HealthRoster Policy

**ROSTER GUIDELINES
FOR USE WITH THE E-ROSTERING SYSTEM**

Document Control Summary

Title	HealthRoster Policy
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References	*"How to ensure the right people, with the right skills, are in the right place at the right time."* J Cummings CNO England. "Good Practise Guide Rostering" NHS Improvement Lyn McIntyre June 2016

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1.0 INTRODUCTION

The purpose of this policy is to improve the utilisation of existing staff; effective management of temporary staff; facilitate the use of a contingent workforce and reduce bank and overtime expenditure by giving line managers clear visibility of staff contracted hours.

This policy is to be used in conjunction with the following policies:
- Annual Leave
- Managing Sickness Absence
- Work Life Balance
- Access to Training/Study Leave
- Special Leave

1.1 APPLICATION

This policy must be used where a roster is created using HealthRoster excluding Medical Staff. HealthRoster is a computerised system that has been specifically designed for line managers, duty roster co-ordinators, Senior Nurses and others to roster staff to an agreed staffing profile of clinical demand for the department. It will store personnel data providing visibility of a person's availability and contractual obligations.

1.2 OBJECTIVES

To provide effective management of establishments, thereby driving efficiencies in the workforce across all wards and departments.

- To ensure safe and appropriate staffing for all departments using fair and consistent rosters.
- To minimise clinical risk associated with the level and skill mix of clinical and non-clinical staffing levels.
- To improve monitoring of sickness and absence by departments and individuals, generating comparisons, identifying trends and priorities for action.
- To improve planning of study days, annual leave and other non-patient care working days.

1.3 DEFINITIONS

A number of terms are defined below to assist understanding

Non-patient care (non-effective) working days	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
One request	one shift
Permanent	Staff who have permanent contracted hours
Temporary	Bank and other temporary workers
Variations in shifts	differing start and finish times to regular shifts.
Overhead	relates to the percentage of non-patient care working days that are included in each establishment.
Personal pattern	every week the person works the same shift on the same day

2.0 RESPONSIBILITIES

2.1 Line managers / Clinical Practise Lead/Practise Innovation Nurse

Line managers are responsible for ensuring that their expenditure does not exceed the allocated budget in all wards, units and departments (hereafter referred to as departments).

Responsibility for the updating of establishments, as identified on HealthRoster and the safe staffing of each department lies with line managers, even if they do not undertake the task of producing the duty roster.

2.2 Roster Creators

The designated Roster Creator (RC) is responsible for the creation of all duty rosters, as designated by the line manager.

2.3 Head Nurses / Service Managers / Designated Deputies (hereafter referred to as Senior Manager)

The relevant Senior Manager will undertake the monitoring and approval of the department duty roster on completion produce analysis reports and approve all shifts where temporary staff are requested (see Appendix 2)

2.4 Board to Ward Roles and responsibilities for Staffing Establishment are outlined in Appendix 3

3.0 LOCAL STAFFING PROFILES
ALL departments will develop and publish their written locally developed staffing profile.

These local staffing profiles will include:
- The production of duty rosters at least 6(six) weeks in advance using HealthRoster (see Appendix 1 for guidance).
- Demand analysis detailing the required staffing levels (number of staff) and skill mix (experience of staff required) by shift and by day and this must be reviewed when bed numbers change or patient profiles change or at least on an annual basis.
- Both Trust policy and local rules; including limits to concurrent annual leave at each band and study leave.
- Rules around self - rostering where appropriate.
- Christmas duty requirements.
- Department specific requirements.
- The maximum number of requests that can be considered for days off on any single date.
- How far in advance requests can be entered, in order to ensure that staff joining the team, have a fair chance of adding their requests.

The Trust supports the principles embedded in Improving Working Lives (IWL) regarding life work balance, flexible working and family friendly working. However this should be set against the need to ensure safe levels of staffing to maximise the quality of patient care and reduce clinical and non-clinical risk. The Trust will

seriously consider requests for flexible working and accommodate all requests where possible.

4.0   COMMUNICATING THE POLICY TO THE STAFF
Both the Trust-wide policy and ward based local staffing profiles should be displayed and made readily available to all staff. Copies should be given to all new starters as part of their induction. The Trust-wide policy is available on the Trust intranet.

5.0   PRODUCTION OF DUTY ROSTERS

5.1   Seven steps to good roster management
The 7 steps should create a roster that is safe, cost effective and provide a good working life with developmental opportunities.

1. Assemble all necessary information
2. Know and understand the policies and best practice for planning rosters
3. Plan the roster
4. Obtain authorisation for the roster
5. Publish roster on wards
6. Review and adapt the roster in a timely manner whist it is in use
7. Record changes to the roster

- The publication of working rosters will take place simultaneously across all departments in the Trust using HealthRoster. A timetable will be produced by the e-Rostering Project Manager.

- All rosters must commence on a Monday.

- Rosters must be completed at least 6(six) weeks in advance of the start date. This will enable staff to better manage their personal arrangements and to give the Nurse Bank more time to fill any vacant shifts.

- All rosters should be composed to adequately cover the identified and agreed demand utilising permanent staff proportionately across all shifts.

- Shifts given a high priority on HealthRoster must be filled first, Ward Round/CPA days.

- If any of the staff are working non–standard shifts such as late starts, this should be entered to avoid misinterpretation.

- All student and trainee shifts should be included., They should where possible be rostered with their mentors.

6.0   VALIDATION/ APPROVAL

6.1   A completed roster must be reviewed by the SeniorNurse/Manager prior to this being published.

Key performance indicators and parameters will be set and monitored during the weekly performance meeting using analysis reports, by the Senior Manager, Service Manager and the Appropriate Director to identify triggers for each performance metric. Exception reporting will be developed for the Director of Operations and the Director of Clinical Services.

The Key Performance Metrics are:

- **Non-patient care working days:** Staff's unavailability during the 4 week roster period is broken down in to the following categories. The total percentage of these should equate to the 23% overhead that is built in to each establishment.

Annual Leave	13%
Study Days	3%
Other Leave	7%

  - Sickness and Maternity
  - Special leave
  - Other

Note: As some leave types cannot be predicted the 7% overhead for this type of leave is a guide to trigger exception reporting. Managers need to exercise sensitivity to balance the needs of the individual and the service in the context of the relevant Human Resource policy.

- **Lost contracted hours:** Contracted hours not used over a 4-week roster period

- **Over contracted hours:** Hours used over those contracted to work

- **Additional shifts:** Any shifts allocated that are above the agreed staffing requirements for the department

- **Unfilled shifts:** Shifts within the agreed demand that have not been filled by permanent staff, broken down by number of shifts, hours and approximate cost (based on Staff Bank pay scales).

- **Requests** (departments that self roster must be acknowledged as being different)

- Contracted staff by WTE.

- Number of bank requests to total bank hours worked.

- Number of vacancies

- Number of bank requests on weekend and night shifts

Any roster that falls outside of the set parameters must be reviewed and scrutinised for approval or rejection. If not approved it will be returned to the roster co-ordinator to re-do. If it is approved, permission will be given to publish.

7.0   SKILL MIX & SHIFT STAFFING

7.1   SKILL MIX

- Each department should have an agreed total number of staff and skill mix for each shift, agreed with the Lead Nurse concerned. Agreed numbers and skill mix must be achievable within the departmental budget.

- Each area should have an agreed level of staff with specific competencies on each shift (i.e. the ability to take charge, PMVA & Emergency Response Team trained) as agreed with the Lead Nurse concerned.

- In areas where the workload is known to vary according to the day of the week staff numbers and skill mix should reflect this.

- Band 6 staff and higher should work opposite shifts

7.2 SHIFTS

- Staff will be required to work a variety of shifts and shift patterns as agreed by their line manager.

- Staff may work long shifts, short shifts or a combination of both in order to meet the service requirements. Variations to these shifts may be worked but must be agreed with the Line manager. A written record of the shift agreement will be kept for all variations in shifts, and will be reviewed as agreed, and in all instances at least annually.

- All shifts > 6 hours must include a 20 minute unpaid break. Night shifts include a 60 minute unpaid break.

- The line manager or person in charge and the individual are responsible for ensuring that breaks are taken.

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

- Weekend shifts are defined as Friday night, Saturday day or night, Sunday day or night and Bank Holidays.

- Staff may have a minimum of one weekend off per 4 week roster, in normal circumstances (unless they specifically request not to have weekends off). Additional weekends off can be rostered if the departmental requirements allow.

- The number of consecutive standard day shifts recommended for staff to work is **5**. Staff may work more than this (to a maximum of 7) if they specifically request to.

- **The number of consecutive 12 hr shifts (long days) should be no more than two, this can be increased to three if the staff member requests to do so and the line manager is in agreement. Night Duty should not exceed five consecutive shifts.**

- Night Duty should not exceed a maximum of **5** consecutive shifts.

- All staff must have 11 hours rest before their next shift. Where short shifts are the norm, a late to early shift pattern should be avoided. Please seek advice from your manager if in doubt.

- Staff must not work more than an average of 48 hours over 17 weeks unless they have signed a Working Time Regulations opt out clause, the Trust will then permit the average to increase to 60 hours.

- Each line manager will document the number of nights and weekends that each member of staff is required to do per 4-week roster. This will be as a guide only and subject to change without notice.

8.0   UNSOCIAL HOURS / TIME OWING

- Distribute unsocial hours evenly and fairly, in accordance with agreed contractual restrictions.

- Any time over / above shift times must be authorised by the relevant Matron and recorded on HealthRoster.

- Every 8 weeks the Ward Manager must run a report using the 'My staff hours' report available to ensure any staff hours that do not balance over a 4 week period are balanced over an 8 week period.

- Hours must be reconciled every 8 weeks with the manager reducing planned work time to 'pay back' any time over hours from the preceding roster, this should be discussed and planned with the employee wherever possible.

- Finalisation of the rota is required for payroll purposes by the 2nd of each calendar month (Appendix 3).

9.0   STUDENTS

- Student nurses in their first year of training should **not** work long shifts.

- Where long shifts are the norm, the student (2nd / 3rd year) should undertake 3 shifts per week, but no more than 2 in a row.

- Students must not be on duty for more than 48 hours per week. This limit safeguards their health and well-being. It also enables them to undertake shifts where they are making up time.

- Students should be rostered to work a minimum of 40% of shifts per week with their mentor (2 shifts).

- Please see the chart below for expectations in relation to weekend and night shift working

- Year I students do not do night duty

- Year 3 students can do night duty either to make up night duty hours from year 2 or as part of their continued placement learning

10.0   STAFF REQUESTS/EMPLOYEE ONLINE

Employee Online is available to all staff who are rostered in HealthRoster
its makes available all planned working hours, annual leave, study leave and unavailability's.

Each department will use the HealthRoster system for staff to make requests for all types of leave via Employee Online. These requests will be considered in the light of service needs.

A comment must be provided indicating whether the request is high priority or low priority.

Requests for specific shifts or days off can be made. These are known as personal patterns. Service requirements and equity for other staff members must be taken into account when applying these. They **must be agreed and reviewed every 3 months** by the line manager.

Maximum Number of Requests:

Requests will be calculated according to individual's shift patterns and hours of work (Table 2) and will be considered in light of the service needs. It cannot be assumed by staff that the roster will be developed to accommodate them. This includes essential requests as service needs will take priority. Staff must be considerate of their colleagues, and the requirement to fulfill their share of weekend and night shifts. Personal patterns are not to be considered as requests.

Staff Hours per week	Total Number of requests per 4-week roster
31 to 37.5 hours	7 (high and low priority)
22.5 to 31 hours	5 (high and low priority)
Less than 22.5 hours	3 (high and low priority)
Less than 15 hours	1 (high and low priority)

TABLE 2: REQUESTS ACCORDING TO HOURS OF WORK

The Trust supports the principles embedded in Improving Working Lives (IWL) regarding work life balance, flexible working and family friendly working. However this should be set against the need to ensure safe levels of staffing to maximise the quality of patient care and reduce clinical and non-clinical risk. The Trust will seriously consider requests for flexible working, but may decline them if this pattern cannot be accommodated into the business needs. **Achieving adequate staffing numbers and skill mix is the main priority**. All other factors are secondary to this, including requests, preferences, team coverage and study leave.

11.0 NON-EFFECTIVE PERIODS

11.1 STUDY LEAVE

Study leave will be assigned in accordance with the Trust's Study Leave Policy.

11.2 ANNUAL LEAVE

Annual leave is allocated in hours for all members of staff.

The line manager approves all annual Leave.

Each department should calculate how many qualified and unqualified staff **must** be given annual leave in any one week, with a defined limit for each band. An agreed number will be set and must be adhered to. Staff should be made aware of the need to maintain this number constantly throughout the year. Should this number

not be met by way of requests, the line manager will allocate leave following discussions with the staff concerned.

No holiday bookings should be made until the line manager has sanctioned the annual leave requested. All annual leave must be booked by the online system.

It must not be assumed that all annual leave for new starters will be honoured. This will need to be negotiated to ensure departmental requirements are met.

Half term weeks, school holidays and bank holidays present additional problems. The total amount of leave whether annual or study leave should not be increased because of the well-recorded difficulties in obtaining temporary staff. Discussions should be encouraged between those requesting time off so that each member of staff has an equal chance of being granted annual leave. Annual leave requests for school holidays will be shared equally amongst those requesting.

A maximum of 21 consecutive calendar days of annual leave can be requested. Any more than this will need special approval from the Head Nurse.

Christmas and New Year

This period will be treated as all other weeks in terms of leave. Each department will determine how the usual level of leave will be allocated i.e. a few staff may get some leave as opposed to a small number of staff having blocks of leave. This will depend on the adequacy of staffing at the time. All requests for this should be in writing to the line manager stating exact dates required.

Guide for Duty Roster Co-ordinators

Staff should take approximately 40% of their annual leave entitlement by 31st August each year, with approximately 35% being used between September and December, leaving 25% to be taken between January and the end of March.

Dates	% Annual Leave to be taken	Example: 1.0 WTE entitlement of 27 days + 8 bank holidays	
		7.5 hour shifts	12 hour shifts
1st April to 31st August	40%	14	9
1st September to 31st December	35%	12	8
1st January to 31st March	25%	9	5

- If annual leave is not booked and is to be taken ad hoc, it is an individual's responsibility to ensure it is used before 31st March. Only 5 days annual leave can be carried forward into the next year at 31st March if authorised by the Head Nurse.

- Annual leave must be booked or cancelled before a roster is planned. Annual leave requested after this can only be given if staffing levels permit near to the day.

- Annual leave requests that exceed the documented acceptable level for the department will not be approved.

12.0   CHANGES TO PUBLISHED ROSTERS

It will be the responsibility of the line manager and Duty Roster Co-ordinator to amend rosters with non-patient care shifts i.e. sickness, no shows, and additional shifts.

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 line manager or Duty Roster Co-ordinator.

All changes should be made with an equal grade, and with consideration for the overall skill mix of all shifts being changed.

Where staff are allocated to a student shift changes should not occur without ensuring the student either changes with the staff member or is allocated to another suitable member of staff, that the student is aware and that this change is recorded on the roster.

The actual worked roster must be verified by the Clinical Team Leader/PIN by 8am every Monday.

13.0   NEW STAFF

New staff should be rostered for the Trust Induction program at the start of their employment**.**

Should new staff need to be added to the roster or staff details change and these amendments are unable to be made, contact the E-Rostering Support Team for assistance.

14.0   BOOKING OF TEMPORARY STAFF

- No replacement staff should be booked without the PIN/Matron assessing the need for them, the grade that is required and the time that they are needed to start and finish.

- On completion of the roster the Head Nurse will review it and either request amendments or approve the roster. To approve a roster the following must be provided:
  a. The shifts which need bank cover must be identified
  b. The report for temporary staff requests

- Temporary staff shifts will only be identified if requests are:
  i.   within budget
  ii.   within existing vacancies
  iii. either band 5 or less (unless required for covering the Duty Senior Nurse Role)
  iv.   to cover unpaid maternity leave

Note: Should temporary staff still be required outside these parameters, approval can be provided by the Nurse in Charge of the Shift. Appendix 5 outlines the process for escalating concerns regarding short/staffing.

- Following approval, requests for temporary staffing can then be forwarded to the Nurse Bank.

- Temporary staff cannot be used to take charge of departments unless they are known to the department, have been assessed as competent to do so, and are willing to take charge. This must be approved by the line manager or PIN.

- Staff who have been off sick or taken any paid special leave in the previous 7 days are not entitled to undertake bank work.

Escalation (Refer to Trust Incident Reporting Policy and Appendix 5)

Escalation will be under taken when, either a directorate or Nurse Bank, draws attention to a major problem with staffing.

These include:
Emergency bed pressures
Infection outbreaks or to control infection
High levels of absence or vacancies of nursing staff
High level of unfilled requests of bank and agency staff.1
High dependency patients above those normally managed in the clinical area

Staff redeployment

During staff shortages it is accepted that staff may be required to work in other clinical areas to provide a safe and efficient service. If an area requires staffing the Senior Nurse for that area is responsible for redeployment of staff within the directorate.

It is recognized that occasionally staffing needs to be viewed as a whole, i.e. cross directorate when staffing deployment in a directorate is not possible. The Senior Nurse is then responsible for contacting the Duty Manager. They will together (out of hours – Duty Manager only), make the final decision as to what area a nurse can be moved from considering staffing cross directorate, ward dependencies and bed occupancy.

15.0   KEY PERFORMANCE INDICATORS

15.1   Roster Key Performance Indicator Threshholds

TABLE 1: CRITICAL MEASURES OF SUCCESS

Table 1 identifies the Key Performance Indicators for each roster which must be below the amber limit for a roster to be submitted for Head NurseSenior Managerapproval A report on these KPIs will be made available and reported on to the Trust performance management team and are used for Quarterly Rota Reviews.

TABLE 1: ROSTER KEY PERFORMANCE INDICATOR THRESHOLDS

Group	Key Performance Indicator	Amber Threshold	Red Threshold
Nursing Supply Effectiveness	Overall Overhead Limit	24%	
	Overall Overhead Limit (ex parenting)	22%	
	Sickness %	5%	7%
	Annual Leave Activation (min staff required)	Set by individual units	
	Annual Leave Minimum %	11%	n/a
	Annual Leave Maximum %	17%	22%
	Study Day %	5%	7%
	Working Day %	2%	4%
	Parenting %	5%	7%
Rostering Effectiveness	Over Contracted Hours %	1.5%	2%
	Unused Contracted Hours %	1.5%	2%
	Additional Duties (Duties, weekly)	1	3
	Additional Duties (Hours, 4 weekly)	1	22
	Bank & Agency Usage %	5%	10%
	Unfilled Roster %	20%	30%
Rostering Budget	% Over Budget	2%	5%
Fairness	Duties with Warnings %	20%	30%
	Requested Roster %	30%	50%
Safety	Shifts without Charge Cover	1	3

Board to Ward Roles and Responsibilities for Staffing Establishment
Non-executive Board Directors

☐ Ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision.
☐ Review data on workforce, quality of care and patient safety on a regular basis and hold Executive Directors to account for ensuring that the right staff are in place to provide high quality care to patients.
☐ Ensure that decisions being taken at a board level, such as implementing cost improvement plans, have sufficiently considered and taken account of impacts on staffing capacity and capability and key quality and outcomes measures.
☐ Understand the principles which should be followed in workforce planning, and seek assurance that these are being followed in the organisation.

The Chief Executive

☐ Ensure that the organisation has the right number of staff with the required knowledge and skills to provide safe and effective patient care.
☐ Ensure that there is an agreed nursing and midwifery establishment for all clinical areas.
☐ Ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision.
☐ Ensure that appropriate escalation policies are in place and action is taken when staffing falls below that expected.
☐ Ensure workforce plans are clinically and financially viable, and that they inform education commissioning process in place through the Local Education and Training Board (LETB) and Health Education England (HEE).
☐ Ensure that the Executive Team have SMART objectives (specific, measurable, achievable, realistic, timely) aligned to staffing and that these are reviewed and performance tracked regularly.

Executive Board Members

☐ Report to the Board on nursing, midwifery and care staffing capacity and capability, highlighting concerns and making recommendations where necessary. Workforce data should be triangulated with data on quality of care.
☐ Where staffing capacity and capability is insufficient to provide safe care to patients and cannot be restored, undertake a full risk assessment and consider the suspension of services and closure of wards in conjunction with the Directors of Operations, Chief Executive and Commissioners.
☐ Foster a culture of openness and honesty amongst staff, supported by nursing and midwifery leaders, where staff feel able to raise concerns, and concerns are acted upon.

The Director of Nursing

☐ Develop the nursing and midwifery leadership team to ensure that they understand the principles of workforce planning and can use evidence based tools informed by their professional judgement to develop workforce plans and make staffing decisions on a day to day basis.
☐ Assure the Board that there are nursing and midwifery workforce plans in place for all patient care areas/pathways.
☐ On a monthly basis, report workforce information to the Board on expected versus actual staff in post on a shift-to-shift together with information on key quality and outcome measures.
☐ Ensure there is an uplift in planned establishments to allow for planned and unplanned leave and ensure absence is managed effectively.

2
Director of Human Resources

☐ Ensure that human resources support and policies are available to secure sufficient staffing capacity and capability to provide high quality care to patients.
☐ Ensure that there are systems and processes in place to capture accurate data on establishment, staffing levels and skill mix, staff movements, training and turnover to inform decisions on workforce planning.
☐ Develop and implement policies that support all staff working within areas of competence.
☐ Develop and implement a strategic recruitment plan to provide the required resources and fill current and future vacancies.
Director of Operations
☐ Ensure that the management of the organisation supports delivery of the workforce plan and there is sufficient staffing capacity and capability to provide high quality care to patients.
☐ Ensuring that there are systems and processes in place to capture accurate data on quality of care, patient pathways and volume to inform decisions on workforce planning.

Director of Finance

☐ Ensure that finance decisions which could have an impact on staff capacity and capability and patient outcomes are taken with consideration of staffing and workforce planning implications, and that these are reflected in any advice provided for decision to the Board, linking proposals to patient outcomes and quality.
Borough Head Nurses and Modern Matrons
☐ Review and approve rosters submitted from wards.
☐ Reallocate staff and authorise the use of temporary staffing solutions if necessary and where required.
☐ Continuously review and monitor nursing, midwifery and care staffing capacity and capability across areas of responsibility.
☐ Produce data/information to inform the Board and management of the organisation, and to inform workforce planning.
☐ Hold Service Managers to account for having appropriate staffing capacity and capability on a shift to shift basis, and following escalation procedures where necessary.

Ward Managers/Team leaders

☐ Produce and manage safe and efficient staff rosters.

☐ Measure quality of care and outcomes achieved for patients and the capacity and capability of staff on a ward-to-ward basis.

☐ Respond in a timely manner to unplanned changes in staffing, changing patient acuity/dependency or numbers, including the request for and use of temporary staffing where nursing/midwifery shortages are identified.

☐ Escalate concerns to line manager where staffing capacity and capability are inadequate to meet patient needs.

☐ Understand the evidence based methodology used to determine the nursing and/or midwifery staffing in your area of responsibility.

Other Health and Care Staff

☐ Complete data returns where requested about the staffing in your workplace to inform workforce planning decisions.

☐ Participate in discussions and decisions regarding staffing in your clinical area.

☐ Understand the agreed staffing capacity and capability are for your clinical area on a shift by shift basis.

☐ Raise concerns regarding staffing and/or the quality of clinical care within your organisation when they arise.

Guide to Producing a Roster

HealthRoster is a computerised system specifically designed for use by Line managers, Duty Roster Co-ordinators, Head Nurses, etc.

It will roster staff to an agreed demand requirement, manage staff availability and contracts and allows clear visibility of departmental manning levels. It will also track and produce reports for absence, leave, additional shifts and temporary staff usage (bank, agency, overtime).

HealthRoster can be summarised as shown below:

- **Manage Rosters** – Details the processes for creating and updating rosters and deleting rosters where they are not required.

- **Assign Shifts** – Describes the overall parent process for assigning shifts. The process describes the steps involved in filling the roster and references sub processes that explain how the line manager assigns shifts using the Auto Roster and manually. The process also shows how the Head Nurse reviews the proposed departmental roster, fills outstanding shifts using "Show Available People", and approves the roster for publishing.

- **Auto Assign Shifts** – The detailed process steps for assigning shifts using the Auto Roster feature. This process describes how the Line manager chooses an Auto Roster favourite (Strict, Moderate or Relaxed), sorts the list of shifts for assignment, and runs the Auto Roster. This process does not describe the internal functional operation of the Auto Roster.

- **Assign Shifts Manually** – Describes the process for assigning shifts manually, including the processes for swapping and combining shifts, after the Auto Roster has completed. This process describes how HealthRoster indicates whether a duty assignment is a perfect fit, is assigned but with warnings, or whether the duty assignment has been rejected due to a rule violation.

- **Assign Shifts to Staff from Other Departments** – After the Department Manager has approved their roster it is ready for review by the Head Nurse. The Head Nurse reviews the duty assignments and tries to fill any outstanding vacant shifts. The Head Nurse uses the "Show Available People" feature to check whether suitable staff are available from other departments. This process describes these steps and shows how the Head Nurse assigns a duty to a person from another department.

- **Administer Rosters** – Once the roster has been published, the Line manager must manage the ongoing changes made to the roster. Examples of changes made to the roster include the recording of "No Shows", cancelling shifts, and the creation of additional shifts. This process describes how the Line manager accomplishes these tasks.

Approving a Roster – 1st and 2nd Approval

1. The Roster should have been created 6 weeks before off duty commences
2. Shifts should have an agreed total number of staff and skill mix as shown by the establishment templates
3. Creation of the off duty within budget for the ward
4. All staff have at least one weekend off in a 4 week period
5. The number of unfilled shifts that occur on nights and weekends is 0%
6. No more than 5 standard shifts days/nights to be worked consecutively to a maximum of 7 if specifically requested
7. No more than 3 x 12 hours shifts to be worked consecutively.
8. Print 'My Staff Hours' Report and select the number of weeks as appropriate
   a. Use this report when checking the Roster Effectiveness Indicators – there should be no hours carried forward
9. Check the Roster Analyser Summary Tab for the following:
   a. Roster Effectiveness Indicators
      i. Over Contracted Hours - this should be as near to 0 as possible
      ii. Lost Contracted Hours – this should be as near to 0 as possible
      iii. Additional Shifts – why have they been used
      iv. Overtime Hrs – should be 0
   b. Fairness and Safety Indicators
      i. Requests – no more than agreed within the policy according to hours worked.
      ii. Shifts with Warnings
      iii. Check that the policy rules are not being broken by viewing my Roster Stats and reviewing the Rule/Violation column
      iv. If rules are being broken, contact the Rostering Administrator for further details
      v. Shifts without Charge Cover – this should be 0
   c. Annual Leave is evenly distributed and is consistent with the % calculated for the ward
   d. Mandatory Unfilled Shifts, Sunday/Bank Holiday should be lowest figures
10. Check Effectiveness Tab for:
    a. Requirements v Availability
    b. Staff Unavailability – there should be 0 warnings
    c. Filled Shifts – there should be 0 Optional and Additional Shifts unless agreed prior to the creation of the roster
11. Remember to check that Personal Patterns are still valid every 3 months.

If a roster is rejected an email should be sent to the Roster Creator indicating why it was rejected.

HealthRoster Protocol for Monthly Unsocial Hour Timesheets

Introduction

Rosters are not only a requirement; they are also a legal document and as such can be called into evidence before a court of law, local investigations, complaints and Serious Untoward Incidences. The NMC's Professional Conduct Committee can also use them as evidence.

Therefore, it is important that Roster Creators and Line Managers are aware of the process of finalisation and their accountability within it.

Finalisation of the Roster is your electronic signature that confirms that the hours worked is a true and actual record. Thus, you cannot finalise your own duty.

Guidelines

Every Monday the Off Duty needs to update with any changes of hours worked annual leave, sickness and study leave.

Once the Roster Creator and Manager are sure that all changes have been made the Roster must be finalised.

By the 2nd of each month (or next working day if the 2nd falls on a weekend or public holiday) the Matron/PIN must ensure that the monthly roster is an accurate account and ensure that it is finalised. This will create the Time Sheet that will be extracted for payroll. It is imperative that you note that once extracted for payroll the timesheets cannot be unlocked and if there are any changes these will have to be sorted out manually at local level with payroll.

Process of finalisation

When the roster creators finalise the rotas, highlight all staff except the PIN and the Modern Matron. The Modern Matron needs to finalise the Practice Innovation Nurse (PIN) duty and the Borough Nurse (BN) should finalise the Modern Matrons (MM) shifts. If the MM or the BN is not available, an e-mail should be sent to healthrostersupport@eastlondon.nhs.uk , confirming that the shifts have been worked and they will finalise. (*Ensuring that this is done by the 2nd of each month*)

"Working Time Regulations 1998" – ELFT Rules

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

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

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

Providing that the Individual Working Hours Agreement form is signed, a member of staff may work up to a maximum of 60 hours per week. Under no circumstances will a member of staff be permitted to exceed these hours either through undertaking bank/agency work or duties within the Trust or with another organisation. Under the WTR 1998, the average working time, including overtime, should not exceed 48 hours for each 7-day period.

The above will also apply to staff who has entered into substantive employment contract with the Trust (inclusive of both normal and Bank work).

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

☐ A Late (or a long day) shift followed by a night shift

☐ A Night shift followed by any day duty

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

☐ 20 Minutes if at work for longer than 6 hours

☐ 11 hours every 24 hours

☐ two 24 hour rest periods each uninterrupted every 14 days.

☐ 48 hour uninterrupted rest period every 14 days

Annual Leave: Individuals should ensure that they take a minimum of 28 days of their annual leave strictly for annual leave/rest purposes and should not undertake any bank/agency work or duties within all localities of the Trust or elsewhere during this time.

In the event that the Trust implements its Emergency Management Plan Director level guidance will apply.

Safer Care Escalating Concerns

Nursing staff/ Nurse in charge

→ Nursing staff to inform bank office and approach known resources

→ Nursing staff / Nurse in charge to escalate that staffing capacity is unsafe with respect to patient need

ESCALATE

DSN

→ DSN to access the pool of staff within the unit and relocate if possible

→ DSN to Request the physical support of available CNM, and modern matrons.

→ DSN to source staffing from other localities.

ESCALATE

On-Call Nurse Manager

→ The on-call nurse manager to respond to situation by attending unit and filling the staffing gap

→ Informs Director on-call of failure to meet staffing need

ESCALATE

Director On-Call

→ Authorise/ permits the breaching of Trust working rules

→ Authorises / permits the breaching of working time directive

→ Authorises Agency or overtime payments to Trust staff