

## MANAGERS HEALTH ROSTERING PROCESS CHECKLIST

Aim – to ensure Safe Care principles and roster compliance, in accordance with key requirements of the Rostering Guidelines

| Checklist  | Y/N |
|--|-----|
| 1. Clinical Areas which have undertaken their Establishment Review will need to ensure that AutoRoster is run as the first stage of the roster creation (This will ensure that the most expensive shifts are covered initially by Substantive Staff e.g. Weekends and Nights)                                |     |
| 2. Safe shift cover – are the staffing numbers equal across each day of the week and in line with your demand template and budget?   |     |
| 3. Do the shift and break times conform to European Working Time Directives as set out in the Policy?  |     |
| 4. Decide upon your night staff for the period and manually roster. Staff members should not be rostered to work more than 4 consecutive Night shifts  |     |
| 5. Absences (sickness) is there only one open ended entry for a sickness period? Have sickness reasons been updated?   |     |
| 6. Where shifts are available due to sickness, ensure that these shifts been filled by substantive staff with unused hours where possible and the remainder with Bank Staff.   |     |
| 7. Annual Leave allocation – Has annual leave been allocated within the Ward/Unit requirements? Address any over or under allocation of leave. It may be helpful to note the target hours and the allocated hours on each roster and then sign off.  |     |
| 8. Has skills been managed/updated to reflect current roster periods?  |     |
| 9. TOIL - has time off in lieu been managed within the system?<br>e.g. Accumulated/Taken/Staff that are moving Wards/Services/Depts  |     |
| 10. Nurse in Charge – Is a Nurse in *charge identified for each shift and is this an appropriate RN?   |     |
| 11. Skill Mix – Is the skill mix the agreed skill mix for the Ward/Unit/Department? Consider the groups of RN's for example senior staff all on one shift and junior staff on another shift. This will require adjustment.   |     |
| 12. Study Leave allocation – Ensure allocation of study leave is evenly spread across the working week. You may need to consider study leave with annual leave as a total if several members of staff are required to take study leave at the same time. Are all study days allocated a maximum 7.5 hrs long |     |
| 13. Shift allocation – Does the shift pattern allocated to staff meet the minimum standard outlined in this Rostering Guideline?   |     |
| 14. Has staff flexible working agreements been reviewed?   |     |
| 15. Leavers – Does your Roster contain Staff that have left the Trust? If so you will need to liaise with the HR Team and ensure the ESR form process has been followed  |     |
| 16. Management Time – Band 6 Management day shifts are a maximum of 7.5 hrs long and meet the agreed allocation for the Ward/Unit/Department. In large departments where several staff may be allocated management time ensure these are dispersed throughout the week not all on the same day.              |     |
| 17. Employee Online (EOL) –staff have an EOL account to request Shifts; Annual Leave and Study Leave? Ensure they are using it.  |     |
| 18. Are all staff/New Starters aware of the EOL URL/Link?  |     |
| 19. Have you checked your planned vs. actual use of hours?   |     |
| 20. Use the Trust standard roster dates  |     |
| 21. Close the roster to requests, and approve requests and add / approve any non-effective periods (i.e. annual leave, study days, admin day, sickness, paternity leave, maternity and carers leave etc.)  |     |

|     |   |  |
|-----|---|--|
| 22. | Run the autoroster (this will try to fill in the expensive / difficult to fill shifts (e.g. weekends) first and create a balance)).   |  |
| 23. | Ensure that there is a nurse in charge for each shift, manually move shifts as necessary.   |  |
| 24. | Fill remaining staff hours with vacant shifts, adjusting duty times where necessary.  |  |
| 25. | Review roster analysis data, ensure good balance of staff across 6 week period, all staff hours are used, charge cover allocated and there is an even balance of popular and unpopular shifts amongst substantive staff.<br><b>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.</b> |  |
| 26. | Approve the roster (First level, Partially approved) and inform Senior Manager ready for publishing approval  |  |
| 27. | Senior Manager reviews analysis data, if there are gaps in the roster try to cover them by moving nurses or responsibilities between teams / wards.   |  |
| 28. | Senior Manager Approve rosters (second level approval, Fully approved) Rosters will now be published for all staff to view.   |  |
| 29. | Allocate any 'required to be filled' vacant shifts, immediately after roster has been approved so permanent staff can access shifts via EOL system.   |  |
| 30. | After 2 weeks all remaining 'required to be filled' vacant shifts to bank so the Trust wide "Temporary staff" can access and allocate via EOL shifts. Any necessary Additional urgent ad hoc requests can be made later.  |  |
| 31. | If temporary staff are necessary, ensure you are rostering them for the cheapest possible shift, length of time and grade.  |  |
| 32. | 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 make best use of supernumerary staff available.   |  |