy HR47.

13.0 CHANGES TO PUBLISHED ROSTER

- 13.1 It will be the responsibility of the Sister/Charge Nurse (or nominated deputy) to amend rosters with unavailable shifts as a result of sickness, training, DNAs, swaps and additional duties. Managers/Matrons will monitor this on a weekly basis.
- 13.2 Shift changes should be kept to a minimum. Agreement must be sought from the employee prior to any shift changes being made on the roster.
- 13.3 Staff are responsible for negotiating their own changes once the roster is completed. These changes must be approved by the **Ward Manager / Roster Manager** or designated deputy in their absence, prior to any formal changes.
- 13.4 All changes should ideally be made with an equal band, and with consideration for the overall skill mix of all shifts being changed.
- 13.5 Any changes to staffing must go through the normal channel, e.g. new recruits must have undergone all pre-recruitment checks and undertaken induction prior to commencing on the roster, any internal staff movement must be authorised by all relevant parties and a change form must be submitted to HR.
- 13.6 All late changes to rostered shifts must be securely recorded to facilitate manual validation.

14.0 FLEXIBLE WORKING

- 14.1 EPUT 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.
- 14.2 EPUT has a Flexible Working Policy HR39 for its staff and any request(s) will be considered in accordance with this policy and operational service requirements for the service.

15.0 REPORTS

- 15.1 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.

16.0 KEY PERFORMANCE INDICATORS AND ROSTER AUDIT

- 16.0 The Rostering Team will produce reports detailing performance against the agreed key performance indicators. These reports will be sent out to roster managers on a monthly basis. It is the responsibility of the roster managers 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 Rostering Team for advice.
- 16.1 Clinical/Operational Managers will ensure that roster audits are undertaken for all units across their service areas at no longer than 6 monthly intervals. The NHSi Audit Tool Checklist (Appendix E) must be completed for this activity.

17.0 INCREASED CLINICAL NEEDS/STAFF SHORTAGE/MAJOR INCIDENT

- 17.1 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.

18.0 MONITORING AND REVIEW

- 18.1 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.

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