

Document level: Trustwide (TW)  
Code: HR18  
Issue number: 3

## Effective Rostering : Policy & Procedures

Lead executive	Select a lead executive Director of People and OD
Authors details	Head of People Information

Type of document	Policy
Target audience	All CWP staff responsible for rostering staff
Document purpose	To outline the practical procedures which will assist managers to ensure the effective use of the workforce through efficient, consistent, fair and transparent rosters, delivering high quality care and minimising operational and clinical risks.

Approving meeting	People and Organisational Development Sub Committee	Date 17-09-18
Implementation date	October 2018	

CWP documents to be read in conjunction with:	
HR3.5	<a href="#">Managing Attendance Policy</a>
HR6	<a href="#">Essentials Mandatory Training Policy</a>
HR2.6	<a href="#">Annual Leave Policy</a>
HR3.6	<a href="#">Flexible Working and Special Leave Policy</a>
GR10	<a href="#">Equality, Diversity and Human Rights Policy</a>

Document change history	
What is different?	The policy has been brought up to date following the implementation of v10 of the Healthroster software which required some processes to be updated. The policy also reflects recommendations made by audit and aligns to the NHSI Good Practice Guide to Rostering.
Appendices / electronic forms	Yes, some updates due to the requirements identified above
What is the impact of change?	Aside from reiterating escalation processes and some revamped operational practices, the most significant change is the firming up of the management of net hours balances accrued by staff

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
East locality	Locality Representative on the Healthroster User Group
Wirral locality	Locality Representative on the Healthroster User Group
West locality	Locality Representative on the Healthroster User Group
Corporate services	Deputy Director of Nursing and Therapies, Head of Resourcing, Deputy Director of Finance
External agencies	None

Financial resource implications	None
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External references
1. <a href="#">NHS Improvement Good Practice Guide: Rostering</a>
2. <a href="#">Agenda for Change Terms and Conditions Handbook</a>

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Select	

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## 1. Introduction

Since the Lord Carter Review of 2016, nationally it has become clear that a firmer grip on rostering is required in order to reduce the dependency on bank and agency staff, whilst at the same time, increasing the predictability and consistency of staff deployment, even in areas which are currently finding it difficult to recruit to vacant posts.

Workforce costs within the NHS are significant and all Trusts are currently balancing these costs with the need to work efficiently and ensure patient safety. By rostering correctly as per the advice provided in this policy, it is expected that managers and staff will be given the evidence base to influence the change necessary on the front line.

This policy relates to both electronic and paper based rostering practices within the Trust. The purpose of both is to ensure that there are efficient and effective staffing levels and skill mixes across the Trust to deliver safe patient care. As a result of this there will be:

- detailed information available to allow for future workforce planning;
- reduced over / under staffing of wards, hence reducing the unnecessary use of temporary and agency staff and associated costs;
- increased flexibility when planning future rosters and during the current roster period being worked.

An effective roster, either paper based or electronic, must have staffing levels and skill mixes across the Trust that are safe, effective and sustainable for both service users and employees of the Trust.

## 2. Policy Synopsis

This policy identifies the underlying principles to be applied when rostering staff within the Trust. It also provides operational guidance for those using e-rostering software to ensure effective and efficient rosters are produced, all audit requirements are met and that the benefits of the software are optimised.

## 3. Definitions

Ward	Refers to a Ward, Unit or Department within CWP
Roster	A list of names of staff with shifts assigned to them
e-roster	An electronic roster
Healthroster	An electronic rostering system utilised at CWP
Roster Period	A pre-defined number of weeks (normally 4) within the Healthroster system
KPI	Key Performance Indicator
Unavailability	When a staff member is not available to work a rostered shift
Headroom	A set % to allow for managing specific unavailabilities (refer to <a href="#">Appendix 4</a> )
Employee Online	Electronic access for staff to their roster (within Healthroster)
Net Hours / Time Owing	The number of hours a staff member may owe the ward (less hours worked than contracted); or the number of hours a ward may owe a member of staff (more hours worked than contracted).

## **4. Responsibilities, Accountabilities and Duties**

### **4.1 Chief Executive**

As Accountable Officer, the Chief Executive must ensure that responsibility to deliver effective and efficient utilisation of staffing resources within the Trust through high quality rosters is delegated to an appropriate executive lead, as outlined in the executive portfolios.

### **4.2 Executive Lead**

The nominated executive lead must ensure that robust systems and processes are in place for the creation and management of efficient, high quality rosters within the Trust.

### **4.3 Deputy Director of Nursing and Therapies**

The Deputy Director of Nursing and Therapies is responsible for ensuring that effectiveness of rosters is monitored for safety and meets safer staffing requirements of the Trust.

### **4.4 Senior Managers**

Senior managers must ensure that wards under their line management comply with this policy. The relevant Service Manager must undertake regular quality reviews of the roster(s) on completion, review KPI reports, and approve all shifts where temporary staff are requested.

### **4.5 Ward and Team Managers**

Overall responsibility and accountability for all ward rosters, including the updating of data and the safe staffing of each ward together with finalising shifts for payroll, lies with the respective Ward Manager. If the task of producing the roster is delegated to another staff member, the responsibility will remain that of the manager of the ward.

All Ward Managers must ensure that staff leavers' net hours balances are nil at the point of leaving the Trust or transferring to another ward.

### **4.6 Roster Creator**

Each ward manager may nominate a suitably trained member of staff to create and update rosters, liaise with the Temporary Staffing team as appropriate and finalise shifts for payroll. This person will be responsible for the timely creation, validation and updating of the rosters in line with this policy and the Healthroster timetable.

### **4.7 Roster Editor**

The roster Editor supports the roster Creator to ensure the roster is updated as required and liaises with the Temporary Staffing team as appropriate. Changes and updates must be made as soon as possible to ensure that rosters and reports reflect the actual shifts planned, whether filled or not, and the actual shifts worked.

### **4.8 Systems Administrator**

The Systems Administrators are responsible for the administration of Healthroster during and post implementation of the system. This will also include:

- providing support and guidance to users;
- training new users;
- developing policies, procedures and guidance for users;
- contribution to the long term update and development of the system;
- Liaison with the Temporary Staffing team and interface support between e-roster and Bank Staff software.

#### **4.9 Head of People Information**

The Head of People Information is responsible for ensuring that Healthroster support, including user accounts, technical support, knowledge and training is provided to all users of Healthroster. In addition, the Head of People Information will ensure that routine reports against KPIs are provided to senior managers and safer staffing leads within the Trust.

#### **4.10 All Staff**

All Staff are responsible for their own compliance with this policy and all related Trust policies.

### **5. Procedural Guidance**

All rosters must be fit for purpose including:

- Accurate baselines established at the point a roster is created;
- Planning of each 4 week roster ensuring safe and effective staffing while observing guidelines for approving unavailability;
- Day-to-day management of service issues and safer staffing as they arise;
- Additionally, assessing performance and practice against core KPIs.

All of these elements require adherence to clear underpinning practices and procedures. This section addresses most of those. Where there is significant detail, this is provided as appendices.

#### **5.1 Establishing a New Roster - Baselines**

Rosters are based around core templates and sets of rules which in turn are determined by several key elements. These should be reviewed annually by Service Managers to ensure the rosters remain fit for purpose.

##### **5.1.1. Budget and Headroom Setting**

- Each ward has an agreed establishment which should be maintained within budget at all times. The budget should be set based on the FTE required to meet the demand template requirements (see below), plus a headroom allowance which covers the fact that staff hours are used for reasons over and above filling the demand of the service i.e. study leave and annual leave.
- A realistic headroom figure is crucial and will be specific depending on the service. The Carter report recommends Headroom be set at between 22% and 25%, including sickness absence. Currently, CWP has a lower Headroom allowance of 17% as this figure does not include sickness absence.
- The Headroom figure should be reviewed annually with Finance and Service Managers to determine if it is set correctly, considering historical patterns of sickness, leave, study and maternity/paternity percentages in order to be aware of the actual headroom that services operate at;
- The People Information team will co-ordinate an annual review during budget setting activities and ensure Healthroster is updated accordingly in time for the new financial year.
- The analysis of the current year's Headroom setting is available in [Appendix 2](#).

##### **5.1.2. Skills, Competencies and Rules**

- The roster takes into account the skill mix and grades necessary for the service to operate efficiently – these are identified in the demand templates set up by the People Information team.
- Additionally, a series of rules may be required to further bespoke the requirements of a particular ward to ensure skills and competencies required for safe and effective care are factored in to staffing allocation e.g. gender requirement; no more than 3 night shifts in a row etc.
- The People information team will provide services with a list of the rules in place on an annual basis to ensure they are reviewed and updated as necessary each year.

- Senior ward staff duties must be allocated to ensure that adequate senior staff cover is always available on all shifts.
- The roster of senior staff must be compatible with their commitment to management duties.

## 5.2. Rostering Standard Processes

### 5.2.1. Creating a Roster – the Essentials

All rosters that are created must:

- Be approved and published 6 weeks in advance of the roster start date;
- Adhere to the agreed Headroom figure for the service;
- Adhere to the thresholds for KPIs;
- Ensure that the high priority/hard to fill shifts are filled first;
- Abide by the skill mix rules set for the ward; for example a gender requirement;
- Ensure that the pre-worked roster which is submitted is a true reflection of the planned resource allocation.

### 5.2.2. Creating a Roster – the Five Key Stages

Within a service, it is the Roster Creator who is responsible for producing the initial roster. A timeline for the process of roster creation is available at [Appendix 1](#).

There are five key stages:

#### a. Open and close rosters

- Rosters are open to requests 12 weeks before they are due to be worked.
- Rosters will remain open for 4 weeks in order for employees to make requests.
- Rosters close 8 weeks prior to the start of the roster period, requests are approved/unapproved and leave periods are approved/added.

#### b. Create the roster

- All rosters are pre-set to start on a Monday and are 4 weeks in length.
- Those shifts which are traditionally difficult and expensive to fill must be filled first but this must be balanced amongst staff.
- Initial rosters must be created by the Roster Creator using the AutoRoster tool primarily. This will ensure that the initial roster produced is fair and equitable and meets, as far as possible, the requirements of the service and staff with personal patterns without compromising service delivery.
- There must be a fair and safe distribution of shifts within each roster period, including unsociable hours / weekend shifts, in accordance with agreed contractual restrictions.

#### c. Full and Partial Approval of the roster

- Rosters must firstly be partially approved by the Ward Manager or the Resource Manager.
- The Head of Clinical Service is then required to full approve the roster.
- For all approvals, the Roster Analyser should be utilised, as this informs the approver of the quality and effectiveness of the roster within set parameters (see section 5.2.5).
- Full approval initiates the publication of the roster, allowing staff to view their current roster on line via Employee Online. The roster must be published a minimum of 6 weeks before the roster start date.

#### d. Updating the Roster

- It is the responsibility of the Ward Manager or Resource Manager to update the roster following publication.

- ii. Changes must be kept to a minimum, however it is understood that there will always be changes that are required to the planned roster.
- iii. All changes and amendments to the roster must be recorded on Healthroster if appropriate or on a paper copy, signed and dated to ensure auditability.
- iv. The roster must always represent actual shifts planned and worked. Changes must only be completed by designated staff and must be updated as soon as possible to ensure safe staffing levels can be monitored and decisions on temporary staffing requests can be made using as up to date information as possible.

**e. Finalise the roster for payroll**

- i. The roster must be finalised by the Ward Manager, Team Manager or Resource Manager on a weekly basis and therefore confirm the hours and shifts that were worked including temporary staff.
- ii. It is the responsibility of the Ward Manager, Team Manager or Resource Manager to check the data on the roster before finalising any shifts; staff will be paid enhancements according to the finalised data provided.
- iii. A trained deputy must be identified and available on the payroll deadline date / time in the absence of the Ward Manager, Team Manager or Resource Manager.
- iv. Ward Managers, Team Managers and Resource Managers are unable to finalise their own shifts and prior to the payroll deadline date, they must arrange for a Head of Clinical Service, or other person with the appropriate access, to finalise their shifts. Every effort must be made to take this action in a timely manner in order to avoid payroll being delayed.

**5.2.3. Staff Requests**

Staff requests refers to shift and day off requests. For annual leave procedures please see 5.2.9.1. CWP aims to support staff in order to provide a fair work / life balance. It is the responsibility of the Roster Creator to approve days off to allow fair opportunities for all staff. However, it is important that the service needs take priority over shift and day off requests to ensure a safe and high quality service can be provided.

Any staff wishing to make a request must do so via Employee Online or via the Roster Creator for their service.

No request should be considered as granted until the roster is approved and published 6 weeks before the roster period commences.

The maximum number of personal requests is 6 per roster period for full time staff and pro-rata for part time staff. The requests can either for days off, shifts or a combination of both.

If a member of staff is taking Annual Leave, the number of requests must be reduced pro-rata within the roster period. This must be locally managed as Healthroster does not automatically pro-rata the entitlement.

All staff have a specified time limit of 4 weeks in which to make requests for a roster period. Refer to [Appendix 1](#).

**5.2.4. Personal Patterns / Working Restrictions**

It is important to monitor the overall level of staff with working restrictions (due to health or flexible working reasons) as well as where the restrictions may impact service delivery.

Where staff request a personal pattern / working restriction via the Trust's Flexible Working and Special Leave Policy, the staff member's line manager will consider the request and if agreed, will communicate this information to the People Information team. The details will be added to Healthroster.

Personal patterns / working restrictions must be agreed formally by the line manager, reviewed regularly and any changes communicated to the People Information Team in order that Healthroster can be updated.

The continuation of all such agreements should be reviewed every 6 months in case the circumstances of the individual or the workplace demands have changed. Continuation of all such agreements should be made in writing and placed on the employee file held locally by the manager.

### **5.2.5. Approvals and Validations**

Each roster must be approved by 2 levels of authorisation as per the timescales as set out in [Appendix 1](#). Effective rostering means that rosters are reviewed and approved by senior managers rather than being the responsibility of just one person.

To inform all approvers that a roster falls within the tolerances set out within each of the roster indicators, Healthroster utilises the Roster Analyser to check the following:

- a) Budget
- b) Safety (e.g. unsafe shifts)
- c) Effectiveness (e.g. unfilled shifts)
- d) Annual Leave (e.g. Headroom - between 11% - 17%)
- e) Fairness (e.g. requests)

### **5.2.6. Partial Approval**

The Roster Creator will produce the roster. Thereafter, utilising the Roster Analyser function, partially approve the roster taking the above into consideration.

### **5.2.7. Full Approval**

Following partial approval, the Head of Clinical Service will receive an automated notification from Healthroster, notifying that Full Approval is required. The Head of Clinical Service is accountable for ensuring the roster falls within the tolerances set out within each of the roster indicators and must utilise the Roster Analyser to check these parameters.

The Head of Clinical Service will consider resource options to address any unfilled shifts by identifying where other resource may be obtained prior to any request to temporary staffing being authorised as detailed in 5.2.9.5.

The Head of Clinical Service will escalate any significant issues or concerns to the Head of Operations through to the Deputy Director of Nursing and Therapies who is responsible for ensuring the rosters are monitored for safety.

Once fully approved and published, a paper copy of the roster must be signed and dated by the Ward Manager. Thereafter, this copy must be placed in a central location on the ward for ease of staff access.

### 5.2.8. Changes to an approved roster

It is imperative that the roster is always reflective of the staff on duty and therefore is to be updated on a daily basis. Although a roster will always be published 6 weeks in advance of the beginning of the roster period, there are instances which can require amendments to be made such as unplanned unavailability and changes to acuity. It is important for audit purposes that any such amendments are managed carefully:

- Changes to shifts should be kept to a minimum and updated immediately in Healthroster;
- Any paper copies of the roster must be updated routinely, signed and dated. All previous versions must be scanned and saved to ensure that there is an audit trail of changes;
- Any shift swaps can be negotiated between staff after the roster has been published. These changes must be approved by the Roster Creator and changed on the roster immediately. Any changes agreed by staff must ensure the safe levels of staff remain on the ward according to the necessary skill mix requirements;
- Analysis between pre and post worked rosters will be produced by the People Information Team. This will be fed back to the Head of Clinical Service and to the People Planning Group as part of a wider KPI dashboard.

If a staff member is allocated to work with a student, shifts should ideally not be changed. Where change cannot be avoided, the student should be asked to either change shift to or allocated to another staff member.

### 5.2.9. Periods of Unavailability

Unavailability is the term used within Healthroster when a member of staff is not available to work for reasons such as annual leave, study leave, maternity leave, jury service etc. All such unavailability periods are usually paid.

#### 5.2.9.1 Annual Leave

- It is essential that annual leave is evenly distributed throughout the year. If annual leave is poorly managed, there can be unnecessary overspend through temporary staff and potential gaps left on the ward. The amount of leave that needs to be booked each month relates to the Headroom percentage agreed in the budget (refer to [Appendix 4](#)).
- All Annual Leave is managed in accordance with the Trust's Annual Leave Policy and therefore entitlement is measured in hours, commencing from 1<sup>st</sup> April to 31<sup>st</sup> March each year. The entitlement is pro-rata for part time staff and new starters.
- Request for annual leave should be received well in advance of the roster being worked and is not subject to the request timetables detailed in 5.2.3. Annual leave requests for future rosters can be made in advance (there is no maximum advanced limit set in the annual leave policy) and staff are encouraged to plan their annual leave allowance in advance with colleagues and roster creators to ensure the spread of annual leave is managed effectively and fairly across the year.
- Request for annual leave can be no later than 8 weeks prior to the roster being worked. No further request will be accepted after this date, unless due to exceptional circumstances, the manager agrees to waive the timeframe.
- The responsibility for approving all annual leave requests sits with the Roster Creator or their designated deputy.
- The Roster Creator is responsible for managing the spread of Annual Leave across the year. They must set a minimum and maximum number of staff able to take leave in any specific period to ensure that there is a fair split across the year. Staff need to be made aware of the need to maintain this figure throughout the year.

- If the number of required Annual Leave shifts is not met through requests, the Roster Creator should prompt members of the team to take leave within this period. Any staff assigned additional duties or unused contracted hours will be identified to the Head of Clinical Service and may be re-allocated to another ward / team.
- Should the number of Annual Leave requests exceed 17% (as indicated within the Roster Analyser), the Roster Creator will be required to negotiate with the relevant staff with a view to ensuring the roster falls within acceptable tolerances. Where this is not possible, the Roster Creator should escalate any issues to the relevant Ward Manager or Head of Clinical Service as appropriate.
- No holiday bookings or travel arrangements should be made until the Roster Creator has approved annual leave requests. The rules as outlined in section 5.2.3 will apply for all staff requesting days off either before or after previously approved annual leave.
- Annual Leave over the Christmas and New Year period must be treated the same as annual leave at any other time in the calendar year. The recording of shifts over this period is important as it allows for year on year consistency in fairness for all staff. Healthroster shows which staff have worked over which public holidays via the Staff Leagues option.
- No overtime should be paid while a staff member is on annual leave, any work must be completed through the temporary staffing bank.
- All absence must be entered into the Healthroster in real time and not retrospectively.

#### **5.2.9.2 Special Leave**

Any special leave requests should be referred to the Flexible Working Policy and the Special Leave Policy.

#### **5.2.9.3 Study leave**

Ward Managers and Team Managers must ensure that all mandatory or non-mandatory training is balanced throughout the year and entered onto Healthroster as study leave.

#### **5.2.9.4 Sickness**

If a member of staff is unable to attend work due to sickness, it is their own responsibility to log their absence via Attendance Line as soon as possible, in accordance with the Trust's Managing Attendance Policy and local absence reporting protocols. Sickness will be managed in accordance with the Managing Attendance Policy.

#### **5.2.9.5 Additional Staffing Requirements & Escalation Protocol**

On occasion, for a variety of reasons, the funded establishments of wards will not have adequate staffing levels. When this occurs, it will be necessary to obtain additional staffing through other methods. The options immediately available for the Roster Creator and Ward Managers to obtain additional staffing must be sourced in the following order:

- a. Temporary redeployment of substantive staff from other wards or services within the ward;
- b. Staff who have a debit net hours balance (i.e. owe hours to the Trust);
- c. Additional hours to be offered to substantive staff contracted to work less than 37.50 hours per week. Please note this must only bring their weekly working hours to a maximum of 37.50 hours.

If none of the above can be obtained to successfully fill the shift, the following steps must be taken but this must be in discussion with and approval from the Head of Clinical Service in charge (or in out of hours from the relevant bleep holder):

- d. Cross cover from another site;
- e. Send a temporary staffing request via Healthroster to Temporary Staffing.  
NB: Substantive staff may work this shift via Temporary Staffing if they are;
  - i. Registered with Temporary Staffing or an application to register has been made;
  - ii. do not owe any time to the Trust;
  - iii. are not on sick leave.
- f. Offer overtime to substantive staff;
- g. Request agency cover for the unfilled shift through Temporary Staffing – this must be done via e-mail by the Head of Clinical Service in charge (or the relevant 2<sup>nd</sup> tier on call out of hours).

### 5.2.10 European Working Time Directive (EWTD)

Rosters must comply with the EWTD. Roster Creators must particularly note that in order to comply with the EWTD:

- Staff must have a daily rest period of 11 uninterrupted hours between each shift;
- In addition to daily rest, staff must have one uninterrupted 24 hour period of rest in each seven day period; this must be taken consecutively with the daily rest giving an uninterrupted rest period of 35 hours;
- All rostered shifts must include a minimum 20 minute uninterrupted unpaid break for every 6 hours worked. Breaks must not be taken at the beginning or end of the shift as their purpose is to provide rest time during the shift;
- Night workers must not work more than 8 hours daily on average.  
(NB If staff work less than 48 hours a week on average they will not exceed the night work limit).
- Roster Creators must ensure that an individual's working hours do not exceed a maximum of 5 long days (or equivalent in hours) or night shifts per week. It must be noted that this also includes any worked bank shifts.
- Roster Creators must consider other posts staff may have within the organisation when creating the roster.

The People Information Team will ensure Healthroster holds the correct EWTD thresholds within the system's reference data.

### 5.2.11 Breaks in Shift

The nurse in charge of the shift is responsible for ensuring that breaks are facilitated. Whilst it is acknowledged that service needs can be prioritised over breaks, every effort must be made to ensure that breaks are taken. Where this is not possible, the rostered shift information will be updated by the Roster Creator with a narrative of the specific reason why a break was not taken.

Any incidents of staff not taking breaks must also be reported to the Deputy Director of Nursing and Therapies on a monthly basis, scoping the frequency and reasons for this.

### 5.2.12 Net Hours (Time Owing)

Staff must fulfil their contracted hours over each roster period. However, any hours accrued or claimed back, **must** be recorded and approved in agreement with the Roster Creator before the roster is finalised.

Staff may accrue a maximum balance of 1 shift (+/- 11.50 hours max. or the equivalent shift length) during a roster period. Every effort must be made to ensure any hours accrued or owed during a roster period are taken or worked back during the next roster period where possible.

The Net Hours balances must be managed by the Roster Creators to ensure no staff exceed the '1 shift' tolerance level. This information will be routinely reported on by the People Information Team.

Any time owing accrued or owing to the Trust must be either worked back or taken in agreement with the Roster Creator.

Only staff who have positive net hours balances should be permitted to take time owing back.

Payment for staff that are prevented from taking their time owing back within a 3 month period will be considered by the Roster Creator in accordance with Agenda for Change rules.

Any time off in lieu of overtime payments will be at plain time rates.

Hours owing to the Trust must be worked back before a staff member is able to work bank shifts.

The Roster Creator must ensure that a staff leavers' net hours balance is nil at the point of leaving the Trust or transferring to another department.

### **5.2.13 Exceptional Incidents**

In the rare event of an exceptional incident on the ward occurring during a shift (e.g. Fire), staff who are already on duty may be asked to stay on shift and be offered overtime to do so. This must be authorised by the Roster Approver (or 2<sup>nd</sup> tier on call if out of hours). The email approval must be copied into the shift notes in order to support audit requirements.

## **6 Auditing, Reporting and Monitoring**

In order to ensure that the rosters produced are providing the safe, high quality and efficient services necessary, it is important that they are regularly audited against standards.

Analysis between pre and post worked rosters will be produced by the People Information Team and sent to Heads of Clinical Service and the People Planning Group.

It is important that a suite of KPIs are agreed by the Deputy Director of Nursing and Therapies which are regularly monitored and reviewed.

As a minimum this should include:

- Analysis of pre vs post worked rosters to show the extent of manual amendments;
- Performance against system rules (breaches violations etc);
- Net hours position monitoring (including bank shifts booked)

The schedule of current reports and KPIs is available at [Appendix 5](#).

Additionally, each rostered ward should complete an audit of their roster at least every six months. An audit tool in [Appendix 3](#) can be used to monitor the compliance of the rostering policy.

## **7 Training, Skills and Expertise**

Where the Healthroster is in use, the People Information Team will provide professional and technical support and guidance to system users. They will also work with services to jointly deliver training to any new roster users to ensure they have the competence and confidence to use Healthroster effectively.

## Appendix 1 - Producing a Roster Timeline

Period prior to working roster	Process	Responsibility
12 weeks	Open new template to allow staff to make requests via employee online	Roster creator
8 weeks	Close the roster to requests and approve requests and add / approve any leave periods.	Roster creator
7 weeks	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 an individual in charge for each shift where required, manually move shifts as necessary.	Roster creator
	Fill remaining staff hours with vacant shifts, adjusting duty times where necessary.	Roster creator
7 weeks	Review roster analysis data, ensure: good balance of staff across 4 week period; all staff hours are used; charge cover allocated; an even balance of popular and unpopular shifts amongst substantive staff. <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>	Roster creator / Ward / Team Manager
	Approve the roster and inform Head of Clinical Service ready for approval.	Ward / Team Manager
	Head of Clinical Service to review analysis data in line with KPIs and approve	Head of Clinical Service
6 weeks	Once approved by Head of Clinical Service the roster will be automatically published in employee online	Head of Clinical Service
	If there are still gaps in the roster, plan to fill them with available trust 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.	Ward / Team Manager
	If temporary staff are necessary, ensure you are rostering them for the cheapest possible shift, length of time and grade.	Head of Clinical Service
1/2 days after roster has been worked	Finalise roster as accurate representation of hours worked to be transferred to payroll.	Ward / Team Manager

## Appendix 2 - Understanding Headroom

Headroom is a calculation built into ward rosters within Healthroster to help managers ensure that they have enough staff to cover for planned staff unavailability *i.e. Annual Leave and Study Leave*.

- CWP 's agreed Headroom percentage is **17%**. This does not including sickness absence.
- The table below shows 3 simple examples of how annual leave and study leave could be broken down in order to remain within the 17% threshold.
- Adopting this method will allow managers to have sufficient time and resources to provide adequate staff to deliver service demands whilst still allowing staff to have annual leave and complete their required training during work time.

CWP MANAGEABLE HEADROOM: 17% PER WARD			
<b>Example 1:</b> <b>% Split between Annual Leave and Training:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">Annual Leave 14%</td> <td style="width: 25%;">Study Leave 3%</td> </tr> </table>	Annual Leave 14%	Study Leave 3%
Annual Leave 14%	Study Leave 3%		
<b>Example 2:</b> <b>%Split between Annual Leave and Training:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Annual Leave 11%</td> <td style="width: 40%;">Study Leave 6%</td> </tr> </table>	Annual Leave 11%	Study Leave 6%
Annual Leave 11%	Study Leave 6%		
<b>Example 3:</b> <b>No Study Leave required in this period:</b>	Annual Leave 17%		

### Appendix 3 - Roster Auditing Tool

This audit tool should be used to monitor compliance of the rostering policy at least 6 monthly and should be completed by the Ward Manager. An action plan should be agreed for areas requiring improvement as recommended in the Carter Review.

<b>Ward / Team:</b>	
<b>Audited by:</b>	
<b>Date Completed:</b>	

	Yes / No	Comment	Action
<b>Has the roster template been reviewed on a six-monthly basis to ensure it is current, realistic and reflects the staffing requirement?</b>			
<b>Are all staff aware of the Rostering Policy?</b>			
<b>Do the shift and break times conform to the European Working Time Directive where appropriate?</b>			
<b>Are the approved minimum numbers rostered for each shift?</b>			
<b>Is the skill mix maintained?</b>			
<b>Have any staff been moved within the Trust to cover vacancies?</b>			
<b>Is Annual Leave allocated as per policy?</b>			
<b>Is Study Leave allocated fairly as per policy?</b>			

#### Appendix 4 - Healthroster Access: Profiles and CWP Roles

HEALTHROSTER PROFILES	ASSOCIATED CWP JOB ROLES
<b>Systems Administrator</b>	People Information Team Head of Resourcing Temporary Staffing Manager Temporary Staffing Officer
<b>Temp Staffing Team</b>	Temporary Staffing Team
<b>Roster Creator Partial Approver</b>	Ward Managers Resource Managers
<b>Approved Roster Amender</b>	Clinical Leads
<b>Head of Operations</b>	Head of Operations
<b>Unit Lead</b>	Modern Matron
<b>Roster Approver</b>	Head of Clinical Service
<b>Roster Administration Support</b>	Ward Clerks
<b>Employee Online</b>	All rostered staff

## Appendix 5 - Current Reports and KPI's

1. Healthroster Dashboard to be presented at the People Planning Group (PPG). Report will be produced in the 2<sup>nd</sup> working week and figures will be based on the previous calendar month.
2. Sub-report to be attached to Healthroster dashboard which monitors the effectiveness of rostering. Figures will be based on the roster period and taken as follows:
  - a. Pre-worked – 1<sup>st</sup> working day after fully approved roster date (roughly 7 weeks before roster is worked)
  - b. About to be worked – 1 week before the roster is to be worked.
  - c. Post-worked – 1 week after roster has been worked.
3. Sub-report to be attached to Healthroster dashboard which contains time owing analysis. Figures are to be taken the same time as those in the Healthroster Dashboard (2<sup>nd</sup> working week).

REPORT	METRIC	
<b>Healthroster Dashboard</b>	Number of shifts without charge cover	
	Number of shifts missing skills	
	Number of shifts with wrong grade type <ul style="list-style-type: none"> <li>o Sub-analysis of RNs acting into CSW roles and vice-versa.</li> </ul>	
	Number of unfilled duties	
	Total hours of unfilled duties	
	Number of additional duties	
	Total hours of additional duties <ul style="list-style-type: none"> <li>o Sub-analysis of additional duty request reasons</li> <li>o Sub-analysis of duties requested vs filled by bank staff</li> </ul>	
	Planned vs actual hours worked <ul style="list-style-type: none"> <li>o Sub-analysis of the percentage of planned vs actual hours which were bank/agency shifts</li> </ul>	
	Average lead time for requested bank shifts (days)	
	Monthly sickness rate	
	Head of Clinical Service roster approval lead time (days)	
	<b>Effectiveness of rostering sub-report</b>	Percentage of roster that is automatically rostered
		Percentage of roster that is manually rostered
		Percentage of roster that are requested shifts
Percentage of changes made to roster since approval		
Percentage of roster which is unfilled		
Number of shifts without charge cover		
Number of shifts missing skills		
Skill mix split		
Over contracted hours		

REPORT	METRIC
<b>Effectiveness of rostering sub-report</b>	Unused contracted hours
	Additional duty hours
	Number of shifts with wrong grade type
	Annual leave percentage (weekly) – unregistered/registered split
	Percentage of duties with warnings
	Number of duties below minimum length
	Demand vs Availability WTE – unregistered/registered split
	Staff Unavailability Reasons (percentage of contracted hours) – unregistered/registered split
	Mandatory unfilled duties count/hours – unregistered/registered split
	Demand, budgeted and contracted WTE inc headroom – unregistered/registered split
	Filled duties count – unregistered/registered split
	<b>Net hours sub-report</b>
Number of staff owing 1 or more shift	
Number of staff owed 1 or more shift	