

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.

Key Words:	Shifts, Roster, Finalisation, Annual Leave, Unused Hours, Skill Mix, Electronic Rostering, eRostering	
Version:	6	
Adopted by:	Trust Policy Committee	
Date this version was Adopted:	15 November 2022	
Name of Author:	Amrik Singh, Head of Workforce Support	
Name of responsible Committee:	Strategic Workforce Committee	
Please state if there is a reason for not publishing on website	n/a	
Date issued for publication:	November 2022	
Review date:	April 2025	
Expiry date:	1 November 2025	
Target audience:	All services and staff using electronic rostering	
Type of Policy	Clinical	<input checked="" type="checkbox"/> Non Clinical
Which Relevant CQC Fundamental Standards?	18	

Contents

Version control and summary of changes	2
Equality Statement	2
Definitions that apply to this policy	3
1.0 Purpose of the policy	4
2.0 Summary and scope of policy	4
3.0 Introduction	4
4.0 Core Standards	4
5.0 Duties within the Organisation	5
6.0 Training Needs	7
7.0 Monitoring Compliance and Effectiveness	7
8.0 Standards/Performance Indicators	7
9.0 References and Bibliography	7
Appendix 1 Training Requirements	8
Appendix 2 The NHS Constitution.	9
Appendix 3 Stakeholders and Constitution	10
Appendix 4 Due Regard Screening Template	11
Appendix 5 Privacy Impact Assessment Screening Template	12

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
06	September 2022	Update to roster approval KPI (changed from 6 weeks to 12 weeks), slight tweaks to help flow.

For further information contact:

Workforce Systems (lpt.workforcesystemshelpdesk@nhs.net)

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 considers 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 procedures 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

HealthRoster Standard Operating Procedure	This document contains day to day operational guidance on efficient and effective rostering practice. The SOP is available on Staffnet (https://staffnet.leicspart.nhs.uk/download/29560/).
Unused Hours	<p>Unused hours are contracted hours which an employee has been paid for but not fulfilled (worked).</p> <p>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>The build-up of time off in Lieu (TOIL) should be agreed with the line manager in advance of the employee commencing any additional hours of work and should only be in used to meet the needs of the service.</p> <p>The maximum carry forward is ten hours debit or credit at the end of a month and should be allocated 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. HR and payroll systems will be updated according to the roster, any enhancements, overtime, or additional hours will be paid, and sickness absence and annual leave records will be updated for pay purposes.

1.0 Purpose of the policy

The purpose of this policy is to ensure 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 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 scope of the policy

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 considers national directives, namely the recommendations from the Carter Review.

3.0. Introduction

Electronic rostering supports better patient care by optimising the skill mix and use of staff time. It helps managers 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. Core Standards

In order to monitor whether rostering practice is good or bad, the Trust use the following key performance indicators (KPIs);

Roster Approval – Rosters should be published with a minimum of twelve weeks before the roster is due to be worked (Source: Carter Review, amended to twelve weeks to support better planning and organisation)

Time Owed to Trust – Unused hours should be kept below one shift or seven and a half hours, whichever is greater (source: LPT)

Time Owed to Employees – TOIL should be kept below ten hours (source: LPT, Flexible Working Policy and Procedure)

Annual Leave – 75% of annual leave entitlement to be booked by mid-February, with the remainder by September. (source: LPT, Annual Leave Policy)

Further detail about these KPIs is included in the HealthRoster SOP available on Staffnet (<https://staffnet.leicspart.nhs.uk/download/29560/>).

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 The Trust Policy Committee is mandated on behalf of the Trust Board to adopt policies.

5.3 Trust Board Sub-committees have the responsibility for ratifying policies and protocols. The Strategic Workforce Committee have the responsibility for ratifying this policy.

5.4 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 regarding timeliness.

5.5 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).
- 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.

5.6 Responsibility of Staff

- 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 colleagues.
- Taking responsibility for ensuring contracted hours are worked 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, considering 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 development training.

7.0. Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
P8	Achievement of all KPIs	P5 / Para 4	Report to detail compliance with KPIs by service	Divisional Workforce Groups or nominated sub-group and Strategic Workforce Committee	Monthly Bi-Monthly

8.0. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Carter Review	Rosters should be published a minimum of six weeks before the roster is due to be worked. However, LPT have adopted twelve weeks as a minimum standard.
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 Requirements

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?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> ULearn <input type="checkbox"/> Other
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	Head of Workforce Support
Nicola Ward	Head of Workforce Transformation and Planning
Polly Hargreaves	Senior Workforce Systems Analyst

Circulated to the following individuals for comment

Name
MH.LD Workforce Supply Group
CHS Workforce Supply Group
FYPC Workforce Supply Group
Directors / Heads of Service and Direct Reports
Equalities Team
Staffside
Strategic Workforce Committee

Due Regard Screening Template

Section 1			
Name of activity/proposal		Electronic Rostering Policy	
Date Screening commenced		02/09/2022	
Directorate / Service carrying out the assessment		Enabling Services / Human Resources	
Name and role of person undertaking this Due Regard (Equality Analysis)		Amrik Singh, Head of Workforce Support	
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 <u>tick</u> 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, the policy supports national strategy and direction such as 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	02/09/2022
<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	06.09.2022

DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>Data Privacy impact assessment (DPIAs) 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.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Electronic Rostering Policy	
Completed by:	Amrik Singh	
Job title	Head of Workforce Support	Date: 02/09/2022
Screening Questions	Yes / No	Explanatory Note
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 them? 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 Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:	Hannah Plowright	
Date of approval:	16/09/2022	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust