E-Roster Policy – Under Review

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Consultation	HR Policy Group	**Applicable to:**	All staff All Sites
Equality, Diversity And Human Right Statement	The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment.		
To be read In conjunction with / Associated Documents:	All other employment policies	**Information Classification Label**	☒ **Unclassified**
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Document Change History (changes from previous issues of policy (if appropriate):

Version number	Page	Changes made with rationale and impact on practice	Date
1			Sept 2021

Contents

1. Purpose

The purpose of the Rostering Policy is to ensure that patient safety is the primary objective of all Trust rosters. The purpose of an employee roster is to ensure that the staffing levels and skill mixes required for the safe and appropriate care of patients is available at all times; 24 hours a day, 7 days a week, 365 days a year. The roster must ensure a fair and equitable distribution of shifts to all employees.

Electronic Rostering (E rostering) has been introduced to the Trust to support the care of patients through effective management and planning of the Trust's workforce and providing assurance of compliance with mandatory workforce performance standards.

This policy sets out the process for use of the Allocate roster system via the principles of effective staff rostering and outlines how this will be monitored via key performance indicators. It describes the processes which are to be followed by all employees involved in creating, approving, or working rosters in order that Trust rosters are fair, lawful and equitable and provide safe and appropriate staffing for all services.

The Allocate Roster system is able to export all worked enhanced rates, absences, and additional payments to be processed and sent to the external payroll provider following input and finalisation from the unit manager.

The policy applies to all employees except for Temporary Staff (Staff Bank) and Medical & Dental Staff.

The Trust is committed to supporting staff to provide high quality patient care. It is recognised the Trust needs to be responsive to changing service requirements and support staff to achieve an appropriate work life balance. This policy sets out the principles of effective staff rostering and outlines how this will be monitored via key performance indicators.

2. Scope

The main objectives of this policy are to:
- Ensure that all rosters are service driven and provide the correct number of skilled employees in the right place at the right time
- Establish the Trust's requirements for e-rostering any relevant staff who deliver Trust services
- Outline the e-rostering rules to facilitate clinically safe, legal and effective rosters
- Minimise the clinical risk associated with high levels of contracted staff unavailability
- Reinforce the requirement for fair and equitable rosters for all staff
- Ensure that duty rosters are produced and managed to an agreed standard and timeline that are consistent across the Trust
- Outline the responsibilities of managers and members of staff to produce flexible, fair and equitable rosters across the Trust
- Improve the utilisation of substantive staff and as a consequence reduce the use of bank and agency staff
- Outline procedures to be followed for the creation and approval of duty e-rosters
- Improve the management of employee annual leave, study leave and sickness

3. Policy Content

A number of definitions are provided below to assist understanding:

- Agenda for Change NHS Full Time Standard Hours: 37.5 hours excluding rest/mealbreaks.
- Day off**:** 24 hour period of non-work related activity.
- Day shift: an area's standard shift defined by the local staffing model or an individuals' flexible working agreement.
- Duty request: single shift request (includes day off).
- Early shift: a shift commencing in the morning and specific to areas that work more than one shift per 24 hours (shift times defined by the local staffing model or an individuals' flexible working agreement).
- Employee Online: the online web based system which allows staff to view rosters, view &request leave & view payroll information through their home PCs, smart phones or tablets.
- First approver / authoriser: manager with responsibility for undertaking the first review of the roster and authorising or declining this.
- Flexible working arrangement: working arrangements that are specific to individual staffmembers and are agreed with a line manager with clear review dates.
- Funded establishment: the budget allocated to the ward/unit (in WTE staffing numbers)following an establishment review.
- Headroom: the additional agreed resource, either as additional finance or additional WTE staffing numbers, built into departmental budgets to cover annual leave, sickness at the Trust target level and mandatory training. For further detail regarding headroom for your unit, please follow the trusts recommended headroom %.
- Key Performance Indicators: the range of factors against which each roster will be reviewed for effectiveness by all nurse and general managers and leaders as detailed in theroles and responsibilities.
- Late shift: shift commencing in the afternoon or a significant time after an early shift (shift times defined by the local staffing model or an individuals' flexible working agreement).
- Non-operational days: days that staff are not available to roster i.e. annual leave, studydays, management days, sickness, maternity and carers leave, etc.
- Optimum staffing level: the clinically agreed number of staff required per shift to ensure the effective running of the area to meet patient needs to a high standard.
- Roster coordinator: a member of staff responsible for generating a ward/team/depts roster in line with policy and local guidelines. In some areas this will be the line manager and in others it is a specific role or delegated to another member of staff.
- Roster management: the creation, review and ongoing management of effective and efficient rosters using tools such as Roster Analysis; ensuring Key Performance Indicators(KPIs) are considered before approval.
- Roster timetable: the annual plan of roster cycles which specifies the dates for requests,partial approval and full approval of rosters. A roster timetable also exists for shift finalisation deadlines. Examples of these timetables can be found on the HR Staff Hub.

- Safe minimum staffing level: the clinically determined minimum number of staff required to ensure safe running of the ward/area on a short term basis only.
- Second approver / authoriser: the Matron / Clinical manager with responsibility for undertaking the second review of the roster after the first approval. This manager must authorise or decline the roster in accordance with the roster timetable.
- Shift work: patterns of staff working hours designed to provide services 24 hours a day, 7days a week (abbreviated as 24/7). Shift patterns can be subject to rotation, depending onthe service need.
- Staffing model: a template documenting the agreed shift times and safe staffing levels of an area.
- Substantive staff: those staff who have a permanent or fixed term contract.
- Temporary staff: bank and other temporary workers e.g. agency staff.
- Time owed: the amount of contracted time and employee owes the Trust.
- Time owing: the amount of time the Trust owes an employee as a result of working over their contracted hours.
- Unit: ward, area, department or team.
- Variations in shifts: differing start and finish times to regular shift patterns.
- WTE: whole time equivalent.

Safe Staffing

Patient safety is at the centre of everything we do. Ensuring safe staffing levels therefore should be seen as a priority for all employees, not just those tasked with creating ward/ department/ team rosters. In determining safe staffing establishments, the Trust has utilised commonly used workforce planning methods including professional judgement, professional guidelines and benchmarks with other Trusts. Ensuring safe staffing levels takes priority over all other aspects of the policy including annual leave management and study leave management.

Shift Numbers

Each area must have agreed staffing model detailing the minimum number of staff required on each shift. The agreed model will ensure that the ward/ team/ department is able to meet the needs of the service they are required to provide. All budgets should be calculated based on an agreed establishment model. In some areas service requirements may change based on the season, activity levels or workload. All variance should be appropriately reflected within the agreed model.

Once the model has been agreed, roster creators and maintainers should ensure:
- The numbers of staff required on shift and the agreed skill mix is adhered to
- There should be a designated member of staff in charge on each shift
- The roster of senior ward/ team/ department staff must be compatible with their commitments to the trust
- Senior ward staff (i.e. band 6 upwards) should work opposite shifts to each other where possible in order to maximise senior presence. This does not need to include night shifts
- Student nurses should be rostered with their mentor where possible and for at least 2 shifts per week as a minimum. An associate mentor should be allocated

if the student's mentor isn't available on the shift
they have been rostered for.

Process for Escalation of Staffing Level Incidents

The Trust has declared compliance with the CQC requirement to ensure 'safe and suitable staffing', in accordance with its contractual requirements. We also aim for full compliance with the Rostering Good Practice Guidance from NHS Improvement.

Using the electronic Rostering system and a two level roster approval process is the mechanism for ensuring safe rosters are signed off in a planned way. However, there will inevitably be occasions where on-the-day sickness or absence will cause a shift to become potentially unsafe if remedial action is not taken.

The Escalation of Staffing Level Incidents Trust document outlines the process to be followed on such an occasion. Staff are encouraged to log an incident if they feel there are safety issues.

Production of Rosters

All rosters must be produced in accordance with the "*Stage by Stage Roster Production Guide*" and the "*Roster Production Timetable*" (available on the HR Staff Hub - http://liverpool-hr.nhs.sitekit.net/working-with-us/).

All rosters must adhere to the following points:
- In accordance with the Roster Production timetable, rosters must be published to staff a minimum of 6 weeks in advance of the roster start date. This will enable staff to better manage their personal arrangements and give the line manager and the Temporary Staffing team more time to fill any vacant shifts.
- All staff *including administration staff and housekeepers* should be included on inpatient ward rosters.
- In accordance with the section on "*Staff Requests*" and in line with the "Roster Production Timetable" all wards/departments must adhere to the set deadline for the submission of requests in order to comply with publishing the roster a minimum of 6 weeks in advance.
- All rosters must commence on a Monday and should be compiled to adequately cover the identified and agreed demand utilising contracted staff proportionately across all shifts.
- There should be an even distribution of senior staff throughout all days of the week and across all shifts.
- Shifts which attract a premium rate must be filled first, i.e. nights, weekends and bank holidays.
- The use of bank/agency/overtime for nights and weekends is not expected unless in exceptional circumstances.
- Night shifts should be filled by substantive staff.
- If a member of staff leaves who regularly works nights, their shifts should be filled by a substantive member of staff. Only in exceptional circumstances should a night shift be sent for temporary staffing to fill.
- Employees required to cover a 24 hours service should work the standard day and night shifts detailed in the ward/ team/ departments establishment model

unless they have a formally agreed   Flexible
Working Agreement.

- Employees who are not required to cover a 24 hours service (i.e. theatres, clinic areas, day units and   admin departments) should accommodate shift lengths and patterns to support service requirements. S hift times and lengths should be documented in an establishment model and agreed clinically and financially.
- If any staff are working non-standard shifts (i.e. shifts not documented on the establishment model)   details must be clearly entered onto the roster to avoid misinterpretation and ensure compliance with audit requirements.

Rostering Principles

- All employees have an Agenda for Change contract and should therefore be available to work all shifts (Day and Night). Only employees who hold a flexible working agreement, have a Workplace Health and Wellbeing supported medical exception or have an agreed variation with their line manager are exempt from this statement.
- Please ensure all rosters are managed electronically within the system.
- The maximum hours to be worked in each week are 56 hours; this includes bank and overtime shifts.
- Shift patterns should maximise personal time wherever possible e.g. staff should be rostered for 2 consecutive days off, rather than split days off.
- Staff can expect a minimum of one weekend off per 4 week off duty, in normal circumstances. Additional weekends off can be rostered if the ward/ team/ departments service requirements allow.
- Ward/ Team/ Department Managers should be rostered to work weekday shifts. In areas that operate a second roster for senior cover during unsocial hours, Ward/ Team/ Department Managers will be expected to work their fair share of unsocial shifts.
- In every 7 day period a 24 hour uninterrupted rest break should be rostered. The only exception to this practice is where employees have requested to work a longer run of shifts and cannot therefore   receive the break time within the 7 days. In these circumstances staff must receive a break of 48   hours uninterrupted rest in the 14 day period.
- Unsocial hours should be distributed evenly and fairly, in accordance with agreed contractual restrictions.

Christmas and New Year

To support the Trust in planning for the Christmas period, rosters will be developed taking into account duty rota requests usually covering the main days of either Christmas or New Year. To support the Trust and prepare for any increased activity or other staffing issues, annual leave requests will not be approved in advance for this period. Extended periods of leave can be requested in advance and will be reviewed on a case by case basis by local senior managers in line with service needs. Adhoc annual leave days can be allocated to staff once the department is covered by substantive staff and there is assurance staffing across the organisation is safe.

To ensure cost effectiveness & continuity of care
and to support the ability to provide staff some days of leave through the period, shifts over the Christmas & New Year periods should be filled by existing staff where possible.

Shifts

- All shift durations should be documented in an agreed establishment model and be supporting service need.
- For establishments based on a two shift system, employees can work a combination of short and long shifts detailed in the agreed establishment model as long as there is not a detrimental effect on the service being provided.
- All combinations of short and long shifts must be fair and equitable for all employees.
- All shifts and shift patterns must be European Working Time Regulation (EWTR) compliant.
- Employees will be required to work a variety shift patterns as required by the needs of the service.
- Variations to shifts detailed in the area's establishment model may only be worked if formally agreed locally with the Departmental Manager or as per the Trust's Flexible Working Policy.
- For shifts that are 11.5 hours or over in length the maximum number of consecutive shifts recommended for employees to work is 3. Staff may work more than this (to a maximum of 4) if they specifically request to do so and this can be achieved within the EWTR regulations.
- For shifts that are 7.5 hours or under a maximum number of consecutive shifts recommended for employees to work is 5. Staff may work more than this if they specifically request to do so and this can be achieved within the EWTR regulations.
- Night shifts should be kept together where possible. It is recommended that employees work no more than 4 night shifts in a row. Employees may work more than this if they specifically request to do so and this can be achieved within the EWTR regulations.
- There should be a minimum of 2 days off before a member of staff that has completed night shifts is rostered for their next shift.
- Weekend shifts are defined as any shift from midnight Friday to midnight Sunday and Bank Holidays.

Breaks

- For the purpose of this policy a break is defined as a period of time when a staff member is not clinically or administratively active.
- You can be classed as on a break while carrying a bleep. Your break will end as soon as you are required to return to clinical activity. If you have to return to clinical activity while on your break you should still ensure you fulfil your break requirement for the shift you are on i.e. if you have to answer your bleep 20 minutes into your break you must ensure you get the remaining time you are entitled to.
- All shifts longer than 6 hours must include a minimum 30 minute unpaid break (this can be split into 2 x 15 minute breaks).

- All shifts 12 hours or longer in length must have a minimum 60 minutes unpaid break time and at least 30 minutes of this must be continuous rest time.
- Breaks must not be taken at the start or end of a shift i.e. the first or last hour of duty, as their purpose is to provide rest time during the shift.
- The Line Manager/Nurse in Charge of a shift is responsible for ensuring that breaks are facilitated.
- All staff are responsible for taking their allocated breaks
- The standard weekly paid hours of all full-time NHS staff covered by Agenda for Change will be 37.5 hours excluding meal breaks. Working time will be calculated exclusive of meal breaks.
- Only in circumstances agreed as exceptional by the Line Manager and by agreement with the worker, can the unused entitlement for a rest period be claimed as a period of compensatory rest. This should be an unusual circumstance as employees have a right to receive adequate rest breaks. Line managers should ensure that provision is made to allow compensatory rest to be taken, normally within two weeks.
- Staff with particular religious or cultural needs may require flexibility for breaks in order to accommodate their beliefs or follow specific religious practices at certain times throughout the year. If a staff member has a request for a different pattern of break(s) to accommodate religious/ cultural beliefs, they should discuss this with their Line Manager.
- Employees must not leave the hospital/ clinical base whilst on a paid break.

On Call

In order for the Trust to provide appropriate services to the population and maintain a safe environment for its patients and staff there is a requirement for some groups of staff to provide an on-call service. The Trust operates a number of on-call arrangements under which designated groups of staff are rostered to be available for work outside normal working hours to cover healthcare or other services.

All On Call rosters must abide by the following statements:
- The appropriate manager is responsible for the organisation and rostering of the on-call arrangements and for ensuring these are sufficient to meet the needs of the service.
- If a member of staff is called into work the manager should record the period, they were called in for onto the on-call roster/ electronic roster. An audit trail detailing each call out is essential.
- When compiling the roster the Roster Coordinator must consider the risk of a call-out during a period of on-call impacting on the staff member's ability to work their next rostered shift. The Coordinator should therefore roster a rest period following the on-call which reflects this consideration e.g. Staff should be rostered to a late shift which facilitates a longer rest period for the staff member in case they are called in during the night.
- Regardless of the EWTR statement regarding compensatory rest all registered healthcare professionals have a duty to ensure they only attend work when they are fit to practise. In exceptional circumstances where patient safety may be compromised it is the Line Manager's responsibility to make the final decision as to what time they would consider the staff member fit to undertake their

duties.

Preceptorship

- Newly qualified staff should be rostered to work with their preceptor for at least 2 shifts per week for the first 4 weeks of their preceptorship.
- For preceptorship's that last for a prolonged period of time and involve multiple rotations it may not be feasible for newly qualified staff to work a minimum of 2 shifts per week with their named preceptor. In these circumstances each newly qualified member of staff must be made aware of whom the qualified preceptors are in the area they are working so they can seek support/guidance if needed.

Student Rosters

- Students are supernumerary throughout their training. Student nurses (where possible) should experience a 24 hours 7 day week roster. Out of Hours shifts can be undertaken as advised by the HEI.
- All student shifts should be rostered with their start and finish times clearly visible.
- All students should be rostered with their mentor for at least 2 shifts per week.

Workload/Activity Variations

On the occasions when there are increased workload pressures, additional areas within the Trust may need to be opened at short notice. This includes employees working out in the community as it may be necessary for an employee to move to an alternative base depending on workload.

The relevant senior managers/DDN will determine and sign off the staffing requirements in these areas. All divisions and staff are expected to support the decisions made and move to the area they are directed to as soon as possible.

It is essential that increases and decreases in workload/activity result in a review of current rosters and established rostering requirements as soon as possible to ensure staff can be provided with adequate notice of proposed changes.

Personal Patterns

For the purpose of this policy a personal pattern is a set pattern or arrangement which has been formally agreed between an employee and their line manager and Matron/ Senior Manager through the Flexible Working Policy.

All employees may make requests to change their current working arrangements, in accordance with the Flexible Working Policy. As stated above personal patterns can only be agreed if service requirements can support them. Additionally, during times of exceptional or unforeseen circumstances, staff's usual shift patterns cannot be guaranteed as continuing to meet service demands and maintaining safety must take priority, however changes to personal patterns require adequate notice of 4 weeks.

Roster Approval Process

All completed rosters must be reviewed and scrutinised prior to approval or rejection.

Each completed ward/departmental roster must have two levels of authorisation:
- Level 1: First approver/authoriser e.g. Ward/ Team/ Department Manager,
- Level 2: Second approver/authoriser e.g. Matron/ Divisional Manager/DDN

The first and second approver/ authoriser will be determined locally. The first authoriser may be the same person that drafted the roster if that person is Ward/ Team/ Department Manager level or above.

Before the roster can be authorised it must be analysed; the first and second authoriser must review:
- All Unfilled duties/days with insufficient employees rostered
- Hours over/under staff contracted hours. No staff member should owe or be owed more than 11.5 hours.
- Annual Leave to ensure all booked leave is approved and within the upper and lower leave parameters
- Shifts for which temporary staff are required to fill. Temporary Staff should only be booked as a last resort.
- The Key Performance Indicators (KPIs) in section 24 of this policy. Line managers are responsible for reviewing KPI's and instigation remedial action if required.

Changes to Rosters

Once the roster is published shift changes should be kept to a minimum. If an employee wishes to change the roster post publication, a fair swap should be made with another member of staff of the same grade and competences that meets the line manager's approval. Only urgent/ unforeseen swaps can be agreed by the designated nurse in charge of the shift, all other non- urgent swaps must be agreed by the Line Manager.

All non-urgent alterations to the roster must be authorised by Ward/ Team/ Department Manager or their nominated deputies for this responsibility. The manager/deputy/senior staff member authorising an alteration is responsible for ensuring the roster is amended and the reasons for the amendment are recorded.

Last minute changes to the roster caused by unforeseen absences e.g. sickness, must be entered onto the roster as soon as possible in order to ensure that, firstly, the need to rearrange cover for the affected shifts is immediately highlighted and, secondly, to ensure accurate and up-to-date records are maintained. All unforeseen absences recorded on the roster must be accompanied by a note detailing communication between the manager/deputy/senior staff member and the absentee.

The senior staff member taking the message regarding unforeseen absence is responsible for either personally arranging for the relevant shift to be covered or escalating the issue to a senior member of staff who will then take on this responsibility.

Mentors must not change their shift without ensuring
their student either changes with them or is allocated to another suitable member of staff, and that this is recorded on the roster.

Staff Movement/Temporary Redeployment

There will be times when staff will be expected to be moved/temporarily redeployed to other clinical areas to ensure adequate staffing numbers and skill mix across all areas of the Trust. Registered practitioners are accountable for their own actions and in keeping with their registration must not undertake any duty that is beyond their competency.

Staff re-deployed to another area will have their name and shift details recorded on the roster of the area they are moving to and the roster they are moving from will be amended to reflect that they have completed their shift in a different area.

This information will be used to audit the frequency, circumstances, and fairness of such situations.

Flexible Working

Achieving adequate staffing numbers and skill mix to deliver safe and effective care to patients is the main function of a roster. The Trust supports staff to achieve a healthy work life balance through flexible working however all other factors are secondary to providing safe and effective care, including flexible working requests, shift requests, preferences, and leave.

The Trust recognises that achievement of our corporate goals depends upon the valued contribution of every employee and that there are occasions when employees need support to enable them to balance their work and home lives. The provisions described in the Flexible Working Policy enable such support to be given.

Employees are encouraged to utilise the provisions within the Flexible Working Policy rather than masking their need for time off by taking sick leave or using their annual leave. Managers are encouraged to facilitate adjustments in working arrangements to enable staff to balance home and work commitments.

Any flexible working arrangements should be openly acknowledged and built into the roster as a personal pattern (see below) with a review date recorded.

Agreed Flexible Working arrangements will be counted as granted duty requests. Therefore, staff with agreed Flexible Working arrangement will have the number of duty requests assessed and reduced in order to maintain a fair and equitable roster. Employees are advised to refer to the Flexible Working Policy for more detailed information and guidance regarding Flexible Working.

Temporary Staffing Usage

Temporary workers (Bank or Agency) can only be booked for the following reasons:
- Approved Enhanced Care
- Established Vacancy

- Increased Activity
- Long Term Sickness Cover
- Short Term Sickness Cover
- Major Incident
- Maternity Cover
- Urgent Leave Cover

The following principles apply to requesting temporary workers:

- Each Division, with support from the Temporary Staffing team, will set their own Standard Operating Procedure (SOP) relating to the booking of temporary (bank and agency) workers. The following key principles will apply to all Divisional SOPs.
- All bank shifts must be approved by the Ward Manager.
- All agency shifts must be approved by a Matron/ DDN / Divisional Manager in line with the current staffing model in place in the relevant Division.
- Pre-planned bank shifts must be requested by Ward/ Team/ Department Manager before the roster is sent for second level approval.
- Line Managers cannot book themselves into a bank shift or authorise their own bank shifts; a senior member of staff must agree to the booking of the Ward/ Team/ Department Manager and must authorise the bank shift.
- Bank shifts must be requested at the lowest grade possible. For example, if you require a registered nurse, you should request a Band 5 nurse and not a Band 6 or 7.
- The reason for requesting bank staff must be given at the time of booking.
- It is not permissible to use temporary staff to cover annual leave request that exceed the documented acceptable level for the ward. Line Managers are expected to manage the annual leave within the parameters mentioned in this policy.
- Bank staff must not be booked to cover study leave.
- There should be limited use of bank staff on bank holidays except in exceptional circumstances which must be approved by Matron/ Professional Lead/ Divisional Manager.
- Bank staff should not be booked for night or weekend shifts except in exceptional circumstances approved by Matron/ Professional Lead/ Divisional Manager.
- Bank and Agency staff must not be used to take charge of wards/ teams/ departments.
- Substantively contracted staff who have informed their permanent place of work that they cannot work a specific day or shift either by a duty request or flexible working agreement cannot work a bank shifts on that day.
- All temporary shifts must first be sent to the Temporary Staffing team to try and fill with bank staff. If they cannot provide a staff member, they will send the shift to approved agencies in line with the current process for temporary staff.
- All agency bookings will be made in line with current NHS Improvement regulations.

Staff Requests

The granting of requests cannot be guaranteed as they must be considered against service needs.

Employees that have a requirement for an
adjustment to their current work pattern are able to make a request for flexible working
through the Flexible Working Policy. The policy aims to help facilitate and support staff
to improve the balance between their home and work lives.

The Trust is committed to considering requests for flexible working from all staff.

To ensure equity all full time staff will receive 6 duty requests per 4 week roster period.
This amount is pro-rata'd for part time staff, see below:

Contracted	No. of Requests (per 4 week roster period)
28.5 – 37.5	6
19 – 28	4
9.5 – 18.5	2
0-9	1

The Roster Team will support all departments in working out this calculation.

Staff requests must comply with the following:
- Request must be made in a standardised way to ensure fairness and consistency. If implemented onto Healthroster you must only use Employee Online (EOL) to make requests. Staff must not attempt to undermine the standardisation by making requests in alternative ways e.g., handing lists of requests to the Roster Coordinator or texting/phoning in their preferences instead of using the agreed method.

Attempts to circumvent the agreed process will be considered a breach of this policy and may result in disciplinary action.

- It is the line manager and Roster Coordinator's responsibility to ensure the roster is fair and equitable to all staff. To ensure parity the Roster Coordinator/ Line Manager must refuse any attempts by staff to circumvent the agreed requesting process
- Each ward/ department must adhere to the Roster Production timetable and close rosters for requests. No further requests will be accepted after the roster has been closed for requests unless there are extenuating circumstances.
- Staff must be aware that the roster cannot be developed around their personal needs as service need must be the ultimate priority.
- Requests from the employee should be viewed impartially with the decision to approve or reject a request based on service requirements and patient need
- It is the employee's responsibility to agree a swap with an appropriate member of staff. The swap must be authorised by the line manager or a nominated deputy prior to being actioned. Unauthorised swapping of shifts may compromise the safety of patients and will therefore result in disciplinary action.
- Verbal abuse/ aggression from staff aggrieved by a rostering related issue towards those responsible for completing the roster will not be tolerated and will invoke the Trusts disciplinary procedure.

Annual Leave

Information in this policy should be seen as complementary to the Trust's Annual Leave Policy. No information in this policy should supersede that of the Annual Leave Policy.

Each ward/ team/ department must calculate how many employees must be given annual leave in any one week. This number must be agreed and adhered to.

Employees should be made aware of the need to maintain this number of staff on leave constantly throughout the year.

Should this number not be met through annual leave requests, it is the role of the Line Manager to discuss with staff who will take annual leave to ensure the threshold is met. Each ward/ department must ensure that between 11% and 17% of staff are on Annual Leave each week.

Half term weeks and school holidays present additional problems due to the increased number of annual leave requests made for these periods.

The total amount of leave should not be increased instead discussions should be encouraged between those requesting half terms off so that each member of staff has an equal chance of being granted annual leave. Annual leave requests for school holidays will be shared equally amongst those requesting.

The annual leave year is from 1st April to 31st March the following year. The Trust expects that within the annual leave year staff should be provided with the opportunity to take all of their annual leave.

Individual employees are responsible for taking and appropriately managing their leave in line with this policy and the Annual Leave Policy. The Trust understands that there may often be extenuating circumstances which result in employees being unable to follow the procedures outlined in this policy. Each extenuating circumstance should be managed locally by the employee line manager.

Principles for Managing and Rostering Annual Leave

- By no later than the end of April each leave year, staff must have booked at least 50% of their annual leave for the forthcoming year, this is necessary to facilitate the ward/ department to improve the planning of annual leave.
- Staff should take 75% of leave by the end of December; at least 40% of leave should be taken by 31st August and a further 35% by the end of December, unless otherwise agreed by their manager.
- Quarterly reviews of outstanding annual leave for each member of staff should be made by the Ward/ Team/ Department Manager to avoid accumulation of untaken leave. This is necessary to avoid a high percentage of annual leave outstanding at the end of the year.
- Managers must meet with employees that haven't booked sufficient annual leave in conjunction with the policy, except those that have prior agreement. The manager will inform the staff member which dates are still available for leave and the staff member and manager will mutually agree the booking of leave. It is important that the staff member and manager work together to

achieve adherence with the policy.

- Annual leave must be allocated in hours for all members of staff.
- Annual leave booked for a week must equal the staff members contracted hours e.g., a full time member of staff will take 37.5 hours annual leave if they wish to take a whole week off.
- The line manager, or in some cases their designated deputy, must approve or reject all Annual Leave requests.
- Annual Leave should not be allocated on a first come first served basis, instead every attempt should be made to give fair opportunity for booking annual leave to all staff within the ward/ team/ department.
- Managers approving annual leave requests should confirm whether approval is given at the earliest opportunity or at pre-arranged Annual Leave review times
- Staff on rotational programmes should take annual leave proportionate to each placement.
- Annual leave should be booked or cancelled before a roster is completed. Annual leave requested after the roster is published will only be agreed if the shifts requested as leave can be given without compromising the safety of the roster and without causing major disruption to other staff or utilising bank staff or overtime.
- It is the responsibility of the roster creators to amend rosters with details of short notice annual leave.

Study Leave

Study leave will be assigned in line with the Trust policy and clearly marked as study leave on the roster. Study leave for eligible staff will not be sanctioned on Bank Holidays however training will continue during school holidays.

Managers must ensure that staff mandatory training is balanced throughout the year and assigned to each roster to prevent over and/ or under rostering of study/ training leave.

Staff required to undertake training which leads to an increase in their normal working hours will be entitled to equivalent time back.

For training/study days which are fewer hours than the rostered shift(s) staff will be required to make up the difference in time in order to fulfil their contractual hours. The equivalent time to the shortfall in hours should be made up in agreement with the Ward/ Department Manager. Staff will not suffer any loss of pay as a result of attending required training.

Sickness Management

All employees must adhere to the Trust's Sickness Management Policy.

All employees are required to notify their sickness absence to the person in charge of the ward/ team/ department in accordance with the local procedure for the area. Please refer to the Sickness Management Policy for further detail.

All instances of sickness must be entered and also closed immediately on the roster and extended as necessary when further communication is received. This is essential to ensuring it is clearly and easily visible to Matrons and other Senior Staff entering the

ward/ team/ department which staff are currently
working or will be working the next shift. Guidance can be found on the HR Staff Hub -
http://liverpool-hr.nhs.sitekit.net/working-with-us/.

If days off follow on from the shifts a staff member has reported sick for, the Ward/ Team/ Department Manager must be kept informed of recovery and unless notification is received that the staff member is fit to work the rostered days off will be reclassified as sick leave on the roster.

All communication between the manager/deputy/senior staff member must be documented on the roster.

For employees returning to work on a phased basis all contracted hours must be accounted for and documented on the roster. For more information on Phased Return to Work please see the Trust's Sickness Management Policy.

Time Owing/ Lieu Time Management

The majority of wards/departments/ teams operate a time owing or lieu time system for managing additional time worked.

The following principles apply to the management of time owing/ lieu time:
- Time owing/ Lieu time should only be accrued for genuine service reasons, i.e., an over-run clinic or theatre list or as a result of a service lead shift pattern.
- Time owed in lieu may be recorded for any additional period in excess of 15 minutes worked to a maximum of 11.5 Hours.
- Additional time worked must be recorded on to Healthroster, on the electronic roster.
- All time owing must be approved by the Ward/ Team/ Department Manager or their nominated deputy.
- Any time claimed back, must be authorised, and recorded on the roster by the Ward/ Team/ Department Manager or Roster Coordinator.
- Time owed must be taken within 3 months of being accrued.
- Any hours owed to the Trust from regular shift patterns must be accumulated to provide cover for a full additional shift.
- Employees should not accrue more than a standard working shift either owed to them (-) or the Trust (+).
However, in exceptional circumstances this may be exceeded.
- Staff with available hours should be rostered to work ahead of temporary staff and staff working overtime.

New Staff

New clinical members of staff have a supernumerary period; the length of this should be determined by each service area.
New clinical staff should not be expected to take charge of a ward/ team/ department for at least 2 weeks.

Newly qualified clinical staff should work with their preceptor/mentor during the supernumerary period, to ensure that their induction is completed, and objectives are planned. After this they should plan to work with their preceptor/mentor 1-2 times per week to complete objectives and competencies.

Escalation

Serious issues with rosters which could impact on the safe provision of patient care must be escalated by Matron to the Divisional Director of Nursing, Divisional Director of Operations, or Head of Division.

Examples of serious concern include:
- Inability to continue staffing emergency beds.
- High levels of staff sickness
- High levels of staff on maternity leave
- High vacancy levels.
- High level of unfilled requests for additional temporary staff (bank/agency)

There is structured escalation process regarding roster creation and approval. All rosters must adhere to the Roster Production timetable at all times.

Key Performance Indicators

The key performance indicators (KPIs) for this policy, which relate to both roster creation and approved roster performance / effectiveness are:

Clinical Governance Indicators
- Number of Unfilled Duties
- Compliance with Roster Approval Process
- Number of Temporary Staff shifts requested for night or weekend shifts.

Financial Indicators
- Roster Template vs. Agreed Establishment Model
- Roster Cost vs. Budget.

Roster Effectiveness Indicators
- Number of additional duties and reasons for them
- Number of differences from approved roster to actual worked roster
- Sickness levels (<4.5%)
- Annual Leave allocation (11%-17%)
- Study Leave/training (<2%).

Establishment
- Number of Contracted Staff (WTE) vs Requirement (WTE)
- Number of Vacancies in establishment vs Requirement (WTE)
- Contracted Hours (Staff should not owe or be owed more than 11.5 hours).

Roster Fairness Indicators
- Number of rostering rules broken.

European Working Time Regulation (EWTR) Compliance
- Number of EWTD breaches within the roster period.

Key Measures of success for Roster Approval

- The percentage of unfilled shifts should be below 15%. If this is not the case the roster should not be approved unless of mitigating circumstances.
- Each Staff member must not owe or be owed more than 11.5hrs, the roster will not be approved until this is the case.
- Annual Leave levels must be between 11% – 17% for both Registered and Unregistered staff.
- Rosters must be approved according to the timetable, failure to do so would result in areas being held to account according to the Escalation process highlighted below.
- Staffing levels must be evenly distributed across the Roster Period but with a focus on the unsocial times.
- Bank and Agency usage should be decreasing, unless mitigating circumstances can be evidenced.

4. Exceptions

No exceptions.

5. Training

User Guides will be available on the Staff Hub http://liverpool-hr.nhs.sitekit.net/working-with-us/bank-and-agency.htm

6. Monitoring of compliance

Minimum requirement to be monitored	Process for monitoring e.g. audit/ review of incidents/ performance management	Job title of individual(s) responsible for monitoring and developing action plan	Minimum frequency of monitoring	Name of committee responsible for review of results and action plan	Job title of individual/ committee responsible for monitoring implementation of action plan

7. Relevant regulations, standards and references

Relevant policies:

Safe Recruitment & Selection Policy
Safe Employment Policy

Sickness Management policy
ACAS Code of Practice for Disciplinaries and Grievances

8. Equality, diversity and human right statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This SOP should be implemented with due regard to this commitment.

9. Legal requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).

Appendix 1: Equality impact assessment

Title	AfC Roster Policy
Strategy/Policy/Standard Operating Procedure	Policy
Service change (Inc. organisational change/QEP/ Business case/project)	N/A
Completed by	Alison Terry
Date Completed	June 2023

Description *(provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)*

Who will be affected *(Staff, patients, visitors, wider community including numbers?)*
All staff who undertake bank shifts within the Trust

The Equality Analysis template should be completed in the following circumstances:
- **Considering developing a new policy, strategy, function/service or project(Inc. organisational change/Business case/ QEP Scheme);**

- **Reviewing or changing an existing policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme):**

  - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required and the EIA review date should be set at the date for the next policy review;
  - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required;
  - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff numbers and demographics, local consultations or direct engagement activity. You should also consult available published research to support your analysis.

Section 1 – Initial analysis

Equality Group	Any potential impact? Positive, negative or neutral	Evidence *(For any positive or negative impact please provide a short commentary on how you have reached this conclusion)*
Age *(Consider any benefits or opportunities to advance equality as well as barriers across age ranges. This can include safeguarding consent, care of the elderly and child welfare)*	Neutral	
Disability *(Consider any benefits or opportunities to advance equality as well as impact on attitudinal, physical and social barriers)*	Neutral	
Gender Reassignment *(Consider any benefits or opportunities to advance equality as well as any impact on transgender or transsexual people. This can include issues relating to privacy of data)*	Neutral	
Marriage & Civil Partnership *(Consider any benefits or opportunities to advance equality as well as any barriers impacting on same sex couples)*	Neutral	
Pregnancy & Maternity *(Consider any benefits or opportunities to advance equality as well as impact on working arrangements, part time or flexible working)*	Neutral	
Race *(Consider any benefits or opportunities to advance equality as well as any barriers impacting on ethnic groups including language)*	Neutral	
Religion or belief *(Consider any benefits or opportunities to advance equality as well as any barriers effecting people of different religions, belief or no belief)*	Neutral	
Sex *(Consider any benefits or opportunities to advance equality as well as any barriers relating to men and women eg: same sex accommodation)*	Neutral	
Sexual Orientation	Neutral	

(Consider any benefits or opportunities to advance equality as well as barriers affecting heterosexual people as well as Lesbian, Gay or Bisexual)		

If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address.

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.

Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

Is what you are proposing subject to the requirements of the Code of Practice on Consultation?	**Y/N**
Is what you are proposing subject to the requirements of the Trust's Workforce Change Policy?	**Y/N**
Who and how have you engaged to gather evidence to complete your full analysis? (List)	
What are the main outcomes of your engagement activity?	
What is your overall analysis based on your engagement activity?	

Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the Risk Register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

Section 4 – Organisation Sign Off

Name and Designation	Signature	Date
Individual who reviewed the Analysis		
Chair of Board/Group approving/rejecting proposal		
Individual recording EA on central record		

Role	Responsibility
Employee	- Will make all reasonable efforts to support effective e-rostering by requesting those shifts which would support them to have an appropriate work life balance - Are entitled to make up to 6 shifts or day off requests (pro-rata) per 4 week roster period via Employee online _(see table below)_ - Whilst the Ward Managers/Unit/Department Manager will be flexible in trying to accommodate as many requests as possible, patient needs, service requirements and equity for other staff members must be taken into account - Fixed shift patterns are not considered as requests but must be part of a formalagreed flexible working pattern for review regularly and at least on an annual basis - Staff should ensure that they appropriately plan their annual leave and study leave to ensure that they maintain their skills and receive sufficient rest throughout the year. However, employees are reminded that requests for annual leave and study leave are requests until they have been approved no bookings or arrangements should be made until or unless their request is formally approved - Request all annual leave prior to the roster being closed to requests - May not carry over annual leave unless approved in accordance with annual leave policy via Employee on-line indicating whether high or low priority. - Change their off duty post publication only by a fair swap which should be made by consent with another member of staff of the same grade and competency that meets the Ward or Department Manager's approval. - Undertake any shift in line with contractual terms including working long shifts, short shifts, nights and weekends - Abide by the Working Time Regulations which require: - If the maximum working hours is 48 hours per week

Contracted Weekly Hours	No of Requests per Roster Period
From 0-12	1
From 12.1-22	2
From 22.1-32	4
Over 32.1	6

	averages over 17 weeks, staff are able to opt out of this limit. • Staff who have opted out of the 48 hours per week limit will be able to work up to 56 hours per week over a 17 week period at which point the system will block further shifts until the average falls below 56 hours; this will be closely monitored and all opt-outs will be risk assessed from a health and wellbeing perspective (the WTD opt-out process and form is available on the HR Staff Hub - http://liverpool-hr.nhs.sitekit.net/working-with-us/) • A rest period of 11 hours in each 24-hour period unless compensatory rest is provided as soon as is practicable • Uninterrupted rest period of 35 hours (including the 11 hours daily rest) in a 7- day period or averaged over 2 weeks • Rosters are produced following the guidelines in this policy therefore any verbal abuse/ aggression from staff aggrieved by a rostering related issue towards those responsible for rostering will not be tolerated.
Line Manager	• Ensuring policy implementation and compliance within their ward or department including ensuring all staff are aware of the standards • Updating and communicating to staff on the ward/unit the local standards, creating the staff roster and approving the roster (first line approval), in line with the roster KPI's ensuring that rostered staff capacity matches the expected acuity of patients • Adhering to the deadlines within the annual roster calendar • Ensuring the roster is an accurate, current and maintained record of what has been worked; this must include details of all bank and agency staff who work in the ward/department and recording sickness and other absences and updated daily • Ensuring that their expenditure does not exceed the allocated budget in their ward/unit, unless there is an audit trail of approval for additional staffing for patient safety • Maintain the safe staffing of the ward/department as roster manager • 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 deliver safe care or escalate in accordance with policy • Ensure that there is a suitably experienced, substantive staff member in charge on each shift • Oversee the fair and equitable allocation of annual

	leave and study leave • Approving and managing requests for leave in accordance with the Trusts policies • Considering all roster requests from staff, ensuring fairness and equity in working patterns • Monitoring those factors which impact on staffing levels, e.g. sickness, occupancy rates and manage these appropriately • Requesting approval of additional duties in excess of the funded establishment from theMatron • Identifying training needs in relation to the development of rosters for themselves and their team including roster creators • Review agreed fixed shift or flexible working requests on an annual basis, to ensure needs of the service continue to be met, in light of agreed working patterns • Ensuring that consideration is given, to staff who are being managed under any applicable policies such as sickness, to not authorising additional hours/bank work as the additional hours may be contributing to the underlying problem; there should not be an 'automatic ban' on working additional hours following a period of sickness absence but each case should be considered in terms of its appropriateness in relation to the absence levels and health and well-being of the employee concerned • Ensure that any accrued deficit/excess of time worked is addressed within two rostercycles of the deficit/excess occurring
Matrons/Department Managers	• Ensuring policy implementation and compliance within their area of responsibility • Reviewing all rosters for their area of responsibility, challenging patterns of rosteringwhere required prior to final approval • Ensuring the rostered staff capacity matches the needs of the service and acuity of patients where appropriate • Support the Ward manager / first approver with serious staffing issues which could impact patient care such as staffing escalation beds, high absences, high vacancy levels, high levels of temporary requests • Monitoring and approving (second level sign off) the roster and escalating any concerns to their Divisional Nurse/relevant Director prior to sign off • Approving and overseeing the recording of any additional duties which are created over and above a given areas shift demand template • Providing guidance and support to the Ward/Department Manager or designated person in

	the creation of duty rosters, using the Roster Analyser and KPI's as a reference and ensuring compliance with the roster rules • Adhering to the deadlines within the annual roster calendar (available via the HR Staff Hub) • Ensuring that arrangements are made with their matron/manager colleagues for covering their leave to ensure rosters are approved for payroll as required and made ready for publication on the wards/department areas as per the roster calendar • The implementation of an early intervention and recovery plan for wards/departments which are failing to meet the agreed KPI's • Completing KPI audits with Ward/area Managers and ensuring the development and implementation of appropriate action plans to ensure patient safety and quality of care at all times • Ensuring that wards/departments are operating within their budgetary constraints • There must be escalation to the relevant DDN/Director for additional staffing in the case of patient safety • Reviewing and monitoring any agreed flexible working agreements within a given area ensuring required review periods are included
Workforce Utilisation Team	• Ensure systems administration for the Allocate e-roster system is undertaken • Ensure training and user support for Allocate e-roster systems is available • Ensure that all 'auto-roster' templates reflect only appropriately authorised patterns ofwork • Ensure a Roster Calendar is produced annually • Supporting Divisional teams with the creation of safe, fair and equitable rosters • Liaison with the software providers of our e-roster solutions to ensure best usage and best value.