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NHS Foundation Trust**

ROSTER MANAGEMENT POLICY FOR AGENDA FOR CHANGE (AfC) STAFF

	Policy
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1.0 INTRODUCTION

Sherwood Forest Hospitals NHS Trust NHSFT (SFH – the Trust) utilises an electronic health rostering system to ensure effective uses of resources for Agenda for Change (AfC) staff within Nursing, Midwifery, Advanced Clinical Practitioners (ACP) and Operating Department Practitioners (ODPs). This policy aims to demonstrate: -

- Why the policy is required
- To whom the policy applies, and where and when the policy should be applied.
- The processes upon which the policy is based.
- The standards to be achieved.
- How the policy standards will be met through working practices and monitored on compliance

2.0 SCOPE AND PURPOSE

This policy applies to all AfC staff.

This policy is based on the core principles of ensuring effective utilisation of the workforce where the health, safety and welfare of staff and service users is a priority.

Whilst fully supporting our employees to achieve an effective work-life balance, the fundamental purpose of the e-Rostering system is to facilitate high quality care to people who use our services by ensuring the right staff with the right skills are in the right place at the right time. It is therefore essential that rosters are drawn up in a timely manner, to ensure an even distribution of workload, appropriate rest for staff, adherence to local and national KPIs without incurring unnecessary expenditure.

This will be achieved by embedding effective roster management across the Trust.

The system also supports compliance with Working Time Regulations (WTR)

Rosters should ensure that shift patterns conform to WTR and are aligned to the following policies: -

- Breaks Principles (STHT15 Collective Agreements)
- Capability Policy
- Disciplinary Policy
- Flexible Working Guidance
- Grievance Policy
- Health and Safety Policy
- Leave Policy
- Annual leave for AfC Staff
- NHS Terms and Conditions (AfC) Handbook

- Sickness Absence and Wellbeing Policy
- Temporary Worker Engagement Policy
- Time off in Lieu (TOIL) Guidance Document

3.0 DEFINITIONS/ ABBREVIATIONS

AfC	Agenda for Change
BP	Business Partner
DGM	Divisional General Manager
DDN	Divisional Director of Nursing
ESR	Electronic Staff Record
Headroom Allowance	The % built into budgets to cover planned absence 22% for most of the Trust 25% for some areas
JSPF	Joint Staff Partnership Forum
KPI	Key Performance Indicator
LIEU time	Time off in Lieu (TOIL)/ Lieu Time/ Time Owing
Long shifts	Over 10 hours in length
LOOP	e-Rostering End-User System
Unavailability	Annual Leave/ Sickness/ Training/ Management Time/Other Absences
Roster	Rota of staff scheduled to work for set periods of duty
RSD	Rostering Services Department
Short Shifts	Up to 7 hours in length
Staff	All AfC employees of the Trust
SOP	Standard Operating Procedure
The Trust	Sherwood Forest Hospitals NHS Foundation Trust, including Mansfield Community Hospital, Newark Community Hospital
TSO	Temporary Staffing Office

Ward	Ward/ Unit/ Department
Ward Leader	Manager of the Ward/Unit/Department – inpatient or outpatient
WTE	Whole Time Equivalent
WTR	Working Time Regulations

4.0 ROLES AND RESPONSIBILITIES

Chief Executive and Trust Board
- Overall responsibility for ensuring adequate, effective, and efficient rostering arrangements in place across the Trust ensuring staff hours are within legal frameworks. They should understand how their Trust performs against the e-roster levels of attainment, and establish improvement plans to reach and maintain level 4.

Director of People
- Board level responsibility for ensuring the Trust meets its statutory duties under WTR

Chief Nurse/Deputy Chief Nurse
- Responsible for ensuring the wards can deliver safe quality patient care with appropriately skilled staff.
- Accountable for ensuring Trust-wide compliance with this policy and hold those to account who are non-compliant.
- Setting and agreeing ward/area establishments annually with DDN's, Finance BP's and the Trust Safe Staffing Lead

Safe Staffing Lead
- Ensure establishments are agreed to support safe staffing
- Produce policies/processes to manage staffing levels for increases in patient acuity, numbers, and dependencies.

Divisional Directors of Nursing
- Responsible for ensuring policy implementation and compliance within their division to achieve the identified key performance indicators (recommended in the Carter reviews) by reviewing the monthly dashboard reports.
- To celebrate areas of success and challenge areas where improvement in agreed KPI's is required.
- Conduct confirm and challenge meetings with areas that have not met the key performance indicators after receiving support and guidance from their Matron/General manager and the Rostering support team to improve. Ensure action plans are in place and monitored.
- Monitor staff demand and temporary staffing usage against ward establishments.

- Ensure action plans are in place and monitored for Matrons when areas are non-compliant or repeatedly failing to meet agreed KPIs
- Notify the Divisional Business Partner/General Manager of any long-term additional hours agreed above the required staffing via the Vacancy Control Process.

Divisional General Managers
- Responsible to the Executive Team for ensuring policy implementation.
- Monitor and report against KPIs in conjunction with Finance, People Directorate and reporting to the Trust Board.
- Monitor staff demand profile and temporary staffing usage against ward establishments.
- Monitor staff absence ensuring the divisional management teams are pro-active in managing sickness absence to achieve the Trust's absence target.
- Review the KPIs that affect the use of resources with the Managers/ Matrons and Finance BP's to ensure the staffing resource is managed efficiently.
- Review KPI audits and ensure development and implementation of appropriate actions plans.

Divisional Business Partner
- Provide support and advice for implementation of this policy throughout their division.

Matron
- Responsible for ensuring policy implementation and compliance within their area to achieve the identified key performance indicators by reviewing the monthly dashboard reports, to celebrate areas of success and challenge areas where improvement is required.
- As 2ⁿᵈ level approver ensure rosters are validated and finalised in line with agreed KPIs and performance dashboard measures and are compliant with the principles set out in this policy. (following the guidance in appendix 4)
- Monitor and approve the rosters using Roster Analyser to ensure safe and effective utilisation of staff within budget, quality, and safety limits before final approval of planned rosters.
- Ensure suitable arrangements are in place with another Matron colleague to provide cover for leave.
- Approve all requests for temporary staff in accordance with the Engagement of Temporary Staff policy and in line with the Trust's controls processes.
- Provide guidance and support to the Ward/Department Leader/designated deputy in the creation of rosters using KPIs and performance dashboard measures as a reference.
- Review and mitigate KPIs and performance dashboard measures to ensure the development and implementation of appropriate action plans to always ensure patient safety.
- Finalise Ward/Department Leader duties daily to ensure payroll deadlines are met.
- Approve all additional hours/overtime duties above the budgeted staffing resource.
- Implement plans for early intervention and recovery for areas failing to meet KPIs and performance dashboard measures.
- Responsible for wards/department operating within their budgetary constraints.

- All rosters must be published six weeks in advance in accordance with the Trust roster calendar which is available on the Intranet - http://sfhnet.nnotts.nhs.uk/admin/webpages/preview/default.aspx?RecID=1879

Ward/Department Leader
- Responsible for implementing the policy at local level and ensuring compliance.
- Ensure the well-being of staff when rostering by adhering to this policy.
- Accountable for either completing the roster or appointing a responsible individual to create the roster.
- Ensure rosters are produced and 1st level approved in line with agreed KPIs and performance dashboard measures that are compliant with the principles set out in this policy. (following the guidance in appendix 3)
- Responsible for undertaking six monthly roster template audits. (using the audit tool at appendix 4)
- Responsible for ensuring the ward is safely staffed based on the agreed skill mix with the necessary skills/competencies to meet the needs of the service (even if they do not directly produce the roster).
- Ensure fair and equitable allocation of annual leave and study leave in line with their agreed headroom and KPIs.
- Monitor and update continuing episodes of unavailability e.g., sickness, maternity, study leave etc.
- Accountable for the ward/department budget and to ensure expenditure does not exceed the allocated budget. This should be monitored monthly with Finance BP and Matron
- Ensure any changes to staff details, e.g., new starters, leavers, change in hours or working patterns is actioned via the Health Roster Team.
- Ensure the roster is kept accurate, up to date and maintained as an auditable record of hours/shifts worked.
- Escalate as soon as possible to senior teams (own matron, duty nurse matron) if the staffing provision is inadequate to meet the needs of the service.
- Monitor the attendance of the workforce, e.g., sickness absence, all other absences.
- Review all flexible working requests every 6 months in line with Flexible Working Policy. https://www.sfh-tr.nhs.uk/about-us/policies-and-procedures/non-clinical-policies-procedures/human-resources/?id=8543

Head of Rostering Services
- Responsible for day-to-day management of the e-Rostering system and Business Continuity
- Ensure users can access and use the system.
- Monitor and review staff utilisation and dissemination of workforce information across the organisation.

Rostering Matron
- Responsible for line management of the Rostering Support Team
- Ensure system training is effective and completed prior to providing system access.
- Produce rostering dashboards for analysis.
- Complete auditing to ensure adherence to this policy.

Rostering Support Team

- Responsible for the maintenance and management of the Electronic Rostering System.
- Provision and maintenance of user accounts for all staff.
- Support desk provision for all staff 5 days a week.
- Provide training and on-going support to users.
- Produce the Trust-wide Roster Calendar and publish on the intranet.
- Ensure rosters are open for staff to request for a minimum of six weeks in advance.
- Produce performance dashboards following roster completion and upload to shared area
- Provide support and analysis at the dashboard performance reviews.
- Build the Autoroster function into each roster template.
- Ensure all intranet information including the SOPs are up to date and communicated to relevant managers and staff.
- Liaise with Rostering System Supplier to resolve system issues, attend user group meetings to ensure new developments/issues are shared.
- Ensure all areas are added to healthroster-roll out
- Undertake audits of rosters and support managers to produce action plans where appropriate.

Employee

- Ensure personal details are kept up to date in ESR as these feed into Employee online and notify the Ward/Department Leader of any changes.
- Attend work as per their duty roster.
- Responsible for maintaining skills in line with statutory and mandatory training requirements for their role.
- Checking the accuracy of worked hours, pay enhancements, time owing and annual leave and highlighting discrepancies with their line manager for resolution as soon as identified.
- Staff that work Mondays, (but are not expected to work on Bank Holidays) should request leave on Bank holidays.
- Only use LOOP to input shift and leave requests.
- Be reasonable and flexible with roster requests and show consideration to other colleagues by adhering to the CARE values of the Trust.
- The Trust expects all Ward/Department Leaders to be sensitive to the cultural needs of their staff. However, staff need to be aware that requests may not always be granted, and service/clinical needs will take priority.
- Request flexible working arrangements using the Flexible Working Policy. https://www.sfh-tr.nhs.uk/about-us/policies-and-procedures/non-clinical-policies-procedures/human-resources/?id=8543
- Notify the Ward/Department Leader/designated Deputy of changes to a planned or worked shift.
- Where necessary, staff from other units with unused contracted hours or working more than the budgeted establishment will be moved to cover unfilled duties across the Trust.
- As employees of the Trust, you may be asked to move locations within the Trust temporarily to cover unfilled shifts.

5.0 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

Skill Mix
- Band 7 managers should not routinely be rostered for weekend, night, or public holidays unless there is a requirement in specialist areas e.g. ED, ITU, Maternity, and some 7-day services which require a senior manager.
- Rosters must be created using the agreed minimum skill mix for each shift to ensure the appropriate level of service is maintained and that staff are allocated evenly across the week, to enhance patient safety and continuity of care.
- Wards/Departments must ensure that staff have the appropriate competencies to work in their area/department i.e. IV administration, control and restraint trained staff etc.
- Staff who are competent and can take charge should be allocated the 'Take Charge' skill. 'Take Charge' is highlighted on the roster with the take-charge star symbol.
- The person rostered in charge of an area must have the necessary knowledge, skills, and experience.
- Senior and experienced staff should be evenly spread throughout the roster and should **not be rostered on duty together** unless there are exceptional circumstances.

Shift Patterns
- There is a mixture of both long and short shifts worked at the Trust.
- Standard hours as per AfC terms and conditions for full time NHS staff are 37.5 hours, excluding breaks.
- The standard hours may be worked over any reference period e.g. 150 hours over 4 weeks or annualised hours.
- Staff are not permitted to work more than an average of 48 hours per week across a 17-week reference period. This includes hours worked in all employment including bank, overtime, and agency, whether this is for the Trust or any other employer.
- Staff who wish to opt out of the 48-hour working limit must do so in writing using the opt out form (see appendix 5) a copy needs to be given to the Healthroster support team.
- Under the WTR night staff cannot opt of the 48-hour maximum rule. Night staff are defined as staff who regularly work nights. This would include staff on rotating shift patterns who work one week in three on nights.
- The maximum hours that can be worked in any 7-day period is 60 hours in line with the Health and Safety considerations, this includes additional hours, overtime, and bank shifts.
- The agreed shift overlap time in clinical areas is 30 minutes, any differing overlap times must be signed off as part of the annual establishment review.
- In general, a maximum of three long days/nights shifts should be worked consecutively.
- No more than 4 consecutive day shifts are to be worked (unless staff have signed the WTR opt out form)
- Night shifts should be worked together where possible. Staff should not be allocated a single night shift unless specifically requested.
- A minimum of 2-night shifts, and no more than 4-night shifts in a row, should be allocated.

- A minimum of 2 days off after a set of night shifts (one sleep day and one day off) should be rostered before further shifts are worked. This is in line with the Health and Safety Executive Guidelines.
- Staff must have access to 6 weeks of shift allocation.
- A minimum of one weekend off must be allocated per four-week roster cycle (unless staff have a flexible working agreement in place)
- There must be 11 hours rest between worked shifts (this is in line with WTR)
- The working Time Regulation stipulates that a minimum of a 20-minute break is required for shifts of more than six hours.
- Breaks must not be taken at the end of the beginning of a shift, as their purpose is to provide rest time during the shift.
- Although every effort will be made by the shift leader to facilitate breaks any missed breaks must be recorded on the roster to reflect the actual hours worked. This will allow ease of auditing to monitor safety and quality standards and to ensure this does not become regular practice.
- Shift break times must follow the unpaid break guidance below. https://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=61074
- If the above break times have an impact on service delivery, you must seek further guidance from your Divisional General Managers. A business case to support any variance will need to be submitted for approval.
- Staff may work a combination of shifts to comply with the rules above and meet service requirements. Any variation to these rules must be formally agreed in line with the Flexible Working Policy and aligned to the needs of the service.

Producing the Roster
- A working roster must cover a period of four weeks, commencing on a Monday and follow the Trust health roster cycle dates. https://sfhnet.nnotts.nhs.uk/admin/webpages/preview/default.aspx?RecID=1879
- Timely approval of rosters forms part of the Carter review recommendations. Approval dates are monitored via the dashboards and sent monthly to the Trust board for escalation.
- Rosters must be produced in line with WTR https://www.gov.uk/maximum-weekly-working-hours
- Roster Creators must use Auto Roster and follow the Auto Rostering Guidelines to produce the 4 -week roster.
- High priority, hard to fill shifts, and shifts which incur enhanced payments (nights, weekends, and public holidays) should be filled first when producing the roster.
- Auto Roster will be set to adhere to the parameters above and **must** be used to create the roster.
- Auto Roster KPI's will be monitored with an expectation that Auto Rostering will fill 60% of the roster.
- Substantive staff should be used to cover as many different shifts as possible each day. This will help to ensure that temporary staff are always working alongside regular staff.
- Requests for popular periods (Public/School Holidays/Religious festivities) should be considered equitably and a review of the previous year's allocation undertaken where necessary to ensure fairness.

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- Ensure Annual Leave to be taken within the roster period meets 15% of staff on leave each week.
- Monitor and manage the *net* hours for individuals. Ensure any variations equating to greater than a 12-hour shift is corrected within the next 3 roster cycles.
- Additional duties must be requested using the agreed process (see appendix 6)
- Ensure all extra hours/overtime shifts are entered onto the system correctly.
- Flexible Working agreements must be formally communicated to the Health Roster Team so they can make any roster template changes and update Auto Roster.
- Ensure rosters are finalised daily for pay in line with payroll deadlines. This includes the finalisation of bank and agency shifts as per the finalisation process.
  https://sfhnet.nnotts.nhs.uk/admin/webpages/preview/default.aspx?RecID=1882

Duty Requests
- Consideration of requests is at the discretion of the Ward/Department leader who will prioritise these in a fair and equitable way to ensure service delivery.
- Rosters should be based on agreed flexible working patterns, which reflect the needs of the service and not personal preferences.
- All requests must be made via LOOP.
- If the FWA covers the full contracted hours of the staff member (whether full time or part time) no extra requests will be available.
- If more than half of the contracted hours are worked via a FWA-1 request per roster period is allocated.
- If less than half of the contracted hours are worked via a FWA-2 requests per roster period are allocated.
- If no FWA in place, additional requests will follow the below table.

Contracted hours range	Number of requests allowed per roster period
37.5	5 requests
37 to 30	4 requests
29.5 to 22.5	3 requests
22 to 15	2 requests
14.5 to 1	1 request

- Staff who only work either day shifts or night shifts as part of a FWA (and can work any day/night of the week) will be entitled to the requests as above.
- There is an expectation that substantive staff do not pick up bank shifts outside of their FWA unless agreed with their line manager.
- Managers must regularly review any FWA in place and update as necessary.

Allocating and Managing Annual Leave and Bank Holiday Leave
- Annual leave must be requested, booked, or cancelled **before** the roster is approved.
- Annual leave must be booked electronically at least six weeks in advance adhering to the Leave Policy and Annual leave for AfC staff. It must be allocated according to Agenda for Change Terms and Conditions.

- Staff must take a minimum of 20 days (pro rata for part time staff) annually as actual leave form work i.e. not work bank shifts on that number of days.
- Optimum leave level is 15% of staff (see appendix 7 for calculation) in post. If this number is not met the manager will discuss with staff and encourage leave to be taken
- The number of hours taken as paid leave will be equal to the number of hours the staff member would otherwise have worked. Where staff work varied shift patterns at least a quarter of their annual leave entitlement must be booked on their longer working weeks to ensure equality and fairness.
- The use of Bank or Agency staff should **not** be used to cover annual leave.
- Fair and equal allocation of annual leave requests should be available to all staff 12 months of the year, including highly sought after periods, such as school holidays.
- Annual leave must not be booked over Bank Holidays, Christmas and the New Year until Ward/Department managers are assured that it is not going to require cover with temporary staff.
- Both Ward/Department Leader and staff member must ensure that all leave is taken within the financial year
- Ward/Department leaders should undertake quarterly reviews of outstanding annual leave for each staff member to avoid accumulation of untaken leave.
- Bank Holiday leave **will not** be able to be carried forward into the next leave year.
- All annual leave must be allocated in hours.
- Should staffing levels that exceed the established demand resulting from leave not being allocated must be escalated to senior managers in order that staff can be re-allocated to cover unfilled shifts throughout the trust.
- As a guideline, all staff should aim to take leave evenly throughout the year, as a guide 25% taken by each quarter, e.g.: -

Annual quarter position:	Date:
Q1	April, May, June
Q2	July, August, September
Q3	October, November, December
Q4	January, February, March

- Each year in September the Health Roster Support Team will send out an outstanding leave report to each Ward/Department. This is for managers to encourage staff to book and plan in their remaining leave before 31st March to minimise carry over.

Additional Hours
- All time worked by staff over and above their contracted hours must be agreed by their manager prior to being worked. This time should be rounded up or down to the nearest 5-minute interval.
- Part time staff will only be paid overtime once their hours of work are over 37.5 per week.

Lieu Time: (net hours left column in Healthroster)
- Lieu time must be authorised by the Ward/Department Leader or designated deputy.
- Lieu time may not be carried over from one post to another. All lieu time must be taken **prior** to internal transfer or on leaving the Trust' employment.

- The maximum lieu time which can be accrued is 37.5 hours (pro rata for part time staff).
- Booking of Lieu should follow the same principles as annual leave and should not incur any unnecessary costs.
- Every effort must be made to use lieu credit/debit within three roster periods.
- If lieu time is still outstanding after this time employees may request to be paid at the appropriate additional hours/overtime rate as per AfC Terms and Conditions.
- All Lieu time is to be managed as per TOIL guidance - http://sfhnet.nnotts.nhs.uk/admin/webpages/preview/default.aspx?RecID=2772

Managing and recording sickness
- All absences must be recorded in health Roster. Link to sickness policy is below. https://www.sfh-tr.nhs.uk/media/2wvfeoft/hr-1004-sickness-absence-and-welling-policy-v6-may-2024.pdf
- If staff leave work due to ill health and they have worked over half of their contracted hours for that day, the unavailability should be added as "other" with the secondary reason as "went home sick".
- If staff leave work due to ill health and have not worked half of their contracted hours the whole shift should be entered as sickness.
- Short term sickness (less than 7 days) should mirror the hours that staff are rostered.
- Longer term sickness (more than 7 days should be recorded as contracted hours)
- Any adjustments to sickness (reason/dates that have already been through pay) will need to be unlocked by the Healthroster team and adjusted.
- Senior managers undertaking a return-to-work discussion should consider if the staff member needs to be restricted from working any extra substantive/bank shifts to prioritise their health and wellbeing.
- If the manager believes that the staff member needs to be restricted from working bank shifts an email needs to be sent to sfh.tr.temporarystaffingoffice@nhs.net stating the start and end dates of the restricted period.

Study Leave
- Managers must ensure all staff are allocated annual mandatory study days and attend any role specific training. These should be planned throughout the year considering staffing levels and skill mix. See below guidance for further details https://sfhnet.nnotts.nhs.uk/admin/webpages/preview/default.aspx?recid=5656
- Study leave must be recorded as the actual number of hours for the study period excluding the break which is unpaid.

KIT Days
- KIT Days should be added as an unavailability by right clicking on the staff members name, add unavailability and ensure you change the start and end date to the correct day. The work time should be zero in Healthroster as you will fill out the KIT Day payment form to ensure the staff member gets paid for the hours worked. See below guidance for further details. https://sfhnet.nnotts.nhs.uk/admin/webpages/preview/default.aspx?RecID=2772

- **Please note employees cannot work any additional hours, <u>including lieu time</u> beyond the 10 KIT days whilst on Maternity Leave without bringing this leave to an end or losing maternity pay for the week that the hours were worked.**
- Staff may be able to pick bank shifts up whilst on Maternity Leave, if cleared to do so by the Temporary Staffing Office. However, if more than 10 KIT days are worked (whether worked as Bank shifts, or within the department), this will bring the employee's Maternity Leave to an end.
- The employee will be paid their basic daily rate, for the hours worked, less appropriate Maternity Leave payment. **Managers should ensure that a KIT claim form is completed (clearly indicating the hours worked) on each occasion that a KIT Day is worked.** See appendix 8 for claim form

New Starters/Inductions/Students

- New substantive staff (permanent and fixed term) should have a supernumerary/induction period of at least 3 weeks. This will be assessed on an individual basis, taking into consideration the needs of the service.
- Shifts must be recorded as supernumerary on the roster to ensure these staff are not counted into the working numbers. The health roster support team will create these shifts sfh-tr-healthrosterteam@nhs.net
- The maximum length for a supernumerary period for any area is 12 weeks.
- Staff undertaking a Preceptorship programme (Nursing associates) will be supernumerary for three weeks The supernumerary period may be extended after considering the ward/departments requirements and the individual staff member's needs.
- This extension will need to be authorised by the relevant Matron and **must** be communicated to the Healthroster team.
- Preceptees should be rostered to work with their preceptor or other nominated member of staff for support during the supernumerary period on a minimum of two shifts per week for six weeks.
- International nurses and pre nurses will be rostered via the HCSW shifts until they receive their PIN numbers.

Rotational Staff

- Staff that are employed via a rotational contract will be allocated a maximum supernumerary period of 1 week when moving to a new area. Any extension to this needs to be agreed by the ward/department leader and communicated to the health roster support team.

Nursing Associates

- Nursing Associates will undertake a Preceptorship programme and will be supernumerary for three weeks following their induction. The supernumerary period may be extended if authorised by the relevant Matron.
- Preceptees should be rostered to work with their preceptor on a minimum of two per week for six weeks.
- Nursing Associates will be added into the RN line on the roster template.
- Nursing Associates may work either a day or night shift **only as the 4th trained member of staff.**

Roster Changes

- Any shift changes after roster approval must be kept to a minimum. This is monitored monthly and reported as part of the KPIs and recorded in the Dashboards.
- Notes **must always** be added to the roster when making any change to shifts, or times after approval for audit purposes.
- Rosters must be kept up to date, changes should be made in real time and not retrospectively. This is to ensure staffing levels and skill mix are always correct.
- Changes must be authorised by either the Ward/Department Leader or designated deputy before the start of the shift and must **not** result in additional hours, overtime, bank, or agency usage.
- Following publication of the roster, shifts should only be changed if reasonable to do so and following consultation with the affected employee(s).
- Where there are unforeseen circumstances (e.g., sickness) the Ward/Department Leader must take the following steps to ensure appropriate cover (in order): -

- ➢ Contact the DNM to see if there are any staff that can be redeployed to your area.
- ➢ Request a full-time employee to work additional hours and take lieu time later.
- ➢ Request a part-time employee to work additional hours (ensure that this will not incur payment at overtime rates).
- ➢ Secure bank cover through the Trust's Temporary Staffing Office.
- ➢ Overtime must not be assigned unless staff have worked their contracted hours for the roster period.
- ➢ Only in exceptional circumstances (and following the above steps) the Ward/Department Leader or designated deputy should request Agency cover, adhering to the policy for the Engagement of Temporary Workers. https://www.sfh-tr.nhs.uk/media/ruejft4o/hr-0054-temporary-worker-engagement-policy-v1-apr24.pdf
- ➢ If a staff member is allocated a student, they should not change their shift without ensuring the student either changes with them or is allocated to work with another suitable member of staff.

Bank & Agency Staff usage

- Roster production must prioritise filling shifts that attract enhancements to pay, e.g., nights and weekends, by substantive staff within their contracted hours.
- If there are outstanding contracted hours bank and agency staff must not be utilised until they are filled.
- Bank and agency staff **must** only be used if there is no alternative method of covering duties.
- All bank shifts should be made available to all bank staff, not allocated by roster creators.
- All bank and agency staff usage is monitored and recorded on the monthly dashboard reports.
- Where necessary, staff from other units with unused contracted hours or working more than the budgeted establishment will be moved to cover unfilled duties across the Trust.
- Any moves will be discussed with the individual to ensure they have the right skills to work safely in the area they are needed.
- **Bank Holidays should not be covered by bank & agency staff.**

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- If duties cannot be filled using substantive staff contracted hours, then approval must be gained to fill duties by ensuring the most efficient and effective resource is utilised via the below matrix.

Authorisation Matrix

Staff Group:	Proposed working:	Approval required:
Part-time staff	Where their contracted hours and additional hours are equal to or less than 37.5 hours per week.	Ward Leader
Bank Staff	All proposed shifts	Ward Leader Matron
Full-time staff (up to and including 8a)	To be paid premium rate – 'overtime'. Shifts can only be booked with 12 hours of the shift commencing.	Heads of Nursing (in-hours) Silver on-call (out-hours)
Agency staff	All proposed shift in line with the auto-cascade arrangements	Matron/ Heads of Nursing (in-hours) Silver on-call (out-hours)

(Staff employed on a substantive or bank contract by the Trust, are not permitted to work on an Agency basis at any Trust site)

Approval, Authorisation, and Finalisation processes
- As rosters are worked, any necessary changes should be made in line with the principles set out in this policy. Rosters should be updated and maintained as a real-time working document. If rosters are printed, they must always reflect the electronic roster.
- The rosters must be finalised daily for payroll to enable accurate and timely payroll process. NB. If not completed on time, this may mean that staff do not get paid worked enhancements and Ward/Department leaders will have to complete adjustment forms for staff effected.
- Completed adjustment forms must be sent to the roster support team for actioning.

The following are key actions and considerations which must be taken in the approval and finalisation of a roster:
Approval of rosters must consider roster analysis information, performance dashboards and KPI's.
- The Matron will review the draft rosters with the roster creator and identify any changes required.
- Once the roster has been approved and published, plans for any uncovered shifts or shortfalls must be agreed with the Matron.
- Ward/Department Leaders are required to adhere to the requirements of the Trust's policy for Engagement of Temporary Staff, when requesting cover for unfilled shifts.
- Administrators must not authorise their own exceptions, pay, adjust times, absences, annual leave, or lieu time.

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- Administrators (including Ward/Department Leaders or Matrons) **must not finalise shifts for any member of staff that they have anything other than a working relationship with.**
- Agency shifts must be finalised, in line with payroll deadlines. Timesheets should be amended to match if required.
- Matrons and DDN's should confirm and challenge rosters which are outside of the agreed headroom.

6.0 APPROVAL

Approval and consultation of this policy will be: -

- Nursing, Midwifery & AHP Transformation Group
- Nursing, Midwifery & AHP Committee
- People Cabinet
- JSPF

7.0 DOCUMENT REQUIREMENTS

This policy is for the use by all areas within the Trust to assist with the production of an optimised 'best practice' and safe staffing rosters using an electronic approach to: -
- To ensure all services are safely staffed, using fair and consistent rosters.
- To improve the utilisation of substantive staff and reduce temporary workforce expenditure.
- To improve adherence and monitoring of local and national KPIs

8.0 MONITORING COMPLIANCE & EFFECTIVENESS

Rosters will be measured in line with the following KPI categories: -
- Safety
- Effectiveness
- Fairness
- Unavailability's

In line with the Carter reviews, monthly KPI dashboards are produced and made available to Ward/Department Leaders, Matrons and DDN's. E-Rostering KPI's and metrics are also submitted to the Trust board monthly.

Ward/Department leaders are responsible for auditing their rosters at least every 6 months, to ensure that they remain compliant with this policy.

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g., Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Compliance with the policy	Director of Human Resources & Organisational Development	Dashboard review and exception reports Bi-annual audits	4-weekly	Chief Nurse Director of Human Resources & Organisational Development Nursing, Midwifery & AHP Transformation Group Joint Staff Partnership Forum

The implementation of this policy and its effectiveness will be monitored by the Nursing, Midwifery & AHP Taskforce Steering Group, Joint Staff Partnership Forum, and the Board of Directors.

9.0 TRAINING AND IMPLEMENTATION

- The Rostering Services team are responsible for ensuring that rostering is covered in the Trust's induction course for all new staff.
- All staff requesting access to Healthroster will only be allocated an account following completion of successful training.
- Requests for staff to receive training must sent by email to the Healthroster support team.

10.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1.
- This document is not subject to an Environmental Impact Assessment.
- This document has been subject to a Quality Impact Assessment, see completed form at Appendix 2.

11.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:
Lord Carter reviews https://www.gov.uk/government/publications/productivity-in-nhs-hospitals
NHS England Nursing and Midwifery e-rostering: a good practice guide https://www.england.nhs.uk/looking-after-our-people/the-programme-and-resources/we-work-flexibly/rostering-good-practice/
Working Time Regulations https://www.gov.uk/maximum-weekly-working-hours
NHS Handbook https://www.nhsemployers.org/publications/tchandbook

Related SFHFT Documents:
Annual leave for AfC Staff
Breaks Principles (STHT15 Collective Agreements)
Capability Policy
Disciplinary Policy
Flexible Working Guidance
Grievance Policy
Health and Safety Policy
Leave Policy
Maternity Leave Guidance for Managers
NHS Terms and Conditions (AfC) Handbook
Sickness Absence and Wellbeing Policy
Temporary Worker Engagement Policy
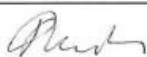Time off in Lieu (TOIL) Guidance Document

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APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Roster Management Policy for Agenda for Change (AfC) Staff			
New or existing service/policy/procedure: No			
Date of Assessment: 28th November 2024			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	There is no evidence to indicate a negative impact by the rota optimisation proposals within this policy.	All SFH policies are consistent in their approach to race and ethnicity and do not tolerate discrimination.	None
Gender	Our workforce is predominantly female.	Flexible Working Guidance. Healthroster is able to adapt to all flexible/family friendly policy requests or any personal restrictions and patterns of work regardless of gender	None
Age	Supporting appropriate length of break for shift duration, particularly for long shifts.
Flexi retirement options	The Flexible Working Guidance is able to support working arrangements regardless of age.	None
Religion / Belief	SFH acknowledges the potential impact that working different shifts may have on people who have religious beliefs.	Flexible Working Guidance
Annual leave Policy
Grievance Policy
Staff can self-roster. Where any staff member has a rota which they feel would impact on their religious belief this should be highlighted and discussed with their line manager.	None
Disability	There is no evidence to indicate a negative impact by the rota optimisation proposals within this policy.	Equality, Diversity, and Inclusion Policy.
Occupational health advise available to ensure reasonable and appropriate adjustments to allow staff to be able to attend work.	None

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Sexuality	There is no evidence to indicate a negative impact by the rota optimisation proposals within this policy.	All SFH policies are consistent in their approach to sex and do not tolerate gender specific discrimination.	None
Pregnancy and Maternity	Appropriate workplace assessments and reasonable adjustments must be made as required.	Maternity Guidance for Employees Maternity Guidance for Managers	None
Gender Reassignment	There is no evidence to indicate a negative impact by the rota optimisation proposals within this policy.	Equality, Diversity, and Inclusion Policy. Transgender Staff Guidance.	None
Marriage and Civil Partnership	There is no evidence to indicate a negative impact by the rota optimisation proposals within this policy	Healthroster allows for local rules where partner's work opposite shifts either within the same unit or on a different unit.	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	The potential to impact pay. To maintain contracted hours staff may be required to work additional shifts, incurring additional travel to work and cleaning of uniform. There is also the potential for additional childcare costs to provide cover for working parents.	Opportunities to increase/decrease hours. Flexible working opportunities Bank posts available	None

What consultation with protected characteristic groups including patient groups have you carried out?
None, as the Flexible Working and Maternity Policies are in existence.

What data or information did you use in support of this EqIA?
Flexible Working and Maternity Policies

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints, or compliments? No

Level of impact
From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:
High Level of Impact/Medium Level of Impact/Low Level of Impact *(Delete as appropriate)*
For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: Shahnaz Hama (Rostering Matron)

Signature: Shahnaz Hama

Date: 28th November 2024

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APPENDIX 2 - QUALITY IMPACT ASSESSMENT FORM (QIA)

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30/01/201

5. QUALITY IMPACT ASSESSMENT

Answer positive, neutral or adverse (P/N/A) against each domain. If Adverse score the impact, likelihood and total in the appropriate box. If score > 8 insert Y for full assessment.
Note if score >8 stage 2 QIA document will need to be completed.

CQC DOMAIN	Could the proposal impact in positive, neutral or adverse way on:	P/N/A	Impact	Likeli-hood	Score	Full Assessment?	Rationale for Quality Impacts
SAFE	Exposure to harm.	Positive			0	No	The Roster management policy for nurses, midwives & AHPs will provide a well-balanced roster to support safe care in the wards throughout the Trust
	Delivery of safety management plans.	Positive			0	No	
	Delivery of incident response or capacity to act on safety alerts.	Positive			0	No	
	Ability to reduce the frequency of regular incidents, complaints or claims.	Neutral			0	No	
	The safe environment of care.	Positive			0	No	
EFFECTIVE	Implementation of NICE guidelines or other evidence based standards of care.	Neutral			0	No	The Roster management policy for nurses, midwives & AHPs will ensure that continuity of care is provided to the patients by providing a well-balanced roster
	Patient outcomes e.g. extend LoS or increase re-admissions.	Neutral			0	No	
	The quality of life for individual service users.	Positive			0	No	
CARING	Patient satisfaction with the service received.	Positive			0	No	The Roster management policy for nurses, midwives & AHPs will ensure care is provided safely by providing a well-balanced roster
	Capacity to respond to complaints, claims or concerns about care.	Positive			0	No	
	Privacy, dignity and respect.	Positive			0	No	
RESPONSIVE	Ability to meet patient need.	Positive			0	No	The Roster management policy for nurses, midwives & AHPs will ensure patients needs are met
	Implementation of care plans.	Neutral			0	No	
WELL LED	Ability to lead and manage care.	Positive			0	No	The Roster management policy for nurses, midwives & AHPs will be created to ensure that rosters are well-balanced to provide safe and effective care
	Ability to govern and assure delivery of care.	Positive			0	No	

Quality Impact Assessment Approval

Prior to sign off by Chief Nurse or Medical Director, all QIAs require Divisional approval.

Stage 1 QIA Chief Nurse or Medical Director approval. Stage 2 both Chief Nurse and Medical Director approval required - please see separate guidance for QIA.

Completed By:		
Yvonne Simpson Associate Chief Nurse	25/01/2019	

Approved by	**Policy Approval**	Comments
Clinical Director — Chief Nurse		The Roster Management Policy for nurses, midwives & AHPs has been written to ensure that all staff as creators of rosters or as Employees understand their roles and responsibilities within the rostering process to ensure that a well-balanced roster is produced and there is safe care provided through an effective roster for our patients.
Signature	25/01/2019	

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Appendix 3

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Checklist for Validating and Approving Rosters

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Action	Check
The Roster has been created and will be finalised 6 weeks in advance	
All staff requests have been considered	
Use Autoroster (target of 60% completion) to complete roster and fill in gaps manually.	
Check personal patterns are still valid, and being laid down properly by Autoroster (any changes inform the Healthroster team)	
Senior and experienced staff are spread evenly throughout the roster	
Shifts and break times conform to WTR	
Ensure staff that owe hours are not working bank shifts in their own area, (unused contracted hours should be utilised **before** shifts are sent to bank)	
The number of unfilled shifts that occur on nights and weekends are as close to zero as possible	
Ensure a set of night shifts are followed by at least one sleep day and one day off before any other shifts are worked.	
Ensure staff who work Monday's (but are not required to work Bank Holidays) have requested leave	
Check that the "hours left column" is zero or showing a minus figure	
Check the "net hours left" column is showing no more than 12 hours (either positive or negative)	
Check any "orange" shifts these are breaking rules-ensure mitigations are in place	
Ensure sickness hours have been inputted correctly, extend any sickness period if needed	
Check roster analyser and ensure there are no "missing charge" shifts	
Check that requested leave hours are correct and evenly distributed and consistent at 15%	
Check that staff either leaving or joining have been actioned (either added or removed from roster)	
Check that newly qualified/preceptor/international staff have supernumerary shifts added (and that these do not exceed the agreed amount)	
Unfilled shifts should be equal to the number of vacancies	

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Appendix 4

Roster Audit Tool
For use by Ward/Department leaders at least every six months.

An action plan should be agreed for areas requiring improvement, as recommended in the Carter reviews.

Ward/Department Name:

Date of Audit:

Audit completed by:

Audit Item	Yes/No	Comments
Has the roster template been reviewed in the last 6 months-is it still current		
Are all staff aware of the Rostering policy and know how to locate it		
Do the shift and break times conform to WTR		
Is the approved minimum number of staff rostered for each shift		
Is the skill mix correct and maintained		
Is study leave allocated as per policy		
Have working restriction/flexible working patterns been reviewed in line with the policy or at least annually		
Are staff encouraged to use LOOP to request leave and to book bank shifts.		
Are there six weeks of rosters available for staff to review		
Are there three months of rosters available for staff to add requests		
Are unused contracted hours monitored and managed as per this policy		
Are break time guidelines followed		

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Appendix 5

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INDIVIDUAL AGREEMENT TO EXCEED THE MAXIMUM WEEKLY WORKING HOURS LIMIT (Average 48 hours per week over a 17-week aggregated period)

Name_____

Post_____

Ward_____

Period of Agreement – 6 months with effect from_____

I agree that the maximum weekly working hours limit contained in the Working Time Regulations (1998), (i.e. 48 hours average per week over a reference period of at least 26 weeks) does not apply to me in respect of my work for the Trust (combined with any working time I undertake or any other NHS employer).

I further agree to give one month's written notice to my Divisional Human Resource Manager in the event of me wishing to terminate this agreement. Following discussion, this period of notice may be waived in exceptional circumstances.

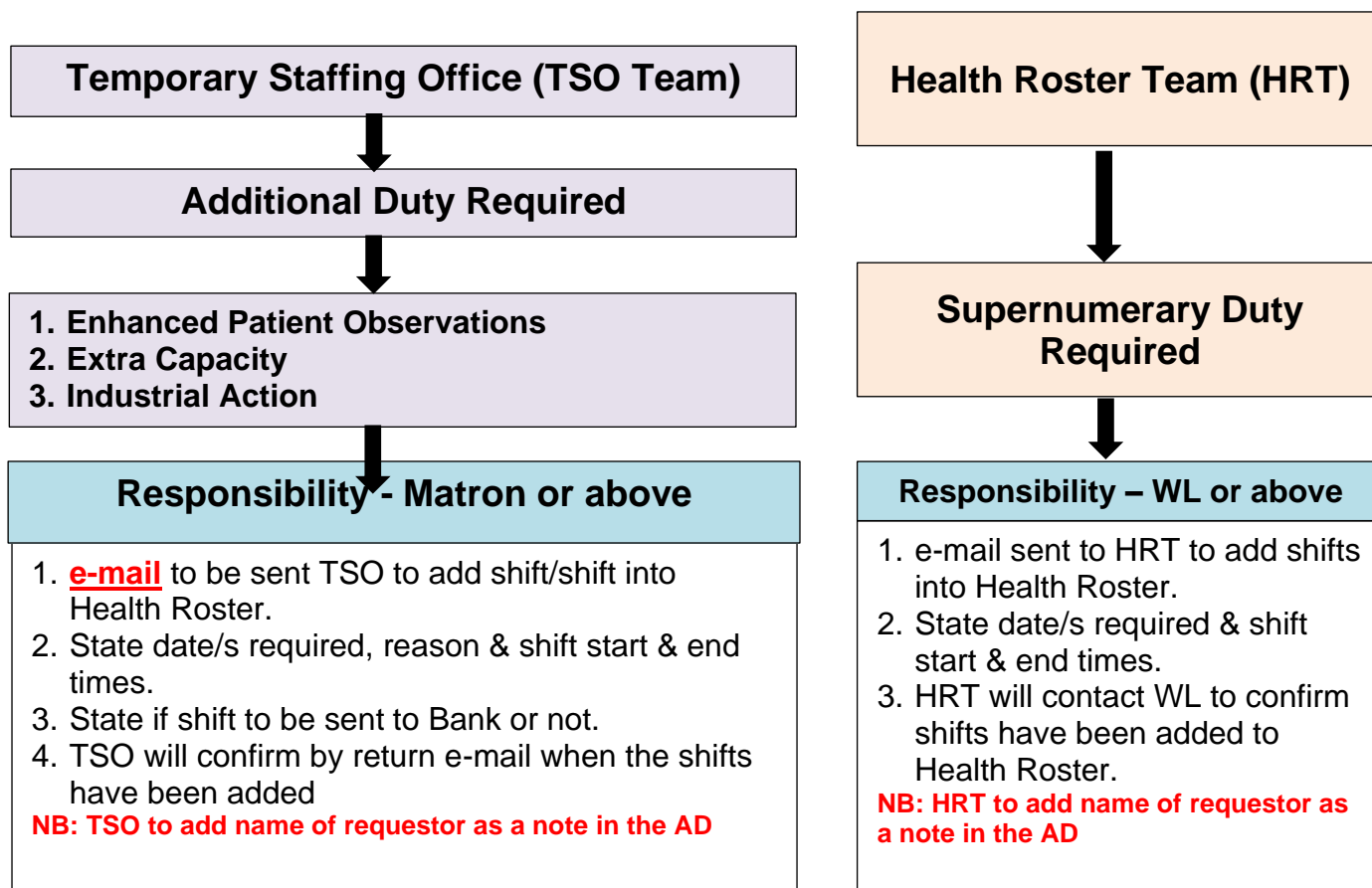Signed_____   Date_____
         (Member of staff)

Name_____

_____

I confirm and acknowledge that the above member of staff has agreed to exceed the maximum weekly working hours limit as specified above.

Signed_____   Date_____
         (Director of People)

Copy: Member of staff
         Personal file

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Appendix 6

RSD Additional Duties SOP v1.1

Temporary Staffing Office (TSO Team)	**Health Roster Team (HRT)**

↓

Additional Duty Required

↓

1. **Enhanced Patient Observations** 2. **Extra Capacity** 3. **Industrial Action**	**Supernumerary Duty Required**

↓ (left) ↓ (right)

Responsibility - Matron or above	**Responsibility – WL or above**
1. **e-mail** to be sent TSO to add shift/shift into Health Roster. 2. State date/s required, reason & shift start & end times. 3. State if shift to be sent to Bank or not. 4. TSO will confirm by return e-mail when the shifts have been added **NB: TSO to add name of requestor as a note in the AD**	1. e-mail sent to HRT to add shifts into Health Roster. 2. State date/s required & shift start & end times. 3. HRT will contact WL to confirm shifts have been added to Health Roster. **NB: HRT to add name of requestor as a note in the AD**

PLEASE NOTE
1. Additional Duties will not be added to cover staff absences – the absence should be entered into Health Roster first to allow the shifts the employee would have worked to move to the top of the roster (unfilled section) to be covered. 2. Additional Duties will only be created for the 3 reasons above. Any other reasons would need to be approved by the Deputy Director of Nursing or above. (an e-mail to TSO will be required).

Checklist for detail needed in e-mail
1. Start date & End Date
2. Shift/s required including start & end times
3. Grade required
4. Reason Required – must be, EPO, extra capacity, Industrial Action, anything different must be approved by a DDN
5. Confirm if shift needs to be sent straight out to bank

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Appendix 7

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Headroom Calculation.

Annual Leave 15%
Sickness 3.5%
Maternity Leave 0.5%
Study Days 3%

</div>

Total 22%. This headroom is set across the Trust, however there are a few areas that have a headroom percentage of 25%.

Leave should be maintained at 15% (0.15) per roster period.
To calculate how many staff can take leave the following formula can be used.

Ward A has

13.46 wte registered staff,	13.46 x 0.15 = 2
9.54 wte unregistered staff.	9.54 x 0.15 = 1.43
Total 23 wte	Total 2+1.43 = 3.43 wte

Please note the number is based on WTE's in post, therefore the formula needs to be recalculated as staff join or leave.

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Appendix 8

Kit/Split Days

KEEPING IN TOUCH DAYS/SHARED PARENTAL LEAVE IN TOUCH DAYS

Name of Claimant ……………………………………….. (BLOCK CAPITALS) Department …………………….

Assignment Number							

This claim must be submitted to your Manager IMMEDIATELY after the end of the month and must be an original. **NOTE: ALL CLAIMS ARE PAID IN ARREARS.**

Employee/Manager to Complete					Pay Services to Complete				
KIT/SPLIT Date	Day of the week	Start Time	Finish Time	Total Hours Claimed	Basic	Enhancements	WTD	Total KIT	OMP to Deduct
Locally agreed Grp 0 NR NP NHS – 214 – 214 Kit Days									
OMP Recovery									

I (the claimant) declare that the information given is true and complete and I understand that false representation will be regarded as gross misconduct and will result in summary dismissal.

Claimant's Signature ……………………………………. Date …………………………. ………

I certify that the above statement is correct and payment due is approved

Signature of Prime/Delegated Budget Holder…………………… Date ………………………………

Print Name …………………………………………………………………………………………….
(BLOCK CAPITALS)

FOR FINANCE USE ONLY	
Processed by	Checked by