Policy:
HR 013 - Rostering Policy

Executive Director lead	Director of Human Resources
Policy Owner	HR Workforce Systems and Information Manager
Policy Author	HR Workforce Systems and Information Manager

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Summary of policy

This revision of the policy has been made to allow the Trust to reach Level 1 of NHSi's Levels of Attainment for eRostering and provide further clarity regarding certain aspects of the policy i.e. requests. The changes made to this version of the policy are summarised in the Amendment Log.

Target audience	All staff

Keywords	Rostering, eRostering, Rotas, Bank, Agency

Storage
This is Version 4 and is stored and available through the SHSC Intranet/Internet.
This version supersedes the previous Version 3 [January 2018].
Any copies of the previous policy held separately should be destroyed and replaced with this version.

Contents

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	Original Policy developed and ratified	c 2013	The Trust's first Rostering policy was developed in 2013 when an eRostering system was introduced to the Trust for the first time.
2.0	2nd version ratified and issued	June 2016	Revised policy was issued in June 2016. The policy was revised at that time as the Trust was introducing a new eRostering IT system.
	Draft revised version	November 2017	Early review to take account of developments in the use of the eRostering system and national guidance on good practice in Rostering. Issued to members of the eRostering Operational Group for initial comment.
	Draft revised version	24th November 2017	Issued for wider consultation
	Draft revised version	6th December 2017	Forwarded to staff side for consideration at Joint Policy Group (process for HR Policies)
	Draft revised version following discussion at Joint Policy Group	20th Dec 17	Small number of amendments particularly in relation to shift requests adjacent to a period of annual leave.
3.0	Consultation and review. Revision of policy	Issued January 2018	Revision of the policy has been made to take account of developments in the use of the eRostering system and national guidance on good practice in Rostering.
4.0	Draft revised version. Consultation and review.	December 2019	Updated in line with Levels of Attainment Guidance re: roster policy applying to all employees. Additional clarity around roles and responsibilities, and further detail regarding requests, finalisation and Roster Production Timetable. Change to Roster Production Timetable to allow Roster Creators more time to create the roster.
	Draft revised version following consultation with Staff Side at Joint Policy Group	30th January 2019	Small number of amendments in relation to roster production timetable clarity.

1.   Introduction

1.1 The main objectives of the Rostering Policy are to:

1.1.1   Ensure that all rosters are service driven and provide the correct number of staff with the appropriate skills in the right place at the right time.

1.1.2   Minimise the clinical risk associated with high levels of contracted staff unavailability.

1.1.3   Reinforce the requirement for fair and equitable rosters for all staff.

1.1.4   Improve the utilisation of substantive staff and as a consequence reduce the use of bank and agency staff.

1.1.5   Improve the management of employee annual leave, study leave and sickness.

1.1.6   Improve employees' work-life balance by formalising the shift request process and ensuring consistency of management across the Trust.

1.2   This policy should be implemented with due regard to the commitment to ensure fairness and consistency for all employees.

2.   Scope

This policy applies to all staff.

This policy is a Rostering Policy that provides the policy framework in relation to the management of staff rotas and working patterns.

The Trust uses/intends to use an eRostering system for the management of staff rotas for all clinical staff.

For those services that use eRostering then this policy should be read in conjunction with guidance on the use of the eRostering system

3.   Purpose

The purpose of this policy is to support managers in deploying staff in a way that meets the needs of service users, recognises staff preferences where possible, is cost effective, incorporates Working Time Directive, ensures safe and effective staffing.

The Trust recognises that it is also important that staff rotas are drawn up fairly, transparently and in a timely manner, and that they reflect the need to both appropriately plan care and, as far as is reasonably possible, support staff in achieving a positive work-life balance.

The aim of the policy is to provide a balance between the clinical risks associated with supporting and caring for service users and the health, safety and wellbeing of staff. The safety and wellbeing of service users, carers, staff and visitors will at all times remain a priority of the Trust

This policy provides a mechanism for reporting against a set of KPIs as defined by NHS Improvement.

4. Definitions

Rostering – the process of developing and implementing a rota

eRostering – the use of an IT system to implement Rostering.

Health Roster – The main module of the Trust's eRostering system

Bank Module – The module of the Trust's eRostering system that facilitates the deployment of Bank staff

Safe Care – the module of the Trust's eRostering system that supports the recording of patient acuity and dependency.

Headroom – the agreed percentage in staffing budgets to allow for cover for absence (e.g. annual leave, sick leave, study leave etc)

Demand template – the agreed staffing establishment template (including staffing numbers per shift) for a ward, unit or team

Rota Period - this is a 4 week period (150 hours for full time staff, pro rata for part time staff) where working hours of staff may be utilised to cover the rota

Requests - this is a system which allows staff to enter Shift Requests over a 4 week rota period.*.* Shift Requests are separate to applications for Annual Leave

Bank staff - staff with a Bank contract. This includes both substantive staff with an additional Bank contract and Bank only staff – unless otherwise stated

5. Detail of the Policy
The broad overview of this policy is as described in the introduction.

6. Duties

6.1 All Employees

6.1.1   If an employee has a rostering related problem or issue they should attempt to resolve this in a professional manner with either the Rostering Creator or their line manager. Employees must maintain their professionalism with regards to roster requests at all times inside or outside of work time.

6.1.2   In accordance with their Contract of Employment, employees may engage in outside employment above their contract but must declare any proposal for additional work with their manager. Any additional employment taken on should be in accordance with the Working Time Regulations and HMRC regulations. An Opt-out agreement must be completed where appropriate.

6.1.3   All employees who are live on eRoster are responsible for making all shift and annual leave requests via Employee Online, in line with the process described in this policy.

6.2   Roster Creators

6.2.1   The Roster Creator is responsible for the creation of a safe, fair and equitable roster, as designated by the Unit Manager and in line with the timescales set out in the Roster Production Timetable (See Appendix A)

6.2.2   The Roster Creator must comply with this policy and must therefore ensure that (s)he has the capability to undertake the production of duty rosters.

6.3   Roster Updaters

6.3.1   Roster Updaters are responsible for keeping rosters up to date and an accurate reflection of what was worked in line with the Roster Finalisation Timetable (See 6.8.1)

6.3.2   Where Roster Updaters have access to book Bank and Agency Workers, this must be actioned in line with section 6.7 of this policy

6.4   Unit Managers/ First Level Approvers

6.4.1   The Unit Manager/First Level Approver is responsible for implementing and ensuring compliance with this policy, as well as maintaining effective use of the eRostering system in line with the Roster KPIs detailed in Appendix B.

6.4.2   Ensuring the safe staffing of the unit to meet the patients needs, even if they do not undertake the task of producing the roster.

6.4.3   That expenditure does not exceed the allocated budget for their unit

6.4.4   The roster is checked and First Level Approved in line with the Roster Production Timetable (See Appendix A)

6.4.5   Time owing is managed in accordance with this policy

6.4.6   All substantive contracted hours are utilised before booking bank and agency workers.

6.4.7   Delegated responsibility for roster creation is clearly understood, acknowledged and accepted by the nominated roster creator and they have the capability to accept the delegated responsibility.

6.4.8   Attendance at monthly Confirm and Challenge Meetings as appropriate

6.5   Senior Manager/ Second Level Approver

6.5.1   The Senior Manager/Second Level Approver is responsible for providing a second review of the unit roster on completion, checking that it complies with the requirements set out in this policy.

6.5.2   Ensuring the roster is Second Level Approved in line with the Roster Production Timetable (See Appendix A)

6.5.3   Attendance at monthly Confirm and Challenge Meetings as appropriate

6.6   **SafeCare Updaters**

6.6.1   Individuals with access to update patient acuity in SafeCare are responsible for recording census data three times a day.

6.7   **The Human Resources (HR) Department**

6.7.1   HR are responsible for the provision of support to eRostering system users via the eRostering Team.

6.7.2   The eRostering Team are responsible for ensuring the system is set up as effectively as possible, in order to maximise AutoRoster use.

6.7.3   The eRostering Team/Workforce Team are responsible for the production of KPI reports as well as chairing and facilitating the eRostering, Bank and Agency Steering Group

6.7.4   HR are responsible for the provision of HR advice in relation to Rostering issues

6.7.5   HR are responsible for leading Benefits Realisation for the eRostering system and reporting this on a quarterly basis.

6.8   **Finance**

6.8.1   Are responsible for signing off the staffing requirement (establishment) for each Unit with the appropriate Senior Manager prior and informing the eRostering Team of any changes as they occur.

6.9   **Service/Clinical Directors**

6.9.1 Are responsible for implementing the rostering policy, and the effective use of the eRostering system, within their areas – in line with the Rostering KPIs detailed in Appendix B.

6.10   **The Executive Director Lead for Rostering**
6.10.1 Is accountable to the board for ensuring Trust Wide compliance with the Rostering Policy

6.11   **The Executive Directors Group**
5.11.1 Will endorse the use of the e rostering system and Rostering Policy and procedures for staff that are subject to rostering.

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

7.   Procedure

7.1 Rota Development Planning and Approval

7.1.1 Units will plan their rotas on the basis of the agreed establishment and staffing numbers for that unit. This is also referred to as the Demand Template.

7.1.2 Each unit will have an agreed figure for staffing levels that has been agreed between senior managers and the Finance department, in accordance with the Trust's Scheme of Delegation, and includes an agreed % for Headroom

7.1.3 The underlying shift pattern/establishment (and associated staff numbers) for a unit can only be changed in accordance with the Agreed Standard Operating Procedure (SoP) for Changes to the Planned Shift Pattern (Demand Template) for All Staff

7.1.4 Each unit must develop and publish a rota for each 4 week period in line with the Roster Approval Timetable detailed in Appendix A

7.1.5 When creating a rota, difficult to fill shifts such as Lates, Nights and Weekends should be filled first

7.1.6 For Units where rotas are managed by eRostering, the auto-roster functionality must be used in the creation of rotas. This will meet the requirement of 6.1.5 above. The HR department are responsible for ensuring autoroster works as best as it can and will regularly review rostering set up.

7.1.7 An assessment should be undertaken by the Unit manager (or the shift manager) if the level of staff with specific competencies or the minimum number on the shift is not achieved for the planned rota. This should determine if Bank or Agency staff are then required to fill vacant shifts (see section 6.7 Re Bank and Agency staff)

7.1.8 Where there are vacant shifts within a rota these should be filled as follows

- The use of time owed from a previous rota period if available
- Use of time in lieu which will create a reduction of the same number of hours in the next rota period provided the staff member has the correct competencies – where this does not breach rules for maximum time owing (see section 6.1.12 below)
- Use of part-time staff working additional hours up to 37.5 hours
- Use of Bank staff – substantive staff at the unit with a Bank contract
- Use of other Bank staff
- Use of Agency staff

7.1.9 Vacant shifts must be made available to Bank staff within the timescales laid out in the Roster Production Timetable in Appendix A
7.1.10 Where the unit require additional duties, the correct reason must be chosen to facilitate analysis. A list of reasons and their descriptions can be found in Appendix C.

7.1.11 Managers, senior Practitioners and other senior staff must be visible, accessible and have maximum presence in their area. They should not be routinely rostered for weekend,

night or bank holiday shifts unless this is to occasionally review service demand out of hours, or has been authorised by the Service Director.

7.1.12 To ensure the health and wellbeing of staff the allocation of shifts and breaks both within a shift and for days off between shifts must comply with the Working Time Regulations Policy. The eRostering system has WTR rules built in to the system. Managers developing rotas **not** via the eRostering system also need to take account of the Working Time Regulations Policy.

7.1.13 Rotas will track time owing or owed and record balances. No more than 10 hours (positive or negative) balance will carry forward from one rota period to another except in exceptional circumstances where this is agreed between the member of staff and the manager responsible for the rota. Where time owing/owed exceeds this threshold, it will be reported on as a rostering KPI.

7.1.14 Where a member of staff has been granted a Flexible working pattern through the application of the Flexible Working Policy this working pattern should be reflected in the rota. Flexible working patterns should be reviewed regularly in line with the Flexible Working Policy and recorded in the eRostering system as a skill with an expiry date, to facilitate regular reviews.

7.1.15 Staff will be required to work a variety of shifts and shift patterns as agreed with their Unit Manager. All staff with 24-hour working contracts should work a variety of shifts including nights, unless due to specific issues (e.g. health) which are supported by an Occupational Health Report, an agreed Reasonable Adjustment under the Trust's Promoting Attendance and Managing Sickness Absence Policy, or an approved flexible working agreement.

7.1.16 Under normal circumstances, the maximum number of consecutive standard day shifts recommended for staff to work is 6. Staff should work not more than this, except in exceptional circumstances and to no more than a maximum of 8).

7.1.17 Night shifts should be worked together where possible. A minimum of 2 consecutive night shifts, and no more than 5 nights in a row, should be allocated to a staff member, unless requested by the staff member and deemed necessary to meet service needs.

7.1.18 Staff are not permitted to work more than an average of 48 hours per week across a 17-week reference period in line with the Working Time Directive. The maximum hours that can be worked in any one week is 60 in line with Health and Safety considerations. Reports of where this is exceeded will be provided by the eRostering team.

7.1.19 Staff should not be allocated a single night shift unless specifically requested.

7.1.20 There should be a minimum of 2 days off after a period of night shifts, the first of which will be a sleep day.

7.1.21 Units must have in place a system for two levels of approval of rotas, in line with the Roster Approval Process detailed in Appendix A

7.1.22 Second level approval must be carried out by Senior Management as part of the Confirm and Challenge process and in line with the timescales detailed in Appendix A.

7.1.23 Senior Mangers / Clinical Nurse Managers must ensure that there is a system in place for escalation in the event of delayed approval of rotas.

7.2 Managing the rota on a daily basis / making changes to the Rota

7.2.1 Except in instances of operational necessity, there must be at least 24 hours notice, ideally 48 hours, for a change of rota. However, in consultation with a member of staff the manager may require a change of rota with less notice, e.g. an urgent clinical situation.

7..2.2 When there are unforeseen circumstances e.g. a member of staff on sick leave at short notice, the following process should be used to cover the rota

- Where eRostering is used, the Unavailability (i.e. sickness) must be recorded on the rota via HealthRoster or SafeCare as soon as possible to vacate the shift on the system.
- The use of time owed from a rota period if available
- Use of time in lieu which will create a reduction of the same number of hours in the next rota period provided the staff member has the correct competencies – where this does not breach rules for maximum time owing (see section 6.1.12 above)
- Use of part-time staff (up to 37.5 hours)
- Checking with other units for available staff – where this is used it should be reflected on the roster.
- Use of Bank staff
- Use of Agency staff

7.2.3 Where staffing numbers are below the agreed level and this has an impact on patient care then an incident report should be completed in line with the Trust's Incident reporting procedure

7.2.4 The roster should be kept up to date and an accurate reflection of what was worked.

7.3 Shift requests

7.3.1 Staff will be able to make up to 6 requests (pro rata for part time staff) for shifts/days not to be worked for each rota period. Requests are pro-rata'd as per the below table:

Contracted Hours	Number of Requests
31.26 - 37.5	6
25.1 – 31.25	5
18.8 - 25	4
12.6 – 18.7	3
6.3 – 12.5	2
0 – 6.25	1

Requests must be made in line with the roster production timetable (Appendix a) between 12 and 8 weeks in advance of the rota start date.

7.3.2. For staff in services managed via eRostering requests must be submitted via the Employee Online function in the eRostering system

7.3.3 Annual Leave applications are separate to Shift Requests but must also be made **prior** to 6 weeks in advance of the rota start date.

7.3.4 Requests for days off are counted as "Requests" from the number allocated. Except that requests for days off adjacent to an annual leave period of 5 working days are to be managed via an annual leave request (see section 6.4.7)

7.3.5 Once rotas have been approved then any changes require the agreement of the Ward / Unit / Team Manager. Changes to shifts should not increase costs, reduce service or result in additional shifts being worked when not required and must be recorded on the Roster.

7.4 Annual Leave

7.4.1 All references to Annual Leave apply equally to Bank Holiday leave. Annual leave days and Bank holidays are recorded separately on the E Rostering system.

7.4.2 Annual Leave applications are separate to Shift Requests but must also be made prior to 6 weeks in advance of the rota start date to enable the roster to be created.

7.4.3 For staff in services managed via eRostering Annual Leave requests must be submitted via the Employee Online function in the eRostering system.

7.4.4 It is important that annual leave is allocated fairly and in a cost effective way.

7.4.5 Both the manager and the staff member must ensure that all annual leave is taken within the financial year wherever possible. Any unused leave can only be carried over into the next annual leave year in accordance with the Annual Leave Policy

7.4.6 Where a member of staff requests leave for the equivalent of a working week (i.e. 5 days for full time staff and pro rata for part time staff) then the request for 2 days off either side of the period of annual leave should be made as part of the annual leave request and does not require a separate shift request to be made. The purpose of this section is to ensure equality between staff in rostered services and staff in day time services.

7.4.7 No holiday bookings should be made until the Ward/Unit / Team Manager has sanctioned the leave requested.

7.4.8 Annual leave will be allocated in hours for all staff members in accordance with usual hours worked. The default day for full time staff is 7.5 hours although this varies for the member of staff being considered e.g. "Night staff" will use their normal Night shift duration and also to staff who work other ongoing regular shift durations.

7.4.9 If staff require more than 2 weeks annual leave this must be requested in writing to the Unit Team Manager.

7.4.10 There should be a fair and equal allocation of annual leave requests available to all staff in highly sought after periods.

7.4.11 Staff should take 50% of their annual leave entitlement by the end of September each year with a further 25% being used by the end of December and the final 25% by the end of March.

7.4.12 Annual leave should be confirmed or rejected before the rota is produced.

7.4.13 If a member of staff needs to make a change to an agreed annual leave booking this will require the agreement of the Unit Manager. Changes to annual leave should not increase costs, reduce service or result in additional shifts being worked when not required and must be recorded on the Roster.

7.4.14 Each Unit Manager, with the aid of the eRostering team, is responsible for calculating the number of staff in each staff group who should be given annual leave in any one week. The agreed number should be explicit when allocating annual leave and should be added as a rule into HealthRoster where applicable. Staff should be made aware of the need to maintain this number throughout the year to effectively manage the workforce to meet service user needs. Should this number not be met by way of requests the line manager will allocate leave fairly following consultation with the staff concerned.

7.4.15 Requests for Christmas, Ramadan, Chinese New Year, New Year and other religious or cultural festivals should be agreed within each service area. Staff should be notified if their request has been approved at least 6 weeks in advance. Subject to the circumstances of the relevant holiday managers should endeavour to authorise these requests as early as possible. Line Managers must be sensitive to the cultural needs of staff, for example staff will not know 6 weeks in advance the exact date on which Eid will be celebrated. The exact date of Eid is determined by the lunar calendar. However, staff should be aware that requests may not always be granted.

7.4.16 Quarterly reviews of outstanding annual leave for each member of staff should be made by the line manager to avoid accumulation of any untaken leave; this report can be generated from the e rostering system. Guidance can be found on the eRostering intranet page.

7.4.17 It should not be presumed that all leave for new staff will be honoured. This will need to be negotiated to ensure clinical requirements are met. However, every effort will be made to accommodate such circumstances.

7.4.18 Cover for the annual leave of substantive staff should be planned from within the Unit's substantive staff and be within Headroom. The use of Bank or agency staff should not be used to cover annual leave.

7.4.19 In accordance with the Trust's Working Time Directive Policy / Leave Policy, staff must take a minimum of 20 days (pro rata for part time staff) annually as actual leave from work (i.e. not work Bank shifts on that number of days)

7.5. Study Leave

7.5.1 The Unit Manager must ensure all staff are allocated annual mandatory study days and attend the Training that is Mandatory for their role. These study days should be planned throughout the year giving consideration to staffing and skill mix. Mandatory training should be given priority to any other training in the rota.

7.5.2 Study leave should be authorised as part of contracted hours and all study leave must be clearly recorded on the rota.

7.5.3 Cover for the Study Leave of substantive staff should be planned from within the Unit's substantive staff and be within Headroom. The use of Bank or agency staff should not be used to cover study leave.

7.6 Sickness Absence Management

7.6.1   The effective and timely management of sickness leave is crucial to the safe, effective and efficient delivery of services. The Trust's Managing Sickness Absence Policy provides advice and guidance for supporting staff to maintain acceptable levels of attendance.

7.6.2   For Unit's live on eRostering the system must be used to record details of sickness absence on the first day of absence.

7.6.3   For Units live on eRostering Roster Updaters/Creators/First Level Approvers must ensure that sickness has been updated or extended prior to the running of payroll on 3rd of the month – to ensure that sickness episodes transfer through to ESR correctly.

7.7 Bank and Agency Use

7.7.1 Bank Staff shifts can be requested once other processes for filling the rota have been completed (see sections 6.1 and 6.2).

7.7.2 All reasonable steps must be taken to cover vacant shifts by Bank staff before the use of Agency staff

7.7.3 Once Agency staff have been requested the vacant shift must still remain open to Bank staff. This applies even if the shift has been filled by an Agency member of staff – up until 24 hours before the commencement of the shift

7.7.3 For Units that are live on eRostering then the system must be used to send vacant shifts to Bank at the earliest opportunity.

7.7.4 The Health Roster Bank Module, and its associated Employee Online facility will be the primary method of communication with Bank staff to advise them of available shifts and for Bank staff to advise on their availability

7.7.5 For short notice shifts and within office hours the Bank Office can also be requested to use email to alert Bank staff to available shifts

7.7.6 The Bank Office / eRostering Team will regularly provide advice and guidance to Units on the detail of the process to follow in relation to Bank and Agency staff. This must be followed

7.7.7 All shifts undertaken by Bank and Agency staff must be recorded on HealthRoster. Booking shifts retrospectively should be avoided.

7.7.8 Bank Staff or Agency should not be used to take charge of units unless they are known to the unit, have been assessed as competent to do so and are willing to take charge. This must be approved by the Unit manager, during 'Out of hours' by the on-call manager.

7.7.9 Substantive staff who have been off long-term sick must not undertake additional work on Bank during a phased return to work or for a period of up to 14 days if this is specified in the Return to Work interview or in guidance from Occupational Health Services.

7.7.10 Staff who have an agreed flexible working arrangement under the Flexible Working Policy cannot normally work outside this agreed work pattern on bank shifts. There may however, be occasions when the member of staff is able to work different shifts as personal requirements occasionally change. The acceptance of any shift which differs from their approved flexible working arrangement should be discussed with their line manager in the first instance.

7.8 Finalising the Rota and Transferring Information to Payroll

7.8.1 The Unit manager or designated manager is responsible for ensuring the rosters are fully finalised in line with the payroll cut off of Midday on the 3rd of the following month, as per the table below:

Month	Finalisation Cut Off
January	Midday 3rd February
February	Midday 3rd March
March	Midday 3rd April
April	Midday 3rd May
May	Midday 3rd June
June	Midday 3rd July
July	Midday 3rd August
August	Midday 3rd September
September	Midday 3rd October
October	Midday 3rd November
November	Midday 3rd December
December	Midday 3rd January

7.8.2 Rotas should be finalised, as a minimum, on a weekly basis (or more frequently). This will enable time for staff to check their rota is recorded correctly for enhancement pay and to report any discrepancies to the manager.

7.8.3 For units that use the eRostering system all enhancements will be calculated via the eRostering system. Staff are still able to review their rosters on Employee Online and inform their manager of any corrections before the manager finalises the rota.

7.8.4 The eRostering Team will provide regular advice to Units on the deadlines for the closure and finalisation of rotas – which must be adhered to.

7.8.5 Staff have 10 weeks from this date to check and report any discrepancies to Unit manager. After 10 weeks this will need to be authorised by a Service Director.

7.8.6 Time owing will not be paid; it has to be taken as time in lieu.

7.8.7 Pay for enhancements and additional hours (including Bank) will be paid monthly in arrears.

8.   Development, Consultation and Approval

- This policy was developed by the HR Workforce Systems and Information Manager using NHSi eRostering Levels of Attainment Guidelines and NHSi eRostering best practice guidelines.

- Consultation was carried out with members of the Bank, Agency and eRostering Steering Group which includes representatives from clinical professions.

- Amendments made during the author's review are as outlined in the Amendment Log.

- The Equality Impact Assessment will be undertaken and stored separately in conjunction with Corporate Governance and the Head of Equality and Inclusion.

- Initial consultation was carried out from 24th December 2019 – 15th January 2020. No changes were made as a result of the consultation process.

- Consultation with Staff Side took place at the Joint Policy Group on 30th January 2020 with minor amendments being made, as outlined in the Amendment Log.

9. Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.
If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Reports on Safer Staffing (inc timescales for publishing rotas	Monthly report from the eRostering system	Safer Staffing Group	Monthly	Safer Staffing Group	Safer Staffing Group	Safer Staffing Group
B) Bank Fill % rates	Monthly report from the eRostering system	eRostering, Bank and Agency Steering Group	Bi-monthly	eRostering, Bank and Agency Steering Group	eRostering, Bank and Agency Steering Group	eRostering, Bank and Agency Steering Group
C) Audit against Good Practice Standards	Information from eRostering system and other sources	Safer Staffing Group	Annual	Effective Staffing Group	Effective Staffing Group	Safer Staffing Group
D) Comparison with other local Trusts or Rostering performance	Report from the eRostering system	ICS eRoster Group	Quarterly	eRostering, Bank and Agency Steering Group	Effective Staffing Group	eRostering, Bank and Agency Steering Group
E) Benefits Realisation Review	Report from eRostering system	eRostering, Bank and Agency Steering Group	Quarterly	eRostering, Bank and Agency Steering Group	Effective Staffing Group	eRostering, Bank and Agency Steering Group

10.   Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Communications via Policy Governance	Within 5 days of final ratification	
Dissemination to ward/unit / team managers and other users of the eRostering system	HR Systems Manager		
Tabling via senior management meeting	Deputy Director Acute Bedded Services	Within 2 weeks of final ratification	
On-going training for managers and admin and other staff with a role in creating rotas on eRostering	HR Workforce Systems Manager	Ongoing	
Development of monthly Safer Staffing reports from the eRostering system	HR Workforce Systems Manager	Ongoing	

The policy review date is 28th February 2023.

11. Dissemination, Storage and Archiving (version control)

Version	Date on website (intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
3.0	January 2018	January 2018	
4.0	February 2020	February 2020	HR Workforce Systems Manager - dissemination to ward/unit / team managers and other users of the eRostering system

This is Version 4 and is stored and available through the SHSC Intranet/Internet.
This version supersedes the previous Version 3 [January 2018].

Any copies of the previous policy held separately should be destroyed and replaced with this version.

All versions of HR policies are stored on the HR Shared Drive by the policy author and the PA to the Director of Human Resources.

Word copies of final versions of policies can be obtained from Policy Governance via the PA to the Director of Human Resources.

12. Training and Other Resource Implications

12.1 Training will be made available for staff with specific functions in the eRostering system (Rota creators, rota managers, etc). This will be provided by the eRostering Team.

12.2 The eRostering Team will also be responsible for the provision of user guides for all staff (including Bank staff) who need to use the eRostering system.

12.3 Attendance at Mandatory training for Bank only staff will be recorded and paid via a specific module on the eRostering system.

13. Links to Other Policies, Standards, References, Legislation (Associated Documents) and National Guidance

Leave Policy
Working Time Regulations Policy
Promoting Attendance and Managing Sickness Absence Policy
Disabled Staff Policy

Rostering Good Practice Guidance 2016 – NHSi Guidance document
eRostering Levels of Attainment – NHSi Guidance document

14. Contact details

Job Title	Name	Phone	Email
HR Systems Manager	Aimee Hatchman	0114 27 16778	Aimee.hatchman@shsc.nhs.uk
eRostering Systems Administrator	Amanda Harris	0114 22 61781	Amanda.harris@shsc.nhs.uk
HR Manager Temp Staffing	Liz Johnson	0114 27 16703	Liz.johnson@shsc.nhs.uk
Bank Office Manager	Angela Hinchsliff	0114 22 63056	angela.hinchsliff@shsc.nhs.uk

Roster Production Timetable

Roster Start Date	Roster Opens for Requests	Roster Closes for Requests CREATE ROSTER	First Level Approval Deadline	Second Level Approval Deadline – PUBLICATION DATE	Vacant Duties Open to Bank
20/01/2020	28/10/2019	25/11/2019	02/12/2019	09/12/2019	16/12/2019
17/02/2020	25/11/2019	23/12/2019	30/12/2019	06/01/2020	13/01/2020
16/03/2020	23/12/2019	20/01/2020	27/01/2020	03/02/2020	10/02/2020
13/04/2020	20/01/2020	17/02/2020	24/02/2020	02/03/2020	09/03/2020
11/05/2020	17/02/2020	16/03/2020	23/03/2020	30/03/2020	06/04/2020
08/06/2020	16/03/2020	13/04/2020	20/04/2020	27/04/2020	04/05/2020
06/07/2020	13/04/2020	11/05/2020	18/05/2020	25/05/2020	01/06/2020
03/08/2020	11/05/2020	08/06/2020	15/06/2020	22/06/2020	29/06/2020
31/08/2020	08/06/2020	06/07/2020	13/07/2020	20/07/2020	27/07/2020
28/09/2020	06/07/2020	03/08/2020	10/08/2020	17/08/2020	24/08/2020
26/10/2020	03/08/2020	31/08/2020	07/09/2020	14/09/2020	21/09/2020
23/11/2020	31/08/2020	28/09/2020	05/10/2020	12/10/2020	19/10/2020
21/12/2020	28/09/2020	26/10/2020	02/11/2020	09/11/2020	16/11/2020
18/01/2021	26/10/2020	23/11/2020	30/11/2020	07/12/2020	14/12/2020
15/02/2021	23/11/2020	21/12/2020	28/12/2020	04/01/2021	11/01/2021
15/03/2021	21/12/2020	18/01/2021	25/01/2021	01/02/2021	08/02/2021
12/04/2021	18/01/2021	15/02/2021	22/02/2021	01/03/2021	08/03/2021
10/05/2021	15/02/2021	15/03/2021	22/03/2021	29/03/2021	05/04/2021
07/06/2021	15/03/2021	12/04/2021	19/04/2021	26/04/2021	03/05/2021
05/07/2021	12/04/2021	10/05/2021	17/05/2021	24/05/2021	31/05/2021
02/08/2021	10/05/2021	07/06/2021	14/06/2021	21/06/2021	28/06/2021
30/08/2021	07/06/2021	05/07/2021	12/07/2021	19/07/2021	26/07/2021
27/09/2021	05/07/2021	02/08/2021	09/08/2021	16/08/2021	23/08/2021
25/10/2021	02/08/2021	30/08/2021	06/09/2021	13/09/2021	20/09/2021
22/11/2021	30/08/2021	27/09/2021	04/10/2021	11/10/2021	18/10/2021
20/12/2021	27/09/2021	25/10/2021	01/11/2021	08/11/2021	15/11/2021

Rostering Key Performance Indicators (KPIs)

The following KPIs will be produced on a monthly basis and presented at eRostering, Bank and Agency Steering Group and Safer Staffing Group. They will also form a key part of the Confirm and Challenge Meeting.

These are in line with NHSi Levels of Attainment Core KPIs

- Whole Trust % of Staff on eRostering
- Roster Approval Lead Time (Days)
- Net Hours per WTE
- Number of Staff who owe hours over the threshold
- Number of Staff who are owed hours over the threshold
- Net Hours Balance
- Avoidable Additional Duty Hours
- Unavoidable Additional Duty Hours
- Total Unavailability %
- Annual Leave %

Additional Duty Reasons and Descriptions

Name	Description	Avoidable	Unavoidable
Over Established	When you have staff over your budgeted establishment and not enough shifts because your demand template is set to your budget.	X	
S17 Escort Patient	An extra person is required to facilitate an escort for a sectioned person receiving section 17 leave		X
ECT	An extra NURSE is required to facilitate an escort for a patient in attendance at the ECT suite		X
Low Annual Leave	Additional shifts are required because not enough staff are on leave therefore you don't have enough shifts to give your staff for them to complete their contractual hours. This must be supported by the Roster Analyser.	X	
1:1 Observations	Additional staff required to facilitate 1 to 1 observations - cannot be completed within unit headroom		X
Supervision of Workmen/Workwomen	Additional staff member to supervise works on the unit (tools used that could be used as weapons and/or unit door unsecure		X
SafeCare Calculation Staffing Increase Required	Upon patient entry number on SafeCare, if this shows you require additional staff for you acuity on the ward. Must be supported by SafeCare.		X
Major Incident	Major incident on unit that requires additional staffing		X
Infection	Additional housekeeping staff required due to infection and deep cleaning required.		X
New Admission - Review required within 24hrs	Additional requirement of staff for a new admission that has been placed on close constant observations or are under the age of 18 that has yet to be reviewed in MDT and cannot be absorbed using headroom		X
Pandemic	Additional Staff requirement due to pandemic and staff have been drawn in to cope with patient demand.		X

Managing Environmental Issues	Additional staff required to cover blind spots following incidents that cannot be cover by headroom.		X
New Staff Member Requiring Shifts	New member of staff that has joined AFTER the completion of the roster and they require shifts.	X	
2:1 Observations	Additional staff required to facilitate 2 to 1 observations - cannot be completed within unit headroom		X
Multiple Intermittent Observations	Additional staff required due to multiple intermittent observations that cannot be completed within unit headroom		X
Patient Medical Appointment Escort	Additional member of staff required for a sectioned patient escort to medical appointment - S17 leave still required to attend.		X
Audit Completion	Unplanned audit has arisen and the off duty is already complete. Removal of staff member off the unit is required to complete the audit but they require replacing by another person.	X	
Patient in General Hospital Obs	Additional staff are required to stay with a psychiatric service user whilst on a general side hospital unit because it is the general hospital policy to have a staff member from the psychiatric ward present at all times.		X

Appendix D - Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES –** proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – **Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	No		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		

Stage 4 – **Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: no changes made.

Impact Assessment Completed by (insert name and date)   Aimee Hatchman 10/02/20