

Electronic Rostering Policy

The purpose of this policy is to ensure the effective utilisation of the workforce through efficient electronic rostering, staff management and workforce planning.

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Name of Author:	Amrik Singh, Workforce Systems Manager	
Name of responsible Committee:	Workforce and Wellbeing Group	
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Target audience:	All services and staff using electronic rostering	
Type of Policy	Clinical	<input checked="" type="checkbox"/> Non Clinical
Which Relevant CQC Fundamental Standards?	13 & 14	

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
01	September 2011	Initial draft of new procedural document
02	November 2011	Updated following consultation
03	January 2012	Updated with feedback from the Policy Group
04	February 2012	Updated with feedback from the Workforce Development Group
05	February 2019	Significant redevelopment of policy to meet national and local directives

For further information contact:

Workforce Systems (workforcesystemshelpdesk@leicspart.nhs.uk)

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 promotes 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, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy.

Definitions that apply to this Policy

eRostering Standard Operating Procedure	This document contains day to day operational guidance on efficient and effective rostering practice. The SOP is available on eSource (https://www.leicspart.nhs.uk/Library/SOPv9.pdf).
Unused hours	<p>This term is used to describe hours which an employee has been paid for but not fulfilled (worked).</p> <p>It has been agreed that an employee should not owe the Trust more than one contracted shift or seven and a half hours, whichever is greater.</p>
Time Off in Lieu (TOIL)	<p>This should be agreed with the ward matron or manager in advance of the employee commencing any additional hours of work and should only be used in order to meet the needs of the service.</p> <p>Staff should not accrue more than ten hours of TOIL and it should be used within the next roster period.</p>
Roster Approval	This term is used to describe the action to publish the roster to the team.
Roster Finalisation	This is a term used to describe the action taken to confirm the roster is an accurate reflection of time, attendance and duties. This action will place a lock on each shift and will not allow any further maintenance.

1.0. Purpose of the Policy

The purpose of this policy is to ensure the effective utilisation of the workforce through efficient electronic rostering, staff management and workforce planning. The Trust is committed to making the best use of staff time in order to reduce harm, reduce risk and improve the patient experience.

This policy is for use by all services using electronic rostering, and by the staff that work within these services including bank, agency and contracted staff. It will assist with the production of fair rosters based on an agreed funded establishment and the development of safe staffing practices.

2.0. Summary and Key Points

The key points of this policy are;

- To encourage and manage compliance with LPT electronic rostering key performance indicators.
- To provide a standard operating procedure to support daily use of the system. This is a live document and is regularly updated to ensure LPT benefit from new system functionality and new best practice guidance at the earliest opportunity.
- To define roles and responsibilities.
- To support a quality patient experience.

The policy has been significantly redeveloped to take in to account national directives, namely the recommendations from the Carter Review.

LPT took part in a productivity improvement programme with NHS Improvement in 2017. Furthermore, in 2018 NHS Improvement created a new work stream and standard. This is called, eRostering the clinical workforce; levels of attainment and meaningful use standards.

The learning from these national schemes has supported a significant revamp of this policy.

3.0. Introduction

Electronic rostering supports better patient care by optimising the skill mix and use of staff time. It helps service managers to ensure that services are staffed in a consistent, safe and cost-effective way. Additionally, efficient rostering provides equity for all staff by enabling impartial allocation of shifts and by enabling advanced planning of rosters allowing for greater work/life balance.

LPT recognises the value of its workforce and is committed to supporting staff to provide high quality 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 key to achieving the objective.

4.0. Key Performance Indicators

In order to monitor whether rostering practice is good or bad, the Trust use the following KPIs;

- Rosters should be published a minimum of six weeks before the roster is due to be worked (source: Carter Review).
- Unused hours should be kept below one shift or seven and a half hours, whichever is greater. (source: LPT)
- TOIL should be kept below ten hours (source: LPT)
- Annual leave should be requested and approved in accordance with the Annual Leave policy and any local agreements (source: LPT)

Further detail about these KPIs is included in the eRostering SOP.

5.0. Duties within the Organisation

5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

5.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

5.3 Divisional Directors and Heads of Service are responsible for:

- Ensuring compliance with the policy and standard operating procedures.
- Agreeing and signing off the agreed staffing resource for each service.
- Reviewing key performance indicators (KPI's) that affect the use of resources and ensure compliance with national and local directives.
- Authorisation of premium rate temporary staff.
- Ensuring that the roster approval and finalisation process is adhered to especially in regard to timeliness.

5.4 Managers and Team leaders are responsible for:

- Balancing the needs of staff and service with safe, fair and efficient rostering.
- Preparing, publishing and managing the team roster according to the roster timetable (approval and finalisation) in line with the prescribed rostering best practice (including time off in lieu (TOIL), unused hours and maintenance).

Failure to adhere to the roster timetable will result in incorrect staff pay and lost Trust opportunity to achieve efficiencies and benefits identified as deliverable through the use of the electronic rostering system. This may result in performance management and/or disciplinary procedures being invoked.

- Managing the need, allocation and approval of additional hours, overtime or time off in lieu (TOIL).
- Managing the reallocation of staff to different teams and authorisation to use temporary staffing if necessary and where required.
- Ensuring all staff related changes (such as changes to contracted hours) are submitted at the appropriate time.
- Ensuring timely maintenance of the roster to reflect attendance or redeployment of staff to meet patient dependency and acuity.
- Sharing and supporting learning about Employee Online (EOL) and rostering best practice with colleagues.

5.5 Employees are responsible for:

- Working in accordance with their contracted hours and pattern of work. This maybe a mixture of shifts (unless a work pattern has been agreed under the flexible working policy).
- Understanding that working preferences cannot always be accommodated due to the impact on patient care and also on colleagues.
- Taking responsibility for ensuring contracted hours are carried out within the roster period.
- Managing annual leave in accordance with local agreements to allow the service to plan rosters to ensure service requirements are met.

5.6 The Workforce Systems Team are responsible for;

- The provision of ongoing and comprehensive support in a friendly and approachable way for all staff.
- Ensuring rostering best practice as directed by national and local directives is adhered to so that the needs of staff and service are met, taking into account performance indicators (annual leave, safety, budget, effectiveness, fairness, unavailability).
- Sharing the eRostering dashboard with senior managers so that there is adequate support in achieving optimum rostering in LPT.

6.0. Training needs

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role essential training.

The course directory e-source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the event will be recorded on the employees training record stored in the learning management system.

The governance group responsible for monitoring the training is the Divisional Workforce Groups or nominated sub-group.

7.0. Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
P9	Achievement of roster approval at 6 weeks as recommended in the Carter Review	P9 / Para 4	IQPR	Trust Board	Monthly
P9	Achievement of all KPIs	P9 / Para 4	Report to detail compliance with KPIs by service	Divisional Workforce Groups or nominated sub-group	Monthly

8.0. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Carter Review	Rosters should be published a minimum of 6 weeks before the roster is due to be worked
Levels of attainment and meaningful use standards	
Safer staffing and care hours per patient day reporting	

9.0. References and Bibliography

The policy was drafted with reference to the following:

- Carter review – unwanted variations in mental health and community health series (May 2018)
- E-rostering the clinical workforce: levels of attainment and meaningful user

standards (November 2018)

- Developing Workforce Safeguards (October 2018)

Training Needs Analysis

Training topic:	HealthRoster Training
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Division(s) to which the training is applicable:	<input checked="" type="checkbox"/> Adult Mental Health & Learning Disability Services <input checked="" type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input checked="" type="checkbox"/> Hosted Services
Staff groups who require the training:	All staff who create, maintain and finalise rosters are required to attend this training.
Regularity of Update requirement:	Once
Who is responsible for delivery of this training?	Workforce Systems Team
Have resources been identified?	
Has a training plan been agreed?	
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)
How is this training going to be monitored?	Divisional Workforce Groups or nominated sub-group.

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input checked="" type="checkbox"/>
Respond to different needs of different sectors of the population	<input checked="" type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input checked="" type="checkbox"/>

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Amrik Singh	Workforce Systems Manager
Nicola Ward	Head of Workforce Support

Circulated to the following individuals for comment

Name	Designation
AMH.LD Workforce Supply	Chair: Helen Perfect, Head of Service
CHS Workforce Supply	Chair: Jude Smith, Head of Nursing
FYPC Workforce Supply	Chair: Natasha Garraway-Charles, Service Group Manager

Due Regard Screening Template

Section 1			
Name of activity/proposal		eRostering Policy	
Date Screening commenced		16/07/2019	
Directorate / Service carrying out the assessment		Enabling Services / Human Resources	
Name and role of person undertaking this Due Regard (Equality Analysis)		Amrik Singh, Workforce Systems Manager	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: The purpose of this policy is to ensure the effective utilisation of the workforce through efficient electronic rostering, staff management and workforce planning.			
OBJECTIVES: To bring the policy up to date ensuring it provides clear guidance to staff, matrons and ward managers on how to optimise electronic rostering in LPT to support the delivery of patient care.			
Section 2			
Protected Characteristic		If the proposal/s have a positive or negative impact please give brief details	
Age		None	
Disability		None	
Gender reassignment		None	
Marriage & Civil Partnership		None	
Pregnancy & Maternity		None	
Race		None	
Religion and Belief		None	
Sex		None	
Sexual Orientation		None	
Other equality groups?		None	
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4. <input checked="" type="checkbox"/>	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
The policy and procedure is low risk, as the Trust has enhanced the policy to ensure it is in line with national strategy such as the Carter Review and NHS Improvement eRostering the clinical workforce; levels of attainment and meaningful use standards.			
Signed by reviewer/assessor		Amrik Singh	Date 16/07/2019
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Sarah Willis	Date 17/07/2019

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Electronic Rostering Policy		
Completed by:	Amrik Singh		
Job title:	Workforce Systems Manager	Date	16/07/2019
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, adoption of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval:			