eRostering Policy

This Policy describes the general principles of Duty Rostering to ensure they are produced to an agreed standard which is consistent for all clinical staff Trustwide (excluding medical staff as they are managed on a separate system).

<table>
<thead>
<tr>
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<th>Policy; Duty rosters; Work-Life Balance; Safe and Appropriate Staffing Levels</th>
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<td>Workforce &amp; Organisational Development Committee</td>
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<td>27th February 2012</td>
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<tr>
<td>Relevant CQC Standard</td>
<td>Outcome 13 (Regulation 22) Staffing</td>
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CONTRIBUTION LIST

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<tr>
<th>Name</th>
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<tr>
<td>eRostering Project Board –</td>
<td>Chief Nurse &amp; Executive Director for Quality &amp; Innovation</td>
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<td>Chaired by Jackie Ardley</td>
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<td>Members of the Joint Staff</td>
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Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

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Definitions that apply to this Policy

<table>
<thead>
<tr>
<th>Rosters, Rotas &amp; Rostering</th>
<th>Terms that relate to efficient and effective workforce planning, providing staff with agreed duty requirements, clear visibility of the workforce and managing staff availability</th>
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<tr>
<td>Clinical Staff &amp; Nursing Staff</td>
<td>For the purpose of this policy, reference to clinical or nursing staff <strong>excludes</strong> medical staff as they are managed on a separate system</td>
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| Due Regard | Having due regard for advancing equality involves:
  • Removing or minimising disadvantages suffered by people due to their protected characteristics.
  • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
  • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low. |
Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

Introduction

Leicestershire Partnership NHS Trust recognises the value of its workforce and is committed to supporting staff to provide high quality patient care.

Whilst acknowledging the need to balance the effective provision of service with supporting staff to achieve an appropriate work life balance, it is recognised that the Trust needs to be able to respond to changing service requirements. A flexible, efficient and robust rostering system is the key to achieving this objective.

This policy is for use by all Nursing areas within Leicestershire Partnership NHS Trust. As and when eRostering is implemented into new areas within the Trust the policy will be reviewed to ensure it addresses the requirements of that staff group.

General Principles of Duty Rostering

1.1 The workforce is a significant resource of the Trust, which requires underlying principles to ensure effective utilisation through efficient and safe rostering.

1.2 The purpose of this policy is to ensure that duty rosters are produced to an agreed standard, which is consistent for all Nurses Trust wide.

1.2.1 Through the implementation of eRostering, the Trust will achieve more effective and efficient management of the workforce with the aim of achieving safe and appropriate staffing levels for all departments.

This Policy is to be used in conjunction with a number of Employment & Work Life Balance policies and procedures, which include:

- Sickness/Attendance Management Policy
- Flexible Working Policy
- TOIL Policy
- Annual Leave Procedure

2.0 Guidance

2.1 In conjunction with the European Working Time Directive (EWTD) and Employment Work-Life Balance Procedures, the effective utilisation of the
workforce in the Trust wards, departments and community will support a fair and consistent roster and will provide a safe workforce level, which meets with service needs.

The Trust supports the principles embedded in Improving Working Lives (IWL) regarding work life balance, flexible working and family friendly working. However, this will be set against the optimisation of staff to ensure safe levels of staffing and skill mix to maximise the quality of patient care and reduce clinical and non-clinical risk. The Trust will consider requests for flexible working but may decline them if this pattern does not support the requirements and needs of the service. All other factors are secondary to this, including requests, preferences, team coverage and study leave.

2.2 To support the Trust eRostering policy all Ward Managers will be expected to update and maintain their eRoster operational framework provided by the eRoster project team on completion of eRoster implementation. The two documents complement each other and must be read in conjunction.

3.0 eRostering (Electronic Rostering)

This is a computerised system specifically designed to support Ward Managers and senior managers in efficient and effective workforce planning.

In the first instance, this tool is being implemented within nursing services within Mental Health and Learning Disabilities Inpatient wards and thereafter across the organisation. It rosters staff to an agreed duty requirement, manages staff availability and contracts which allows clear visibility of the workforce.

It will also track and produce reports for absence, leave, additional duties, overtime and bank use.

The aim of this policy is to ensure that duty rotas are produced to an agreed standard, which is consistent Trust wide for all areas utilising the eRostering system.

eRostering aims to:

- Ensure safe/appropriate staffing for all departments using fair and consistent rotas.
- Minimise clinical risk associated with the level and skill mix of staffing levels.
- Improve monitoring of sickness and absence by department/ward and/or individual, generating comparisons, whilst identifying trends and priorities for action.
- Improve planning of clinical and non-clinical non-effective working days e.g. annual leave, sickness and study leave.
- Ensure that the required numbers of in-patient beds are safely staffed to meet elective and emergency demand.
- Provide effective management of clinical establishments.
• Encompass self-rostering where it is currently used effectively.

4.0 Roles & Responsibilities of Effective Rostering

4.1 Director of Human Resources & Organisational Development
Accountable to the Trust, for ensuring Trustwide compliance with the Policy

4.2 Chief Nurse and Executive Director of Quality & Innovation
Responsible for ensuring the wards are able to deliver safe quality patient care with appropriately skilled staff.

4.3 Divisional Directors
Responsible for ensuring compliance with the Policy, in Clinical Service Units

Agreeing and signing off the agreed staffing resource for each Ward Manager and Finance department.

Reviewing the Key Performance Indicators (KPI’s) that affect the use of resources with the Ward Manager/Finance Department to ensure that the nursing resource is managed efficiently.

Monitoring and reporting against KPI’s in conjunction with the Finance and Human Resources Teams and reporting through the Clinical Service Units (CSU) performance mechanisms to the Director of Nursing/Clinical Director.

4.4 Ward & Deputy Managers (responsibilities also apply to Managers of any level)

- Responsible for ensuring policy implementation and compliance within each CSU.

- Responsible for monitoring and final approval of the ward duty roster on completion using Roster Analyser as per the roster calendar. Arrangements between Managers must be made to cover leave in order to ensure rosters are approved as per the calendar ready for publication on the wards.

- Producing analysis reports on staffing, expenditure and quality in their area of responsibility using Roster Central.
  - Approving all shifts where bank staff is requested.
  - Approve all additional hours and duties agreed.

- Providing guidance and support to the Deputy Ward Manager or designated other in the creation of duty rosters, using the KPI’s as a reference.

- Notifying the Finance Department of any additional hours agreed above the required staffing resource.

- The implementation of an early intervention and recovery plan for wards failing to meet KPI’s.
• Reviewing KPI audits and ensuring the development and implementation of appropriate action plans to ensure patient safety at all times. Responsibility for updating of establishments and the safe staffing of each ward lies with individual Ward Manager.

• The Deputy/Ward Manager is responsible for approving the roster (1st Line approval), in line with the roster calendar, which will include confirming it meets defined parameters of eRostering.

• Responsible for ensuring the roster is an accurate and maintained record of what has been worked.

• Responsible for locking down rosters and sending to payroll on a weekly/monthly basis.
• The Deputy/Ward Manager undertakes the Level 1 validation and approval the roster analysis information. The Deputy Ward Manager approves the roster and informs the Manager that it is ready for their review identifying any areas of concern.

• The Ward Manager is responsible for ensuring that their expenditure does not exceed the allocated budget in all wards, units and departments (hereafter referred to as departments).

• The Ward Manager is responsible for the safe staffing of the ward even if they do not directly undertake the task of producing the duty roster.

• The Ward Manager is responsible for nominating a Roster Creator and deputy and ensuring that these members of staff are appropriately trained.

• The Ward Manager is responsible for ensuring that there are enough nurses in the right place at the right time, based on the agreed and funded skill mix, with the required competencies, to meet the needs of the service.

• The Ward Manager is responsible for the fair and equitable allocation of annual leave and study leave.

• The Ward Manager is responsible for considering all roster requests from staff, ensuring fairness and equity in working patterns

• The Ward Manager is responsible for monitoring the quality of care provided through clinical governance mechanisms e.g. audit, complaints, clinical benchmarking and address any issues.

• The Ward Manager is responsible for investigating any reports of short-staffing and take steps to prevent recurrence.

• The Ward Manager is responsible for monitoring those factors which impact on staffing levels, e.g. sickness, occupancy rates and respond to these appropriately.
• Before appointing to a vacancy, The Ward Manager must consider the best way in which to meet the current service delivery need.

• The Deputy Ward Manager must request the use of additional duties and hours from the Manager.

4.5 Roster Creators
• Responsible for the creation of all rosters. In their absence the designated deputy is responsible for roster creation.

• Responsible for bringing any areas of concern to the attention of the Ward Manager.

4.6 eRoster Project Team
• Producing the Trust wide Roster Calendar.

• Monitoring rosters on completion and reporting against KPI’s, feeding back to the appropriate managers where better rostering could improve the utilisation of the nursing workforce.

• Ensuring the Healthroster system remains appropriately configured

• Providing support and on-going training to the Healthroster users.

• Liaising with the Healthroster Support Team to resolve system issues as required

4.7 Staff
• Attending work as per their duty roster.

• Adhering to the requirements set out by the roster policy.

• Being reasonable and flexible with their roster requests and being considerate to their colleagues within the rules set out by the Trust.

• Notifying the Ward Manager/Deputy of changes to a planned or worked shift.

• Notifying the Ward Manager/Deputy of changes to personal details, e.g. address, telephone number etc, by updating ESR (Electronic Staff Record) Self Service

• Requesting shifts and annual leave as per Annual Leave Procedures.

• Ensuring that personal details are kept up to date.

• Using the correct policy request flexible working.

5.0 Staffing Levels and Skill Mix

A risk assessment by the Ward Manager should be completed if the minimum number is not achieved, then actions taken to utilise staff from across the Trust.
All staff planned to take charge of the ward/department will be able to demonstrate their ability to coordinate or take charge of the ward/department. This competency will be assessed annually as part of their appraisal.

6.0 Bank Staffing

6.1 Bank staff should be booked according to local processes.

6.2 Temporary staff will not be used to cover for annual leave.

6.3 Escalation will be undertaken when, either a CSU or Bank Staff department draws attention to a major problem with staffing, including:

- Emergency bed pressures
- Infection outbreaks or to control infection
- High level of unfilled requests of bank
- High dependency patients above those normally managed in critical care
- Reduced resources including staffing

7.0 Staff Utilisation

Staff may be required to work in other areas in the Trust to provide a safe and efficient service as stated in employee contract.

The competence and skills of an individual will be assessed to ensure they are appropriately matched to the requirements of the ward/department they are being moved to.

Clinical Lead Nurse and Managers will agree and authorise which areas a nurse can be moved from and to.

8.0 Shift Duration

The Trust has a responsibility to ensure the health and wellbeing of workers, and to comply with working time regulations, Agenda for Change (A4C) terms and conditions of employment. These principles must, as far as practicable, be implemented to protect all employees at work.

This policy refers to the term ‘handover’ and for the purpose of this policy is the time between 2 shifts that includes the patient report.

For the purpose of clarity, a break will be defined as a rest period.

Any alterations to shift times, rest periods and handovers must be in conjunction with the ward/departmental financial accountant prior to any agreement being implemented.

In line with the A4C terms and conditions of employment and the EWTD, all shifts in excess of 6 hours must include a minimum of 20 minutes unpaid break. It is
recommended that any shifts of 12 hours or more have a minimum of 60 minutes unpaid break.

For example:

<table>
<thead>
<tr>
<th>Shift start time</th>
<th>Shift finish time</th>
<th>Rest allocation</th>
<th>Actual hours paid (worked)</th>
<th>Actual hours on site</th>
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</thead>
<tbody>
<tr>
<td>07:00</td>
<td>15:00</td>
<td>30 minutes</td>
<td>7hrs 30 minutes</td>
<td>8 hours</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Shift start time</th>
<th>Shift finish time</th>
<th>Rest allocation</th>
<th>Actual hours paid (worked)</th>
<th>Actual hours on site</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00</td>
<td>20:00</td>
<td>1 hour</td>
<td>12 hours</td>
<td>13 hours</td>
</tr>
</tbody>
</table>

8.1 Standard early and late shifts should be a minimum of 5 hours and a maximum of 8 hours duration each (excluding rest allocation), start and finish times can be individualised to each area.

8.2 Any changes to shift patterns must be in line with this policy and agreed with your Ward Manager.

8.3 The Ward Manager/ Deputy, individual ‘in charge’ is responsible for facilitating breaks.

8.4 No periods of duty should exceed 13 hours (inclusive of unpaid rest period).

8.5 The number of consecutive standard shifts recommended for staff to work is 5.

8.6 The number of consecutive long shifts recommended for staff to work is 2. Staff may work more than this (to a maximum of 3) if they specifically request in writing to the Ward Manager.

8.7 Night duty should not exceed a maximum of 4 consecutive shifts (unless a personal pattern has been agreed with HR & Ward Manager).

8.8 Rest periods must be planned, and taken, within working time. Both A4C and EWTD stipulate that rest breaks should not be taken at the start or end of a shift.

8.9 Any additional or under worked hours from regular shift patterns must be managed by the Ward Manager/ Deputy on a monthly basis. These hours may be either worked/taken back in lieu to meet service demands or the manager will agree to pay such hours. It is expected that this time shall be used during the following period of off duty. In exceptional circumstances hours may be carried over but in all instances must be used within 3 months.

8.10 Handover periods must be realistic and allow adequate and safe handover of clinical and managerial ward/department functions.

8.11 Attention must be given to the length of the overlap time. This must be agreed with the Manager and the General Manager.

8.12 Staff should be allocated a minimum of one weekend off per roster however this may be at the discretion of the Ward Manager based on service
requirements. The Ward Manager/ Deputy will document in their local policy the number of weekends and nights each member of staff is required to do in a 4 week roster. This should be a guide only, may be subject to change to meet the needs of the service, and managed by the Ward Manager.

9.0 Shift Allocation

9.1 All members of staff are expected to cover a locally agreed number of weekend/ night/ on call shifts during a set period unless flexible working entitlement has been granted for which these shifts are exempt.

9.2 Unsociable hours/ weekend shifts should be evenly distributed and fair in accordance with agreed contractual restrictions.

9.3 All staff should have an annual (as a minimum) formal review of existing shift patterns with their Ward Manager/ Deputy, which may be incorporated into appraisal. Any agreements must be documented in the personal file.

9.4 Staff will be able to change a shift from a completed roster only if another appropriately skilled/ competent member of staff is available to work the shift and only with authorisation from the ward/ department manager/ shift leader/ coordinator. This avoids unforeseen problems with changes in skill mix and continuity of cover.

9.5 Sickness/ carers leave cover – the shift coordinator takes responsibility that any shortages in staffing are adequately covered or reported to appropriate levels.

9.6 In areas where the workload is known to vary according to the time of the day or day of the week staff numbers and skill mix should reflect this within the roster.

9.7 Senior staff with the same skill sets should work opposite shifts. They should work in a way that provides optimum use of their skills over the working week.

9.8 The Ward Manager/ Deputy will have an agreed procedure with their staff in the event of changes needing to be made to a roster when available to view.

9.9 Shift changes should be kept to a minimum and authorised by the Ward Manager/ Deputy.

9.10 Members of Staff are responsible for shift changes and approved only by the Ward Manager/ Deputy or designated deputy.

10.0 Shift Patterns

10.1 Staff will be required to work a variety of shifts and shift patterns as agreed by their Ward Manager or as specified in their contract of employment.

10.2 Staff may work long shifts, short shifts or a combination of both in order to meet the service requirements.
10.3 Variations to these shifts may be worked but must be agreed with the Ward Manager. A written record of the shift agreement will be kept for all variations in shifts and will be reviewed.

10.4 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 where possible.

10.5 All staff must have 24 hours rest in every 7 days OR 48 hours rest in every 14 days.

10.6 Staff must not work more than an average of 48 hours per week over 17 week period.

10.7 Night shifts must include a 60 minute unpaid break.

10.8 The Ward Manager/ Deputy or person in charge and the individual are responsible for ensuring that breaks are taken. If breaks are unable to be taken at an agreed time due to clinical need, they should be taken as soon after this point as possible.

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

11.0 Requests for Leave

11.1 To provide a consistent workforce, requests cannot always be guaranteed. The granting of requests will remain at the discretion of the Ward/ Department Manager.

11.2 A maximum of four requests per person per four week off duty are allowed. This is pro rata for part time staff as follows:

<table>
<thead>
<tr>
<th>Hours</th>
<th>Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 9.0</td>
<td>1</td>
</tr>
<tr>
<td>9.5 – 19.0</td>
<td>2</td>
</tr>
<tr>
<td>19.5 –28.0</td>
<td>4</td>
</tr>
<tr>
<td>28.5, and over</td>
<td>6</td>
</tr>
</tbody>
</table>

11.3 The current plus one month of forward planning rosters will be visible at any one time for staff to make requests to allow for fair accessibility for all staff. Rosters will close to requests 4 weeks prior to the start date of the roster.

11.4 Late requests may be considered by the Ward Manager/ Deputy under special circumstances.

11.5 Any issues relating to requests for personal patterns on a regular basis should be considered. Personal patterns are not considered as requests (see flexible working).

11.6 It cannot be assumed by staff that the roster will be written to accommodate them. Requests may be denied, as the needs of the service must take priority. Staff must be considerate of their colleagues, and the requirement that they are fulfilling their share of unsociable hours.
11.7 League tables of shift approval history within the eRoster system will be used to facilitate the decision making process when approving or denying requests.

12.0 Roster Responsibility and Production of Roster

12.1 The Ward Manager/Deputy are accountable for either completing the roster or appointing a responsible individual to create the ward/department roster within the constraints of the eRostering Policy. Responsibility for rosters lies with the Ward Manager/Deputy. Any issues relating to over/under rostering need to be raised with Manager before final authorisation.

12.2 Publication of rosters will be scheduled across all wards in the Trust to be available for requests, authorisation and publication at the same time. This will apply in due course when eRostering has been implemented. All rosters will commence on a Monday.

12.3 Rosters should not be published before final authorisation by the Manager/identified deputy.

12.4 Rosters must be completed at least 4 weeks in advance of the start date, using eRoster. This will enable staff to better manage their personal arrangements and to afford the Staff Bank service sufficient time to fill vacant shifts. However, members of staff are expected to be reasonable in terms of changes to shifts in order to meet changes in circumstances. In these cases, 48 hours notice of a change would be expected.

12.5 All rosters should be composed to adequately cover 24 hours (or agreed set hours) utilising permanent staff proportionally across all shifts. Nights, weekends, bank holidays and specific shifts given a high priority on eRostering must be filled first.

12.6 Ward Administration/Clerical staff should be entered as appropriate.

12.7 The Ward Manager/Deputy have a responsibility to give staff accessibility to view the authorised roster.

12.8 The roster should be printed after each update and all previous versions removed. This will ensure that wards always have hard copy access to the most up to date version at all times.

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

Staff Unavailability

Staff’s unavailability during the 4 week roster period is broken down into the following categories. The total percentage of these should equate to the 22% (approx) headroom that is built into each establishment.

Annual leave – should be 14%, set to 11-17.0%
Sickness – should be at or below 4%
Working day i.e. management day, non-clinical day less than 1%
Study day – less than 2% (to be reviewed)
Maternity leave/ Special leave – no additional time allocated
Loss of contracted hours – contracted hours not used over a 4 week roster period should be less than 1%

Total is less than or equal to 22% of the service areas staffing budget.

13.0 Leave Management

13.1 Annual leave should be allocated according to the Annual Leave Procedures. The weekly annual leave granted should be between 11-17% of the Whole Time Equivalent (WTE) in the ward. Ward Manager/ Deputy have a responsibility to ensure that this is allocated according to skill mix within the team.

13.2 Annual leave should be allocated in hours for each member of staff.

13.3 The Ward Manager/ Deputy will approve all annual leave before it is taken.

13.4 Each Ward should calculate how many staff should be taking annual leave in any one week. An agreed proportion of the total hours will need to be set. Staff should be made aware of the need to maintain this number constantly throughout the year.

13.5 The Ward Manager/ Deputy reserve the right to allocate un-booked leave.

13.6 Fair, personal and equal allocation of annual leave requests should be available to all staff in high sought after periods such as school holidays and summer months, and public holidays/religious festivals.

13.7 The allocation of leave during the school holidays should not be increased. Annual leave requests for school holidays will be shared equally amongst those requesting.

13.8 Quarterly reviews of outstanding annual leave for each member of staff should be made by the Ward Manager to avoid accumulation of untaken leave. A maximum a 5 working days may be carried forward to the next leave year if authorised in advance by the line manager in exceptional circumstances and should be taken within the first quarter of the next annual leave year.

13.9 Any leave of longer than 2 weeks in duration must be formally requested in writing to the Ward Manager and a copy kept in the personal file.

13.10 Individuals are expected to manage their own annual leave and the full year allowance should be used by the end of their leave year. The Ward Manager/ Deputy are responsible for ensuring leave accrued during maternity leave or long-term sickness is allocated accordingly, in line with terms and conditions of employment.
13.11 Line Managers and Ward Managers must be aware that leave taken by staff on term time contracts will be included in the total amount of the annual leave allocation for the ward.

14.0 Special Leave/ Study Leave

Special leave should be allocated in conjunction with the Employment and Work-Life Balance Procedures.

14.1 Ward Manager/ Deputy must ensure members of staff are allocated annual mandatory study days. This training is equally as important as delivering clinical care and must be protected. The responsibility for identifying such need lies with individual staff in conjunction with their Line Manager.

14.2 Other study leave should be allocated equally and in accordance with the available workforce headroom in each individual area.

14.3 Fair and equal allocation of study leave should be available to all staff and requested following Trust procedure.

14.4 Study Leave should be for a maximum duration of 7.5 hours per day (excluding unpaid rest period).

15.0 Flexible Working

15.1 The Trust recognises that there may be occasions throughout their employment when members of staff are unable to work the 'normal' shift pattern used in their workplace.

15.2 In line with the Trust’s employment and work life balance procedures, employees who wish to change their hours of work should first discuss this with their Manager.

15.3 The Work Life Balance Procedures should be used as a process by any staff unable to work 'normal' working hours/ shift patterns to apply in writing to the Ward Manager/ department manager for a suitable variation to these that will continue to provide cover to meet the service need. A formal response must be provided by the Ward Manager to any application. Applications may not always be granted, and re-deployment may need to be considered.

15.4 Flexible working/ personal working pattern arrangements must be reviewed after 3 months and annually thereafter to ensure fairness and equality in rostering is maintained.

- Any flexible working arrangements should be openly acknowledged and published, i.e. the number of part time posts a ward can permit, the number of fixed days (personal patterns) that staff work, which can be safely accommodated per unit. Flexible working arrangements will usually be agreed for a set period and subject to review.
16.0 Sickness Absence

16.1 Sickness Absence will be managed in accordance with the Trust’s Sickness Absence Management Policy / Procedure.

16.2 Sickness must be communicated by telephone to the Ward Manager or nominated deputy as agreed in the Trust’s Sickness and Absence Policy and in line with local reporting arrangements.

16.3 When staff, ring in to inform their manager of sickness on a combined early and late shift (E/L, long day), staff will need to inform their manager whether the sick period is for the early shift or both the early and late parts of the shift.

16.4 If off-duty days follow on from sick days, the Ward Manager or Staff Bank office must be kept informed of recovery. Unless notified otherwise off-duty days will be reclassified as sick leave.

16.5 Following a period of long term sick leave, the Ward Manager should seek advice from Occupational Health about when an individual may resume working additional hours. There may be circumstances where in order to meet the needs of the Service, it may be necessary to allow a nurse to work additional hours following a period of sickness.

17.0 Time Off In Lieu (TOIL)

17.1 Any time worked by staff over and above their contracted hours should be sanctioned by the Ward Manager and recorded on the roster.

17.2 Any time claimed back, via time owing must be recorded and signed by the Ward Manager/ Deputy. These shifts should be allocated on the roster as Day Off and the lieu box must be ticked.

17.3 However members of staff who, for operational reasons, are unable to take time off in lieu within three months must be paid in accordance with Agenda for Change Terms and Conditions.

18.0 Monitoring and Compliance with this Policy

Key performance indicators and parameters will be set and monitored, using analysis reports in the eRoster system. Each monthly roster will provide evidence of efficient and effective workforce planning.

Ward Manager/ Deputy should be involved in quarterly audit the rosters (see Rostering Audit Tool, Appendix 1), to monitor the effectiveness of the roster to meet service need and maintain fairness and equality to all staff.
19. **Due Regard**

In carrying out its functions, LPT must have due regard under the Equality Act 2010 to the needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development and review.

As part of its development, this policy, and its impact on equality have been reviewed in consultation with the Integrated Equality Service. Due Regard has been conducted in line with the requirements of the trust Policy for Policies.

The purpose of the due regard is to remove or minimise any disproportionate impact on employees on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

**References and Associated Documentation**

This policy was drafted with reference to the following:

- Agenda for Change Terms & Conditions
- European Work Time Directive
- Policy COR02 – The Development and Management of Procedural Documentation in Leicestershire Partnership NHS Trust
- Employment Work-Life Balance Procedures
- Due Regard (Equality Analysis) Guidance
## Appendix 1: Rostering Audit Tool

**Ward / Department:**

Audit completed by:  

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Comments</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Are all members of staff aware of the policy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Do the shift and break times conform to European Working Time Directives as set out in the policy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Are the approved minimum numbers of staff rostered for each shift?</td>
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<tr>
<td>4) Is the Skill mix maintained?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5) Have any members of staff been moved within the Trust to cover vacant shifts?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Is Annual Leave allocated as per policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Is study leave allocated fairly as per policy?</td>
<td></td>
<td></td>
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<tr>
<td>8) Are any of the Work-Life Balance Procedures in use for any person in the ward</td>
<td></td>
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<tr>
<td>9) Are there 4 weeks of completed roster available for the staff to view</td>
<td></td>
<td></td>
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<tr>
<td>10) Does the ward have adequate handover time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) Are break time guidelines being followed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) Is there evidence of annual review of existing work patterns?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13) Are 3/12 of rosters available for requests?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14) Do the Ward Manager/ Deputy approve the roster?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15) Is annual leave between 11-17%?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2: Quick Guide to Producing Rosters

Open e-request period using Employee On-Line
Request period available for staff to complete, with a stated closing date

Week 1

Week 3

Analyse, approve and publish roster
Analyse roster to assess effectiveness, make relevant changes to ensure within defined parameters e.g. unavailability and approve. Pass roster approved by Ward Manager/Team Leader to the Senior Nurse for 2nd level analysis and approval.

Week 4

Week 4 – 8

Work and Manage roster
Enter changes on to Healthroster, as they occur, e.g. shift swaps, sickness, leave, and time owing.

Week 9 - 12

Produce roster
Close requests, print staff hours report, produce roster, using all available hours and filling most expensive shifts first.

Lead Time
Fill shortfalls – Send vacant shifts to be filled to bank
Enter all approved changes to planned roster, swaps, late leave requests, etc

<table>
<thead>
<tr>
<th>Process</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the Trust standard roster dates</td>
<td>Roster Creator</td>
</tr>
<tr>
<td>Open the roster for requests using Employee On-Line.</td>
<td>Roster Creator</td>
</tr>
<tr>
<td>Close the roster to requests, approve requests and add / approve any other non-effective periods.</td>
<td>Roster Creator</td>
</tr>
<tr>
<td>Run the Autoroster (this will try to fill in the expensive / difficult to fill shifts (e.g. nights / weekends) first and create a balance).</td>
<td>Roster Creator</td>
</tr>
<tr>
<td>Ensure that there is a nurse in charge for each shift, manually move shifts as necessary.</td>
<td>Roster Creator</td>
</tr>
<tr>
<td>Fill remaining staff hours with vacant shifts, adjusting duty times where necessary.</td>
<td>Roster Creator</td>
</tr>
<tr>
<td>Review roster analysis data, ensure good balance of staff across 4 week period, all staff hours are used, charge cover allocated and there is an even balance of popular and unpopular shifts amongst substantive staff. <strong>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.</strong></td>
<td>Roster Creator / Ward Manager</td>
</tr>
<tr>
<td>Approve the roster ready for Ward Manager/Deputy approval.</td>
<td>Ward Manager</td>
</tr>
<tr>
<td>Ward Manager/Deputy review analysis data, if there are gaps in the roster try to cover them by moving nurses or responsibilities between teams / wards.</td>
<td>Ward Manager</td>
</tr>
</tbody>
</table>
### Process

**Once approved by Ward Manager/ Deputy publish roster, including the agreed vacant shifts to be filled by Nurse Bank.**

Roster Creator

**If there are still gaps in the roster, plan to fill them with temporary staff or by using supernumerary staff e.g. prioritise workload or consider moving less urgent tasks to another shift and/or make best use of supernumerary staff available.**

Ward Manager / Deputy

**If temporary staff are necessary, ensure you are rostering them for the cheapest possible shift, length of time and grade.**

Ward Manager / Deputy

**Inform Nurse Bank of likely temporary staff requirements as soon as possible, requesting bank shifts from ‘vacant duties window’.**

Ward Manager / Deputy

### Example of Roster Timetable

<table>
<thead>
<tr>
<th>Rota prepared by Rota Team</th>
<th>Rota Approved by member of Senior Team</th>
<th>Rota Published</th>
<th>Rota Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 5th November</td>
<td>7th November</td>
<td>10th November</td>
<td>29th December</td>
</tr>
<tr>
<td>20th November to 3rd December</td>
<td>4th December to 10th December</td>
<td>10th December</td>
<td>26th January</td>
</tr>
<tr>
<td>5th January to 16th January</td>
<td>19th January to 23rd January</td>
<td>23rd January</td>
<td>23rd February</td>
</tr>
<tr>
<td>26th January to 6th February</td>
<td>9th February to 13th February</td>
<td>16th February</td>
<td>23rd March</td>
</tr>
</tbody>
</table>
Appendix 3: Annual Leave Algorithm

Clinical Area X has **21 WTE** nursing staff and **7 WTE** Health Care Assistant (HCA).

The percentage of staff on annual leave at any time is **14.0%**

Therefore:

\[
21 \times 0.140 = 2.94 \quad \text{3.00 WTE} \\
7 \times 0.140 = 0.98 \quad \text{1.00 WTE}
\]

You would need to try and allocate approximately 3 trained nurses and 1 HCA per week on leave to achieve balance over the year.

The number of WTE in post can be viewed in Healthroster by using the details pane under ‘My Staff Details’.

Please note: This number is based on WTE in post; therefore as staff join and/or leave you will need to recalculate the above.
### Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Title of document being reviewed: eRostering Policy</th>
<th>Yes/No/Not applicable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will any sections of this Policy satisfy one or more criteria of the NHSLA Risk Management Standards?*</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If Yes – Have you attached the relevant self-assessment(s) for those criteria as an appendix?*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* for further guidance consult the Trust Lead for Corporate Risk Assurance: Richard.Apps@leicspart.nhs.uk

1. **Title**
   - Is the title clear and unambiguous? Yes
   - Is it clear whether the document is a guideline, policy, protocol or standard? Yes

2. **Key Points / Changes to the Policy**

3. **Rationale**
   - Are reasons for development of the document stated? Yes

4. **Development Process**
   - Does the front page include a sentence which summarises the contents of the policy? Yes
   - Is the method described in brief? Yes
   - Are people invited in the development identified? Yes
   - Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? Yes
   - Is there evidence of consultation with stakeholders and users? (with representatives from all relevant protected characteristics) Yes

5. **Content**
   - Is the objective of the document clear? Yes
   - Is the target population clear and unambiguous? Yes
   - Are the relevant CQC outcomes identified? Yes
   - Are the intended outcomes described? Yes
   - Are the statements clear and unambiguous? Yes

6. **Evidence Base**
   - Is the type of evidence to support the document identified explicitly? N/A
   - Are key references cited? N/A
   - Are the references cited in full? N/A
   - Is there evidence to show that there has been due regard under the Equality Act 2010, and in working towards the Trust’s equality objectives? (e.g. attach the equality analysis as summary of evidence) Yes
<table>
<thead>
<tr>
<th>Title of document being reviewed: eRostering Policy</th>
<th>Yes/No/Not applicable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are supporting documents referenced?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>7. Approval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the document identify with committee/group will approve it?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>8. Dissemination and Implementation</td>
<td></td>
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<tr>
<td>Is there an outline/plan to identify how this will be done?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Does the plan include the necessary training/support to ensure compliance?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>9. Document Control</td>
<td></td>
<td></td>
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<tr>
<td>Does the document identify where it will be held?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Have archiving arrangements for superseded documents been addressed?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>10. Process to Monitor Compliance and Effectiveness</td>
<td></td>
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<tr>
<td>Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Is there a plan to review or audit compliance with the document?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11. Review Date</td>
<td></td>
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<tr>
<td>Is the review date identified?</td>
<td>Yes</td>
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<tr>
<td>Is the frequency of review identified? If so it is acceptable?</td>
<td>Will ascertain after initial review</td>
<td></td>
</tr>
<tr>
<td>12. Overall Responsibility for the Document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?</td>
<td>In progress</td>
<td></td>
</tr>
</tbody>
</table>

**Individual Approval**

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

<table>
<thead>
<tr>
<th>Name</th>
<th>Rita Vaidya</th>
<th>Date</th>
<th>02/12/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
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</table>

**Committee Approval**

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation’s database of approved documents.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<td></td>
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<tr>
<td>Signature</td>
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