Staff Rostering Procedure
(Staff on Agenda for Change Only)

Ref: HR-0037-v5

Status: Approved
Document type: Procedure

Contents

1 Introduction

The Trust is committed to ensuring that the rostering process is fair and transparent as possible without prejudice to either staff or the patients whose care we strive not to compromise in any way.

Staff rosters are one of the fundamental systems used to plan the delivery of care to our patients. It is therefore essential that they are drawn up in a timely and appropriate manner, maximising the benefits for patients and without incurring any unnecessary expenditure. For staff to be able to achieve a good work life balance, rosters must be drawn up giving maximum notice and taking reasonable account of the needs and wishes of individual members of staff.

Good, fair and equitable rostering is necessary to contribute to the achievement of the Trust's Vision and Values. All people using our services as well as our staff have a right to expect the best possible support from the Trust. To do this we must ensure that work is distributed appropriately and fairly with the right people with the right skills in the right place at the right time. This must be based on the people using our services.

> ⚠️ This document is to provide the principles upon which all working patterns must be based.

This procedure is critical to the delivery of OJTC and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This procedure supports the trust to co-create a great experience for all patients, carers and families from its diverse population by providing framework of staff deployment that enable us to deliver the right staff with the right skills at the right place and time to deliver outstanding and compassionate care all of the time.
- This procedure supports the trust to co-create a great experience for our colleagues by ensuring that all staff are deployed and managed effectively to ensure that the right support and leadership is both visible and available at all times.

2 Purpose

Following this procedure will help the Trust to:

- provide good, fair, and equitable rostering.
- ensure that the rostering process is fair and transparent as possible without prejudice to either staff or service users.
- ensure that work is distributed appropriately and fairly with the right people with the right skills in the right place at the right time.
- minimise clinical risk associated with the level and skill mix of staffing levels.
- ensure safe / appropriate staffing for all departments using fair and consistent rosters.
- improve the utilisation of existing staff and reduce bank, agency and overtime spend by giving Ward Managers and Senior Managers clear visibility of staff contracted hours and availability.
- improve monitoring of sickness absence by department / ward and / or individual, generating comparisons, identifying trends and priorities for action.
- improve planning of clinical and non-clinical unavailability working days (e.g., annual leave, sickness and training).
- provide effective management of staff.

3 Who this procedure applies to

We use rosters to ensure services provided are safe, fair, effective and efficient as well as meeting with the Working Time Regulations and other legislative requirements.

All staff in the Trust should consider these guidelines regarding rostering and deployment of their staff, however this is specifically relevant to staff who are on or using the Trust electronic roster software system.

> ⚠️ All rostered staff (not just those working a variable shift pattern) across the Trust and will assist in the production of rosters based on funded establishments as agreed in budget setting.
>
> It should be used by Service Managers / Modern Matrons / Ward Managers in the development of local protocols on safe staffing.

4 Related documents

This procedure describes what you need to do to implement the Staff Rostering section of the During Employment Policy.

> ⓘ The During Employment Policy defines principles which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- Staff Health, Wellbeing and Attendance Procedure
- Travel and Subsistence Policy
- Staff Development Policy
- Flexible Working Procedure
- Safe Staffing Escalation Procedure (Inpatient)
- Safe Staffing Escalation Procedure (Community)
- Annual Leave Guidance
- Local Anit-Fraud, Bribery and Corruption Policy

5 Roles and Responsibilities

Role	Responsibility
Chief Executive and Trust Board	The Chief Executive and Trust Board have overall responsibility for ensuring that an adequate and effective process for providing efficient rostering is delivered throughout the Trust.
Executive Directors Group and Care Group Directors	Are accountable to the Trust Board for ensuring Trust Wide compliance with this procedure
General Managers, Service Managers	Are responsible for implementing the rostering procedure within their areas and ensuring compliance with the procedure.

Lead Nurses, Matrons and Ward and Department Managers	Are responsible to the heads of service and operational service managers for implementing the policy at a local level and ensuring compliance with the rostering procedure.
Ward Managers, Department Managers or Deputies	Are responsible for ensuring that rosters are produced in line with the Trust Rostering Procedure
All rostered employees	All Trust employees are responsible for ensuring that they are familiar with the Trust Rostering Procedure, understanding both the expectations and implications. The procedure should also clearly set out the criteria set

Manager responsibility – Managers have responsibility to ensure that rosters are produced and working in accordance with this procedure. Please refer to the table below that outlines the responsibilities of managers and senior managers.

Responsibilities	Manager	Senior/ Service Manager
Responsible for implementing the procedure at local level	✓	
Prior to annual roster review and agree staffing levels and skill mix required per shift per day. Information should be agreed and signed off by the service management team, nursing and governance representative and finance.	✓	✓
Regular review of all current personal patterns and any flexible working arrangements. Only formally agreed flexible working agreements will be implemented into the system; this may include for example requests which are as a result of a reasonable adjustment request.	✓	✓
Any requests for flexible working should be considered using a trial period initially, this should be reviewed, and a decision made as to whether this is then made permanent. This however may not apply to some requests due to reasonable adjustment.	✓	✓
Produce the roster and ensure that expenditure does not exceed the agreed budget for the team / ward, unit and departments.	✓	✓
Responsibility for authorising any changes even if she / he do not undertake the task of producing the roster.	✓	
Responsibility to maintain and amend rosters with unavailability shifts e.g., sickness, absences etc.	✓	

Ensure compliance with Annual Leave parameter across the year i.e., 11% - 17% for qualified and 11% - 17% for unqualified. This will ensure that budgets are maintained within the headroom tolerance.	✓	✓
Ensure all relevant staff attend appropriate training to enable the electronic rostering system to work effectively.	✓	
Ensure rosters are approved in line with the rostering calendar	✓	✓
Ensure that managers are producing rosters with a minimum of 6 weeks' notice for staff.	✓	✓
Ensure compliance with agreed maximum number of requests for each roster period i.e., for a full-time person working long days this would equate to 4 requests in a 4-week period (Appendix 3).	✓	
Working rosters should be amended to reflect what has been worked in 'real time' to ensure accurate payment and management information	✓	

⚠️ **Individual staff members** are responsible for adhering to the principles as outlined in this procedure.

6 Key Themes

6.1 Flexible Working

The Trust supports the principles regarding work life balance and flexible working. However, this should be set against the need to ensure safe levels of staffing to maximise the quality of patient care and reduce clinical and non-clinical risk.

Achieving adequate staffing numbers and appropriate skill mix is the main priority as is having the right people, in the right place at the right time delivering high quality care.

Therefore, managers are able to decline requests if the service cannot support them and any individual request should be considered using a trial period initially; this should be reviewed, and a decision made as to whether this is then made permanent.

⚠️ The Trust's Flexible Working Procedure should be followed for any flexible working application. Flexible working practices will be at the discretion of the senior nurse / managers unless otherwise stipulated as part of a reasonable adjustment request.

6.2 Working Time Regulations / Opt Out

It is the responsibility of ALL employees to ensure compliance with WTR. Further information regarding WTR can be found in section 27 (part 4) Employee Relations of Agenda for Change (AfC) for Working time Regulation requirements. The key requirements for Working Time Regulations are highlighted below.

- Every shift exceeding 6 hours must include at least 20 minutes unpaid break.

- Breaks cannot be taken at the beginning or end of a shift as their purpose is to ensure that staff take rest time during the shift.

- Staff should not work more than an average of 48 hours per week over a 17-week reference period. This total includes hours worked in all employment including bank, overtime and agency, whether for the Trust or any other employer.

- All staff who secure additional employment internal or external to the Trust must declare this and complete the form DECLARATION OF ADDITIONAL EMPLOYMENT INTERNAL/EXTERNAL TO TEES ESK AND WEAR VALLEYS NHS FOUNDATION TRUST. A copy is attached as Appendix 4

- All members of staff who wish to exercise their right to opt out of the 48-hour working limit must do so in writing using the Trust Opt out Form (Appendix 5). Staff members who formally opt out of the 48-hour working limit must not exceed 60 hours per week over a 17-week reference period (Managers to be alerted at 50 hours).

- Members of staff who do not wish to opt-out will not suffer any discrimination

- Under the WTR night staff cannot opt out of the 48-hour maximum. Night staff are defined in the WTR as:
  - if you regularly work for at least three hours during the night-time period either:
    - on most of the days you work
    - on a proportion of the days you work, which is specified in a collective or workforce agreement between your employer and the trade union often enough to say that you work such hours on a regular basis (e.g., a third of your working time could be at night, so you would be a night worker)

- Night workers' "normal hours" should not exceed more than an average of 8 hours per night over a 17-week period. However, there are exceptions and, subject to the provision of compensatory rest, the night work limits do not apply in the circumstances listed below. An example is given in Appendix 6.

- Where there is a need for continuity of service or production e.g., health care; work at docks and airports; press, radio, television etc.; gas, water and electricity

production; industries in which work cannot be interrupted on technical grounds; research and development activities, the carriage of passengers on regular urban transport services

- Where there is a foreseeable surge of activity

- Where the worker's activities are affected by an unusual and unforeseeable circumstances/exceptional events, or an accident or the imminent risk of an accident.

- Where the worker is engaged in security and surveillance activities and a permanent presence is required

- Working Time Regulations states a minimum daily rest period of 11 hours between shifts and a rest period of 24 hours in each 7-day period. However, while this is good practice and should be considered in the generation of rosters there are a number of special circumstances in which the entitlement to rest periods does not apply, for example, where the activities involve a need for continuity of service or production or where there is a foreseeable surge of activity. Also, if a shift worker changes shift, it may not be possible for them to take their full rest entitlement before starting the new pattern of work. In such a case the entitlement to daily and weekly rest does not apply.

6.3 Skill Mix and Shifts

Each area has an agreed funded establishment. Minimum staffing levels (number of WTE staff) and skill mix (combination of grades, competencies, and any specific requirements i.e., gender) by shift and by day must be agreed and reviewed in light of any significant change to the ward / team / department function but at a minimum on an annual basis linked to budget setting. It is advisable that a 6 monthly review should be considered and undertaken where appropriate.

- Where there is a requirement to change the budgeted establishment, skill mix or shift patterns, you should adhere to the process outlined in section 7.

- In areas where the workload is known to vary due to several factors e.g., clinical risk etc., staff numbers and skill mix should reflect this.

- The off duty of senior staff must accommodate both ward / team and management requirements e.g., need to attend meetings etc.

- Ward / Team Managers should only work weekends with prior approval from Line Manager or for a specific reason e.g., ad hoc supporting and supervision of staff.

- Ward / Team Managers must generally be available Monday to Friday.

- Ward / team Managers should not be routinely rostered on night shift

- In clinical areas there should be a designated nurse in charge who has been identified as having the required skills and competencies.

- Student nurses should be rostered with their mentor as much as possible, meeting University guidelines. If their mentor is unavailable, an associate mentor should be allocated.

- Shift patterns should maximise staff rest time wherever possible e.g., staff should have 2 consecutive days off each week.

- Consideration should be given to flexible working; however, this needs to be fair and equitable to all staff. Reasonable adjustment may need to be considered in these considerations.

- Staff may be required to work a variety of shifts and shift patterns as agreed by their manager. All staff with 24 hour working contracts should work nights, unless by prior agreement involving their line manager, HR and occupational health, if required.

- There will be no contracted permanent night working in order to fulfil mandatory requirements for training and to ensure an appropriate level of clinical skills.

- Staff may work short, standard or long shifts or a combination of all in order to meet clinical or occupational health requirements. Variations to these shifts may be worked but must be agreed with the Manager. A written record of the shift agreement will be kept for variations in shifts and will be reviewed annually by the Manager in line with the Flexible Working Policy.

- The maximum number of consecutive standard day shifts for staff to work is 7

- The maximum number of consecutive long days for staff to work is 4

- Night shifts should be kept together where possible with no more than 4 consecutive night shifts being allocated to a staff member.

- There should be a minimum of 1 and preferably 2 days off after being rostered for night shifts. This would commence on the day after finishing the night shift e.g., if the night shift finished at 8am on the Monday, the days off would commence on the Tuesday with potential to commence work again on the Wednesday if only 1 day off given.

- Individual areas to adhere to locally agreed shift patterns

6.4 Long Days (>10 Hours)

In areas where long days are worked:

- Within a long day that is greater than 10 but less than 12 hours there must be appropriate breaks of not less than 1 x 20 minutes which must be taken following 6 hours worked.

- When hours worked exceeds 12, breaks totalling a minimum of 40 minutes must be incorporated which may be allocated in slots during the course of the shift. The breaks must not be taken at the beginning or end of the shift.

- In clinical areas the nurse in charge will allocate and negotiate break times at the commencement of each duty. It is proposed that the service would have break slots across the day which staff would be allocated to. Every attempt will be made to accommodate breaks. It will only be for exceptional clinical reasons that breaks cannot be taken. Where this has occurred, this will be noted on the roster and compensatory time given.

6.5 Staff Unavailability

Following implementation of Electronic Rostering the processes for staff requests outlined below will apply.

- The Trust expects managers to be sensitive to the cultural and wellbeing needs of staff and supports flexible working and a good work life balance. However, staff need to be aware that requests may not always be granted, and service needs will take priority.

- For areas which are not currently using Electronic Rostering, the process of requesting shifts and annual leave can be locally determined e.g., request book, however the following principles should be included:
  - Systems for staff to request shifts should be available for a minimum of 4 weeks in advance to ensure fairness for all staff.
  - Requests will be considered in light of service needs to a maximum of 6 requests for staff on short shifts and 4 requests for staff who work long shifts.
  - Requests for popular periods (Bank Holidays and School Holidays) should be considered equitably.
  - Personal patterns are not to be considered as requests
  - Requests for flexible working patterns will be considered in accordance with the Trust's Flexible Working procedure unless it relates to a reasonable adjustments request and in which case it will be considered under the Workplace Adjustments procedure.

- To ensure fairness of the roster the system will show where shifts have been requested, this will give the ward / team manager and employee the ability to ensure that fairness has been applied to all requests made.

- All annual leave must be booked using the Employee on-line rostering system, where available.

- For Staffside representatives whose role involves the allocation of shifts on electronic rosters they will not be expected to utilise their 4 requests for Staffside duties. This will require agreement with individual's line manager. The electronic rosters should be updated and categorised as "unavailability" - "working day" - "Staffside duties".

7 Procedure

7.1 Principles for Producing a Roster

When producing a roster, you must include the following principles:

- All duty rosters should be hours based e.g., for full time staff this equates to 150 hours over a 4-week period. This is pro rata for part time staff.

- Due to the various shift patterns in operation across the Trust it may not be possible to allocate the 150 hours exactly over a 4-week period. Where this occurs individuals should not be more than 1 shift length over or under the 150 hours.

- An approved duty roster should be published at least 6 weeks in advance using electronic roster where implemented and in accordance with the roster calendar.

- A working roster should cover a period of 4 weeks

- All ward's / department's / teams' rosters must commence on a Monday

- Permanent staff contracted hours must be used to cover as many different shifts as possible. This will help to ensure that temporary workers, if used, are working with regular staff.

- The roster must reflect the skill mix and number required and should not include staff or skills over the required level where this may cause shortfalls on other shifts or the need for temporary workers. Senior staff should not be on duty together except where necessary.

- The roster must identify the nominated nurse in charge on each shift.

- If for some reason this is unable to be recorded on the electronic roster system for the individual to be allocated as "nurse in charge", but the individual is currently deemed to meet the requirements to fulfil the "nurse in charge" role, a duty note must be added to provide assurance that they have both accepted the requirements of this role and have fulfilled it for this particular shift.

- Reasons why the system might prevent the shift being allocated include:

  o Agency nurses –cannot be given the "skill" of nurse in charge in the current electronic roster system - these staff are to be signed off and recorded manually as having the skill

  o Registered Nurses currently within preceptorship period

  o Human Resource procedures or outcomes

  o Occupational Health reasons

- All shifts should be equitably allocated to all staff in accordance with their contract of employment and the Trusts Flexible Leave Procedure

- Only once all permanent shifts have been allocated, other shifts should be made available for nurse bank coverage. The Trust's nurse bank, agency, overtime protocols should then be followed to fill any gaps.

- Rules relating to all types of leave, most importantly annual leave, study leave, and Working Time regulations should be adhered to as set out in this policy and other Trust policies.

- Any additional hours created are to be used in exceptional circumstances i.e., enhanced observations etc. and that additional duties are not used to cover any item that is ordinarily defined within the headroom of the ward budgets e.g., annual leave, training, sickness etc.

- When compiling a roster, the relevant Ward / Team Managers or nominated deputy will undertake the monitoring of each wards / team roster upon completion, produce analysis reports (utilising the functionality of the electronic solution) and approve all shifts where temporary workers are requested.

- If any of the staff are working non-standard start or finish times this should be recorded on the roster to ensure and accurate record is made of staff movement and to avoid misinterpretation.

- When compiling a roster, the relevant Ward / Team Managers or nominated deputy must ensure that all hard to fill shifts or high priority shifts are filled first with substantive staff.

7.2 Staff Changes to the Roster

⚠️ All staff changes to a published roster should be kept to a minimum to avoid disruption to shift patterns and to minimise the impact on patients

- Staff wishing to alter their roster should, in the first instance, attempt to swap shifts with other appropriate team members. Changes should be made with consideration to overall skill mix of all shifts being exchanged.

- All changes requested by staff must follow the principles outlined in the staffing and skill mix section and be authorised by either the Ward / Team Manager or designated deputy before the start of the shift and should not result in overtime, bank or agency usage. Only in exceptional circumstances can changes be made and retrospectively approved by the ward / team manager or deputy.

- Following publication of a roster, a manager should only change a staff member's shifts if it is reasonable to do so and following consultation with the member of staff. It would be deemed reasonable if service need has dictated this and reasonable notice has been given.

- When there are unforeseen circumstances, i.e., a member of staff going off sick at short notice, the Ward / Team Manager must take the following steps and consult the Trust safe staffing escalation procedure if required (please see section 7.3) to secure appropriate cover (this may not always be for the whole shift):
    1. Reconfigure roster utilising additional resources from other areas.
    2. Request a full-time member of staff to work additional hours and take time owing at a later date.
    3. Request a part time member of staff to agree to stay on and work additional hours (ensuring this does not exceed 37.5 hours).
    4. Secure bank worker via central bank services or associated procedures
    5. Following agreement from the ward / team manager, a member of staff will be asked to work additional hours as overtime this should be paid in line with Agenda for Change Terms and Conditions.
    6. Following agreement from the ward / team manager, request agency cover (if appropriate).
- The senior staff must authorise any additional hours that are granted as overtime. Only in exceptional circumstances can overtime be agreed and retrospectively approved by the senior staff.
- If staff are allocated to a student, they should not change their shift without ensuring the student either changes with them or is allocated to another suitable member of staff, and that this is identified on the roster.
- All staff must be made aware that they may at times be requested to move temporarily within the Trust to cover unfilled shifts e.g., sickness absence. In these circumstances the Trust Travel Policy will apply.

7.3 Staffing shortages and Escalation

When staffing shortages are identified due to either staff absence, patient acuity or any short-term situation the appropriate Safe Staffing Escalation Procedure (Inpatient) or Safe Staffing Escalation Procedure (Community) should be followed which are located on the Trust intranet.

> ⚠️ All staff moves as a result on an escalation must be recorded on the electronic Health Roster

7.4 Unavailabilities

7.4.1 Annual Leave

⚠️ All ward / team Managers must draw up or review local procedures following consultation with their staff team for the agreement to, and allocation of, annual leave in line with this policy.

Annual leave is to be used within the context of the Agenda for Change Terms and Conditions of Service. The Trust's annual leave period is identified as 1st April to 31st March.

- The following minimum standards must be attained:
    - The annual leave entitlement for clinical staff will be calculated in hours.
    - Any annual leave taken will be calculated on an hourly basis for each day taken.
    - No holiday bookings should be made until the line manager has sanctioned the annual leave request using the electronic Health Roster.
    - Please note, annual leave is deducted from the staff member's entitlement if annual leave is taken when on sickness absence – please refer to the Staff Health, Wellbeing and Attendance procedure, and consult with your local HR representative for further details if required.
    - Annual leave for those working nights will commence following the individuals rest period i.e., if the last night shift finishes at 6am on the Monday, the Tuesday would be classified as the rest period and annual leave would commence on the Wednesday.
    - Depending on local requirements all annual leave should be submitted and recorded in electronic Health Roster prior to the commencement of the annual leave year, with 20% allocated to each quarter. Staff should retain 1 week or 20% of their entitlement for emergency situations.
    - Permanent staff should request and take 80% of their annual leave entitlement across the annual leave year. This should be managed using the financial quarters of approximately 20% per quarter except:
        1. By prior arrangement with the line manager
        2. Due to the needs of the service
        3. As a result of prolonged period absence from the workplace
        4. Other exceptional circumstances e.g., suspension
- Annual leave must be booked, approved, or cancelled before a roster is produced and published.
- If a member of staff needs to delay or amend an annual leave booking this will be considered, taking into account local service needs, provided it does not incur extra expenditure.

- Senior staff are responsible for ensuring that the total amount of leave taken by staff each week falls within the band of a minimum of 11% to a maximum of 17% and should also reflect staffing and skill mix (see annual leave algorithm at Appendix 7)

- Each ward / team Manager is responsible for calculating the number of qualified / unqualified staff who must be given annual leave in any one week ensuring the 11-17% tolerance. An agreed number should be explicit and adhered to. Staff should be aware of the need to maintain this number throughout the year in order to effectively manage the workforce to meet service need. Should the number not be met by ways of request, the ward / team Manager will allocate leave following discussions with the staff concerned.

- Requests for religious or cultural festivals should be agreed and Staff should be notified if their request has been approved with a minimum of 8 weeks in advance. Ward / Team Managers must be sensitive to the cultural needs of staff. However, staff should be aware that requests may not always be granted. If annual leave is granted on a weekly basis over busy holiday periods, then bookings must be considered taking account of local service needs, staffing and skill mix and authorised only if it does not incur extra expenditure.

- If a member of staff would like to celebrate a religious holiday other than Christmas or Easter and requests annual leave or asks not to be rostered on this day, or volunteers to work Christmas or Easter in order to be able take annual leave or not to be rostered on another religious holiday, every effort should be made to accommodate these requests.

- Quarterly reviews of outstanding leave for each member of staff should be made by the ward / team Manager to avoid accumulation of untaken leave.

- A maximum of two weeks continuous leave can be booked together unless an application to the ward / team Manager has been made under special circumstances.

- Staff who, unless by prior agreement, do not book their leave in conjunction with the policy will be informed by the ward / team manager that it will be automatically allocated to avoid a high percentage of annual leave outstanding at the end of the leave year.

- It may not be presumed that all annual leave for new starters will be honoured. This will need to be negotiated to ensure clinical requirements are met.

- The total amount of leave to be granted should not be increased because of difficulties and cost of obtaining temporary workers. Discussions between those requesting school holidays off are encouraged so that each member of staff has an equal chance of being granted leave.

- Local procedures must state how annual leave is to be allocated when there is more than one request for the same period. The ward / team manager should make their objective decision following discussions with the staff concerned, taking all factors into account.

- The 2-week period covering Christmas and New Year must be defined for the service in terms of how this will be managed in terms of rostering and annual leave management. This will form the basis of a local agreement, where this is in place this must be adhered to.

- Managers to ensure rosters are fully approved prior to the closing date for payroll usually 3pm on the 6th of each month.

7.4.2 Unsocial hours / Time Owing

- Unsocial hours will be paid in accordance with Agenda for Change terms and conditions

- Time owing occurs when there is an unplanned requirement to extend the length of the shift. This should be recorded as time owing on the roster.

- As an alternative to overtime staff are able to request and accrue time off in lieu (time owing) for hours worked in excess of their contracted hours. However, time off in lieu of overtime payments will be at plain time rates.

- Any time over/above shift times should be authorised by the nurse in charge and recorded.

- Any time claimed back must be recorded on the off duty and signed for by the nurse in charge (clinical areas).

- Local procedures should be in place for the process of authorising time owing which should be taken by joint agreement and should reflect principles outlined in this policy.

- Retrospective agreement will only be given where there was a clear and urgent service need. In either case the reasons must be recorded and signed by both the nurse in charge (clinical areas) and the staff member concerned. A record should be made on the electronic Health Roster.

- Ward / team Managers must ensure that no more than 15 hours' time owing either way is allowed. In the event of accumulating time owing in excess of 15 hours, this must be authorised by the ward team manager or deputy at the first possible opportunity.

- Hours agreed above 15 hours should be taken within 3 months and any difficulties in achieving this must be brought to the attention of the ward / team Manager or nominated Deputy. Ward / team Managers may not unreasonably refuse to allow time off in respect of time owing, however where this is unavoidable it will not result in any loss of hours. Ward / team Managers must confirm in writing the reasons for any decision made relating to this.

- Staff unable to take time owing within three months for operational reasons must be paid at the overtime rate in line with section 3 Agenda for Change Terms and conditions. If a staff members requests for time owing are not met due to operational reasons the time owing can be allocated by the Manager.

- Booking of time-owing should follow the same principles as for annual leave in that it should not incur unnecessary expenditure.

7.4.3 Overtime

- Agenda for Change (AfC) Terms and Conditions defines overtime as any extra time worked in a week, above standard hours. Part time employees will not be entitled to overtime until they exceed the standard hours of 37½ hours a week. For those staff working a defined shift pattern the full-time hours worked will be over a defined reference period.

- If a shift has been allocated to a member of staff which is over and above their contracted hours and is planned; this should be recorded as overtime. Staff may request to take time off in lieu as an alternative to overtime payments but this will be at plain rate.

- All staff in AfC pay bands 1 – 7 will be eligible for overtime payments.

- All overtime approved will be paid in line with Agenda for Change Terms and Conditions.

- When staff are on annual leave they should only be requested to work overtime or excess hours when all other options have been explored. Staff members on Annual leave cannot work in excess of 15 hours over their contracted hours per week. As overtime on Annual leave should only be requested in exceptional circumstances, authorisation must be given by a senior manager or nominated delegate within office hours. Out of hours, authorisation should be given by a nominated deputy within the clinical area.

- Legislation states all staff must have a minimum of 20 days annual leave plus 8 days bank holidays. If over time is requested during leave it must not exceed this. For example: a member of staff with 27 days annual leave plus 8 Bank Holidays could not do more than 7 overtime/excess shifts during their annual leave in any financial year.

- Trust support workers who are seconded to undertake the Degree in Nursing Studies Registered Nurse Programme will not be entitled to any additional overtime and will not normally be allowed to take up paid employment with another employer. If they intend to request any casual work, such as bank nursing, with us or any other employer, the worker should contact the Human Resources Department as this may have implications for Trust bursary and/or your employment break status.

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> ⚠ During an Employment Break for training, support workers will not be able to work in the clinical service area where they are placed as a student for a clinical learning placement and, in addition, would not be able to work any more than one shift per week to a maximum of a total of 37.5 working hours in any calendar month or 450 hours in any 1 financial year.

7.4.4 Booking of Temporary Workers

- Temporary workers should be booked through the electronic solution. On completion of a roster, following review and agreement by the Senior Staff, requests for temporary workers should be forwarded at the earliest opportunity to the Temporary Staffing Service

- No replacement workers should be booked without assessing the need for them, the grade required and the time they need to start and finish. Temporary workers shifts may only be authorised by senior staff if requests meet the following criteria:
    - Within budget unless service need dictates
    - Within existing vacancies
    - To cover unpaid leave

- It is not acceptable to exceed the documented headroom allocated for each ward / team.

- Temporary workers required outside these parameters must be discussed and authorised by the Service Manager.

- Temporary workers should not be used to take charge of departments unless they have previous work experience in the ward / team / department and have been assessed as competent to do so and are willing to take charge.

- Staff absent due to sickness must not undertake bank or overtime/excess hours work for a period of 5 days following a return to work.

- During a graduated return it is not acceptable for a staff member to undertake any bank or overtime / excess hours. This is applicable for the full duration of the graduated return.

- Staff who wish to work additional hours/ bank / overtime during annual leave should still ensure that appropriate rest from work is taken. In line with the Working Time Regulations, a minimum of 20 days of annual leave should be taken as rest per year and as such the amount of leave that can be worked as bank / overtime/ additional hours will vary between individuals.

7.4.5 In Work Breaks

- Working Time Regulations state that all staff should have a minimum of twenty minutes unpaid break during any period of work in excess of 6 hours. During that break period they should be free to leave their workstation should they wish to do so. Where a member of staff is recalled to the workplace, (should circumstances demand) this will be a paid break and the finish time of the shift will not be extended by the length of the break.

- In exceptional circumstances where an unpaid break cannot be taken, a record must be made on the electronic Health Roster indicating the circumstances why this was not possible and this should be regularly reviewed by the ward / team Manager.

- The Person / Nurse in charge (clinical areas) of a shift is responsible for ensuring that breaks are facilitated.

- Unpaid breaks are taken outside of staff members weekly contracted hours.
- Staff will be given time in lieu if for clinical reasons breaks are unable to be taken. Lieu time cannot be taken on the same day in which it was accrued.
- Reference should also be made to the local in work breaks protocols, where available.

7.4.6 Study Leave

- Depending on the course and appropriateness of the training, study leave may be assigned as part of contracted hours.
- It is not appropriate for individuals to undertake study leave during a period of rest or a day off.
- Study Leave will be assigned in line with the Trust's Learning and Development policy.
- Managers should ensure that mandatory training is balanced throughout the year giving consideration to staffing and skill mix.
- Where appropriate study leave should be assigned as part of contracted hours and all study leave must be clearly recorded within rosters.
- Study leave should not be covered by temporary workers unless in exceptional circumstances and with prior agreement of the ward / team Manager.

7.4.7 Sickness

- Sickness should be managed in accordance with the Trust's Staff Health, Wellbeing and Attendance Procedure.

7.4.8 Christmas and New Year Leave

- Christmas and New Year leave should be managed in accordance to local procedure.

8 Approval, Changes and Review

8.1 Roster Approval and Sign Off

The full roster approval and sign off process is outlined in Appendix 8.

8.1.1 Roster Approval

Both the ward manager and the Modern Matron/Service manager are required to be involved in building and approving a future roster to provide both a 1st line validation and 2nd line validation. This process must take place and be completed to allow rosters to be published 6 weeks in advance of being worked.

⚠️	A report of all units that do not publish rosters on time will be escalated to service and operational management.

Ward managers are responsible for building the rostering to an agreed process that must be followed and validated by a modern matron or service manager. This covers the following areas;

First Validation - Ward Manager

- Approve / Rejecting Staff Requests
- Checking staff changes are reflected in the roster
- Running auto roster for person patterns then nights then days and manually assigning any remaining duties
- Review Time owing and unfilled shifts

Second Validation - Modern Matron / Service Manager

- Annual leave allocated matched to allowance
- Hard to fill shifts are filled
- Appropriate skill mix has been applied

ℹ️	**Appendix 9 – Ward Managers Rostering Checklist** and **Appendix 10 – Modern Matrons/Service Manager checklist** can be used to ensure appropriate areas are assessed prior to the roster being signed off.

8.1.2 Finalising a Worked Roster

Every roster is required to be finalised by the 6th of each month to allow shifts and hours worked to be processed by payroll as well as releasing the data for trust reporting purposes.

> ⚠️ This process must be completed to ensure rostered employees are paid correctly and in time. All wards that are outstanding by 6th will be reported to operational managers and directors as outlined in the Roster finalisation escalation process in Appendix 11.

Ward managers are responsible for finalising their rosters, during this process the ward manager confirms that the roster is an accurate reflection of the staffing on the ward the rosters should be kept up to date with a validation carried out before signing off, which includes confirming:

- All daily expectations are included in the roster
- Entering Sickness
- Cancel shifts not covered
- Time adjustments to shifts
- Shift swaps
- Shift covered by a community team

Once confirmed as accurate the roster can be finalised by the Ward manager or Modern Matron.

> ⚠️ When the Ward Manager has shift variations, the roster is required to be signed off by either a Modern Matron or service manager.

> ⓘ It's recommended that the roster is kept up to date and is amended daily as required and finalised at the end of each week. **Finalising weekly makes is more efficient and effective that finalising monthly**. As a minimum, finalising must be completed once a month, immediately before the pay run. **Ward Managers can also finalise daily**, if appropriate.

8.2 Changes to the Roster Templates

From time to time, it is necessary to amend wards establishment budgets and pattern to reflect changing circumstances on the wards. All changes must follow a defined process

for authorisation, to comply with the Standard Financial Instructions before implementation. All changes must follow one of these routes:

1. Agreed in the annual Roster Review with a Service Manager and Service Accountant present. A report of the roster review including all agreed changes will be shared with all parties prior to changes being implemented.
2. Agreed by operational management, EMT or agreed with the Care Group Accountant and Service Manager and then be submitted to the Information Clinical and Engagement Lead who will complete a Change request to the Technical Change Board for implementation.
3. Notification of service changes submitted to Technical Change Board by performance.

> The full process for changes is outlined in **Appendix 12 – Roster Change Control Process**.

8.3 Roster Reviews, Audits, and Anti-Corruption

A roster review is required to be carried out every 12 months to ensure rostered units establishments and rules are still appropriate. A smaller roster audit is recommended at the 6-month interval to check compliance to the roster policy and address any issues that may have developed.

8.3.1 Daily Staffing Review

A daily staffing review should take place within the daily clinical huddle to identify and address any deficiencies with the roster and escalate where appropriate.

8.3.2 Roster Review

The following individuals are required to conduct a roster review:

- The Ward Manager
- The Modern Matron or/and Service Manager
- The Care Group Accountant
- Information Representative

A roster review is an opportunity to review the wards establishment against patient acuity while also ensuring best practice is maintained in the shift patterns. The following areas will normally be covered in a roster review:

• Headroom and usage of annual leave, study leave, sickness, parenting/adopting leave and other leave types
• Approval and finalising rates
• Contracted hours not used per month
• Additional shifts and reasons for booking
• Working restrictions
• Auto Roster
• Number of Bank Requests to hours worked and usage on weekend and night duties
• Establishments and Shift Patterns

> ⓘ A full list of all areas that are covered in a roster review is attached in **Appendix 13 – Roster Review Checklist**

The items covered in a roster review are also reported on centrally and internally monitored by the Trust Board and Directors.

8.3.3 Roster Audits

In-between roster reviews it's possible to request a roster audit to help ensure the unit's roster remains suitable and help identify and rectify issues with the roster. These sessions are tailored for each unit and provide the opportunity to gain additional assurance that the use of electronic rostering remains appropriate and complies with best practice. To request a roster audit please contact your Information Service Engagement Manager.

8.3.4 Roster Improvement

Either though a Roster Review, Roster Audit on ongoing monitoring by stakeholders, when a deficiency is identified it is the wards responsibility to proactively manage the deficiently and implement appropriate remedial action. Where appropriate the deficiency or risk should be escalated as outlined in the Risk Management Policy.

8.3.5 Local Anti-Fraud, Bribery and Corruption

Staff must ensure that all changes to the original roster are updated in real time to ensure

accuracy and to ensure audit and counter fraud requirements are met.

For the Trust's rostering procedure to be successful, there is an element of trust between Tees, Esk and Wear Valleys NHS Foundation Trust and the member of staff. However, it is to be acknowledged that any activity that is considered as potentially fraudulent will be required to be referred to the Trust's Counter Fraud Specialist for investigation, in accordance with the [Local Anti-Fraud, Bribery and Corruption Policy](#)

Exception reports will be scrutinised on a regular basis to review working/overtime hours of staff involved in the rostering process. All exceptions will be reviewed, and if considered potentially fraudulent, it will be required to report any such instances to the Local Counter Fraud Service (LCFS) and HR for further investigation.

9   Terms and definitions

Term	Definition
Trust	• Tees, Esk and Wear Valleys NHS Foundation Trust
Ward	• Unit / Department / Team
Roster	• Rota of staff scheduled to work for set periods of duty
Unavailability	• Relates to days that staff are not available for the roster i.e., annual leave, study days, management days, sickness
Permanent Staff	• Staff who are employed to work a specific number of hours as specified within the TEWV contract of employment
Temporary Workers	• Nurse Bank / Agency Worker
Senior Staff	• Band 6 and above
Shift Pattern	• Standard shifts worked within a ward or team e.g., earlies, lates, nights etc.
Personal Pattern	• Variation to shift pattern i.e., every week the person works the same shift on the same day e.g. admin working 9am – 5pm Monday to Friday
Skill mix	• The mix of grades, skills and gender of staff
Manager	• Ward, unit, team or department manager
Short shift	• Up to 6 hours
Standard shift	• Between 6 and 10 hours
Long day	• 10 hours or more
WTR	• Working Time Regulations
Shift	• Period of work

10 How this procedure will be implemented

- This policy will be published on the Trust's intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- All staff have a responsibility for ensuring that this policy is effectively implemented
- This policy will be embedded into the Roster Review Process and discussed with relevant Ward managers and Modern Matrons/Service managers on a regular basis.

10.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All roster users	E-learning, SOPs	As required	As required
Band 5 staff and above, or super user admin	Face 2 Face	1 hour	Yearly Assessment

11 Implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Unavailability management, flexible staffing usage, roster approvals, additional duties, net hours usage	Monthly	Exec People Culture and Diversity Group
2	Unavailability management, flexible staffing usage, roster approvals, additional duties, net hours usage	Monthly	Care Group Boards

3	Unavailability management, flexible staffing usage, roster approvals, additional duties, net hours usage	Monthly	Safe Staffing Report

12 References

- The Employment Act 2002
- Working Time Regulations 1998
- Agenda for Change handbook

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	10 January 2023
Next review date	10 January 2026
This document replaces	HR-0037-v4 Staff Rostering Procedure
This document was approved by	Executive People, Culture and Diversity Group (PCDG)
This document was approved	20 December 2022
This document was ratified by	Joint Consultative Committee
This document was ratified	10 January 2023
An equality analysis was completed on this policy on	31 October 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
5	10 January 2023	Update for religious holidays, counter fraud requirements, and updates to other policies and procedures. Reviewed and reformatted to accommodate OJTC requirements.	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	All Rostered areas
Title	Staffing Rostering Procedure
Type	Procedure
Geographical area covered	Trust Wide
Aims and objectives	To provide standard guidance for rostering staff on units.
Start date of Equality Analysis Screening	[The date you are asked to write or review the document/service etc.]
End date of Equality Analysis Screening	31 October 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	The procedure will ensure that Trust staff deployment is well managed, well led, fair and equitable to support both patient outcomes and staff wellbeing
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men, women and gender neutral etc.) **NO** • **Gender reassignment** (Transgender and gender identity) **NO**

	Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** **Age** (includes, young people, older people – people of all ages) **NO** **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO** **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO**
Describe any negative impacts	None
Describe any positive impacts	Fair and equitable roster practice regardless of protective characteristics. Specific mention towards requests for time off during religious festivals will be considered fairly

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	- Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. - Investigation findings - Trust Strategic Direction - Data collection/analysis - National Guidance/Reports - Staff grievances - Media - Community Consultation/Consultation Groups - Internal Consultation

	• Research
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Full consultation with Staff Side – this revision updates for religious holidays, counter fraud requirements and reformatting to OJTC requirements only
If you answered No above, describe future plans that you may have to engage and involve people from different groups	N/A

Section 4	**Training needs**
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	All carried out via the safe staffing team either F2F (MS Teams or at site) - or certain elements will be available via an e-learning format.
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

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

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	**Title**	Yes	
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

Appendix 3 – Pro Rata Requests

Staff working on regular shifts

Weekly Contracted Hours	No. of requests permitted in a 4 week roster
<12 hour 30 minutes	2
12 hours 31 minutes – 18 hours 45 minutes	3
18 hours 46 minutes – 25 hours	4
25 hour 1 minute – 31 hours 15 minutes	5
>31 hours 15 minutes	6

Staff working Long days

Weekly Contracted Hours	No. of requests permitted in a 4 week period
< 9 hours 23 minutes	1
9 hours 24 minutes – 18 hours 45 minutes	2
18 hours 46 minutes – 28 hours 7 minutes	3
> 28 hours 8 minutes	4

Appendix 4 – Declaration of Additional Employment

DECLARATION OF ADDITIONAL EMPLOYMENT INTERNAL/EXTERNAL TO TEES ESK AND WEAR VALLEYS NHS FOUNDATION TRUST.

Name: ……………………………………………………………………………

Job Title: …………………………………………………………………………

Directorate: ……………….,………………….………………………………….

I wish to inform you that I hold an additional contract for

………….…... hours: I hold an additional contract within the Trust ☐

I hold an additional contract outside of the Trust ☐

I have read and understood the Trust Working Time Policy and should my working hours exceed or come close to 48hours in total over an average 17 week reference period, I will highlight this to my manager to determine if an opt out form should be completed.

I confirm I have signed this agreement voluntarily.

Signature: …………………………………….. **Date:**………………

Copy: Personal File

  Human Resources

Appendix 5 – Agreement to opt out of the Working Time Regulations

The Working Time Regulations 1998 state that an employee cannot be required by their employer to work more than an average of 48 hours each week (including any hours worked in a second job in or outside of the Trust), over a seventeen-week reference period. However, some employees, from time to time, choose to work more than an average of 48 hours each week. In order to meet the regulations, employees are required to sign an individual 'opt-out' agreement, agreeing that this limit will not apply to him/her. In this case the employee should complete this agreement and return it to their line manager.

The sole purpose of this agreement is to ensure that the Trust's current working practices comply with the law. There will be no change to terms and conditions of employment.

Employees who have concerns about this agreement should discuss them with their line manager or seek further advice from a member of the Human Resources Department.

Individual Agreement

This agreement is optional, and is signed by the employee after reading Agenda for change section 27: working time regulations.
www.nhsemployers.org/SiteCollectionDocuments/AfC_tc_of_service_handbook_fb.pdf

1. I wish to inform you in writing that the average 48 hour weekly limit, as specified in the Working Time Regulations 1998, shall not apply to me.

2. This agreement shall apply from the date of signature given below.

3. I acknowledge that I must give my employer one week's notice to terminate this agreement in writing

4. In requesting to work in excess of average 48 hours, I am aware of my responsibilities not to work such hours as that may impair my safe working, or expose my colleagues or patients of the Trust to any risk.

5. This agreement will be reviewed annually.

6. I confirm that I have signed this agreement voluntarily.

Signature: .... **Name of employee(please print)** ……………..

Job Title: .... **Directorate:** ....

Payroll Number ………………….………… **Date:** …………………………………..

Agreement by Line Manager
.... **Date:** ....

Print Name of Manager …………………………………………………………………

Copy to be retained on Personal File for two years from the date of the agreement

Appendix 6 – Calculating average night hours worked

How to calculate the average night hours worked. (Example from Direct.Gov)

1. Multiply the number of weeks in the reference period (17) with the number of hours you work each week: 17 x 37.5 = 637.5

2. In a 17-week period there are 119 days (17 x 7). You are entitled to take 17 weekly rest periods, therefore the number of days you could be asked to work is: 119 – 17 = 102 days

3. To calculate your daily average working time, your total hours is divided by the number of days you could be required to work: 637.5 divided by 102 = 6.25 hours

So you would have worked an average of 6.25 hours a day, which is within the night work limit

Appendix 7 – Annual Leave Algorithm

Ward X has **15 WTE** qualified staff and **7 WTE**
unqualified. The percentage of staff on annual leave
at any time is **14.0%** (this is between the tolerance of
11% - 17%)

Therefore:

15 x 0.140 = 2.10   **2.00 WTE**
7 x 0.140 =   0.98   **1.0 WTE**

You would need to try and allocate approximately 2 qualified staff and 1 HCA per week
on leave to achieve balance over the year.

Please note: This number is based on WTEs in post; therefore, as staff join and/or leave
you will need to recalculate the above.

Appendix 8 – Approving & Finalising Roster Escalation Process

Approving a Roster

Finalising a Roster

All Ward Managers, Modern Matrons, Service and General Managers are written to advising of rosters which havent been published 6 weeks in advance.

↓

All units which have not fully approved their roster 3 days after the deadline will be reported to service and operational managers, and directors monthly.

Three days before the deadline, all Ward Managers and Modern Matrons / Service Managers will be written to advising them of the deadline for finalising shifts

↓

At 9am on the 6th of the month (dependant on weekends and bank holidays), the Ward Managers, Modern Matrons, Service and General Managers of any units with unfianlised duties or unavailabilities are written to

↓

At 1pm on 6th of the month, Service and Operational Managers of any unfinalised units are contacted to adviseof the units outstanding

↓

All units unfinalised at 3pm on 6th will then be reportedto service and operational managers, and directors monthly

Appendix 9 – Ward Manager Approval Checklist

4 WEEKS BEGINNING:

WARD: **DATE:**

Task	Week 1	Week 2	Week 3	Week 4
Create roster from Template				
Approve/reject requests for days off and Duties				
Approve/reject pending unavailabilities Annual Leave and Study Leave				
Check Starter/Leavers and Contract changes are correct.				
Run auto roster. Personal Patterns then Nights				
Check if Nights are correct. Adjust if not				
Run auto roster Days				
Manually assign the remaining duties				
Review Time Owing balances				
Review unfilled shifts and co-ordinate with like wards for to fill shifts.				
Partially Approve roster Review roster analyser and make changes if required to alleviate issues. Re-run the rules on the roster and check Analyser again.				
Roster Unfilled		Comments:		
Missing charge cover				
Missing Skills				
Over Contracted Hrs.				
Unused Contracted Hrs.				
Additional Duties				
Wrong grade				
Annual Leave				
Duties with warning.				

Fully Approve roster with Matron/ Service Manager		Comments:
Send shifts to Bank if unable to fill.		Comments:

On Going Tasks	Week 1	Week 2	Week 3	Week 4
Manage daily exceptions				
Update daily roster changes				
Finalise Roster. Including sickness and Bank shifts worked (Recommended this is done Weekly)				

Comments /Actions :

Appendix 10 – Modern Matron/Service Manager Checklist

4 WEEKS BEGINNING:

WARD: **DATE:**

Band 7 management time allocation based on budget allowance	Week 1		Week 2		Week 3		Week 4	
	ALO	ALC	ALO	ALC	ALO	ALC	ALO	ALC
Annual leave allocation and matched to annual leave allowance TR/UT								
Vacancies TR								
HCW								
Monday Morning								
Friday Late								
Sunday Late								
Nights								
Skill Mix								
Study Days								
Shifts reviewed at end of month and added								

Comments /Actions :

Matron Sign off: **HON Sign off:**
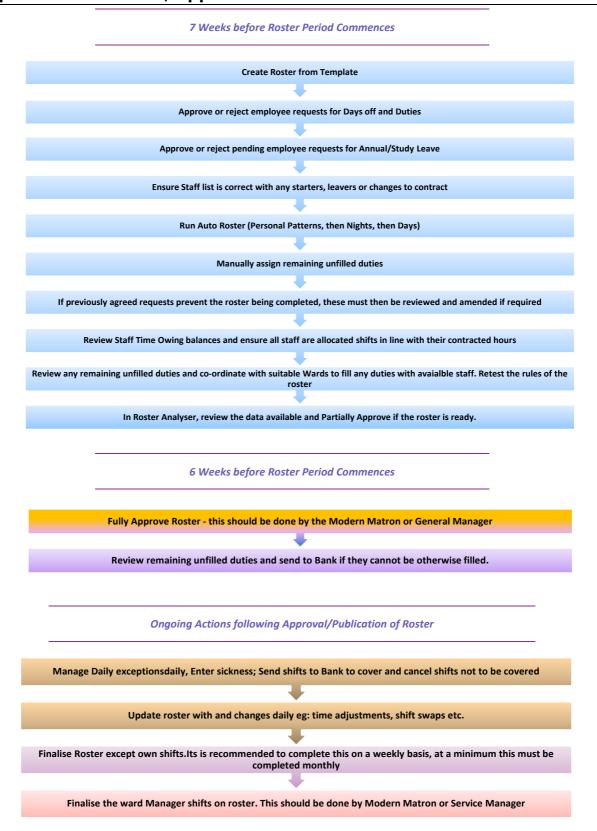**Date:**   **Date:**

Numbers based on agreed budgets

	M-F	WEEKEND	
E	X+X		
L	X+X		
N	X+X		

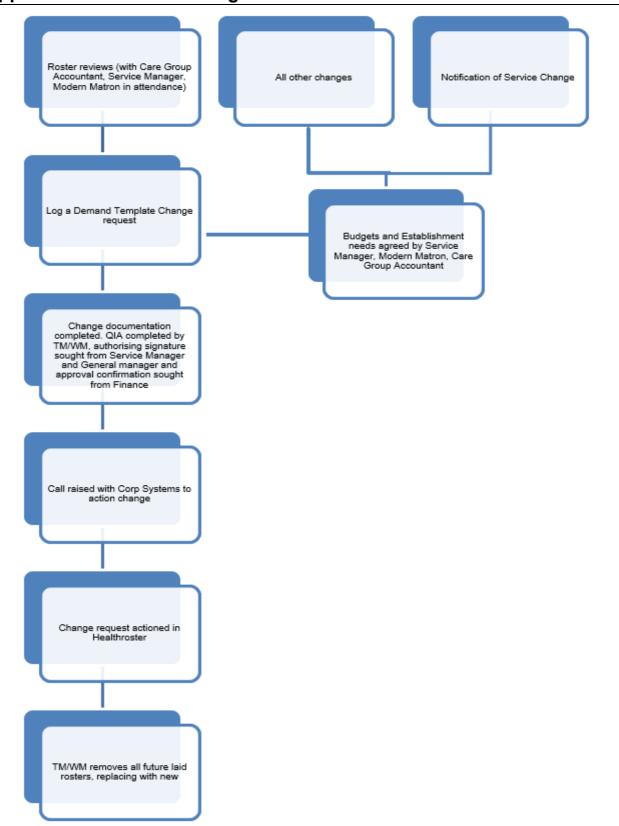# Appendix 11 – Create, Approve and Finalise Process Flow

7 Weeks before Roster Period Commences

Create Roster from Template

Approve or reject employee requests for Days off and Duties

Approve or reject pending employee requests for Annual/Study Leave

Ensure Staff list is correct with any starters, leavers or changes to contract

Run Auto Roster (Personal Patterns, then Nights, then Days)

Manually assign remaining unfilled duties

If previously agreed requests prevent the roster being completed, these must then be reviewed and amended if required

Review Staff Time Owing balances and ensure all staff are allocated shifts in line with their contracted hours

Review any remaining unfilled duties and co-ordinate with suitable Wards to fill any duties with avaialble staff. Retest the rules of the roster

In Roster Analyser, review the data available and Partially Approve if the roster is ready.

6 Weeks before Roster Period Commences

Fully Approve Roster - this should be done by the Modern Matron or General Manager

Review remaining unfilled duties and send to Bank if they cannot be otherwise filled.

Ongoing Actions following Approval/Publication of Roster

Manage Daily exceptionsdaily, Enter sickness; Send shifts to Bank to cover and cancel shifts not to be covered

Update roster with and changes daily eg: time adjustments, shift swaps etc.

Finalise Roster except own shifts.Its is recommended to complete this on a weekly basis, at a minimum this must be completed monthly

Finalise the ward Manager shifts on roster. This should be done by Modern Matron or Service Manager

Appendix 12 – Roster Change Control Process

Appendix 13 – Roster Review Check List

Roster Review Checklist		Complete
Establishment		
WTE		
Teams		
Shift Patterns Rules		
Shifts		
Duty Rules		
Unavailability Rules		
Personal Patterns		
Demand Template		
Personnel		
Incorrect Staff on ward		
Staff missing from Ward		
Staff grades		
Staff Skills		
Staff teams		
Staff Entitlements		
Net Hours Left		
KPI		
Safety		
Effectiveness		
Annual Leave RN		
Annual Leave HCA		
Fairness		
Unused Hours		
Sickness hours not recorded Correctly		
Lack of understanding of the Used Hours column		
Issues not being resolved timely		
Staff being added to rosters but not being deleted from old rosters		
Annual Leave		

Level of loading holidays throughout the year		
Issues of staff transferred from other areas and holidays being honoured		
Issues around percentages equating to 1.5 etc.		
Annual leave being worked between two areas		
Understanding percentages		
Auto Roster		
People who's surname near the end of the alphabet not being allocated shifts		
Conditions in rosters not being updated regularly		
Correct employees on rosters		
Correct annual leave and sickness recorded		
All nurses who can Take Charge not recorded		
OT and Admin hours often incorrect on roster		
Employee requests		
Skill mix issues (shifts covering with wrong grade)		
Auto roster gives a fair approach		
Additional duties have a reason		
Review of breaks/ Working Time Directorate		
Training		
Roster Analyser		
Roster Creator Refresher		

Areas of Concern: