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Contact for advice:	Rostering Team

With all of us in mind.

Rostering Policy

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Rostering Policy

1.   **Introduction**

South West Yorkshire Partnership NHS Trust has a duty to the people who use its services to ensure they are safe, effective, and efficient. Staff rostering is fundamental to providing services that are safe and effective whilst at the same time enabling resources to be deployed in the most efficient way, to ensure the best use of public money in the delivery of NHS services. The Trust is therefore committed to ensuring all staff rosters are based on service needs and provide the best level of care and support within agreed resources.

The purpose of this policy is to support managers in deploying staff in a way which takes account of the importance of work-life balance without compromising the most effective and efficient way of meeting the needs of service users. The policy recognises that it is also important that staff rosters are drawn up fairly, transparently and in a timely manner and that they reflect the need to both appropriately plan care and as far as reasonably possible, to support staff to achieve a positive work-life balance. This will support the great place to work strategy.

The aim of the policy is also to provide a balance between the clinical risks associated with supporting and caring for service users and the health, safety, and wellbeing of staff. The safety and wellbeing of service users, carers, staff, and visitors will always remain a priority for the Trust.

The principles which must underpin the development and management of staff rosters are:

- Ensure the cost-effective deployment of staff based on the needs of service users.

- Ensure the safety and wellbeing of service users, carers, staff, and visitors.

- Developed in a fair, transparent, timely and consistent manner.

- Improves clinical services through the efficient deployment of staff.

- Maximises the productive use of staff time and skills for the benefit of users of the service.

- Enables the optimum flexibility and support for staff in achieving positive work-life balance without compromising the needs of service users and/or the best use of public money.

- Maintains and is seen to maintain the highest standards of probity in the use of NHS resources and provides clear audit trails for decisions on expenditure.

2. Purpose and scope of the policy

This policy applies to all staff regardless of their area of work, working patterns and whether e-Rostering or paper-based systems are used to record work done. It must be the basis for the development, management, and agreement of all staff rosters. Service/Team Managers, and nominated deputies, with responsibility for drawing up staff rosters will be required to follow the policy. General Managers/Service Leads will be responsible for ensuring all service areas comply with the policy and Directors will retain overall accountability for implementation of the policy within their directorate.

The policy applies to the drawing up of rosters in all areas. All units using e-Rostering must create and update their rosters using the electronic system. General Managers/Service Leads must ensure that there are proper controls in place to ensure rosters are accurate, provide for the most cost-effective use of resources and are appropriately authorised. As a statutory NHS body, the Trust and its staff are required to exhibit and be seen to maintain the highest standards of conduct and probity in the use of public money. Failure to comply with the policy and associated guidance may put staff and/or managers at risk of allegations of fraud. Falsifying records and/or claims and/or time sheets etc is not only a serious disciplinary matter which, if proven, is likely to lead to dismissal but is also potentially a criminal offence which could result in prosecution.

General Managers/Service Leads must clearly designate the individual responsible for ensuring the production of the Staff Roster for each service and who has responsibility in their absence.

3. Duties

The following duties apply to this policy:

3.1 Executive Management Team and Trust Board
- The Executive Management Team and Trust Board hold corporate accountability for ensuring there are robust systems and processes in place to make informed and accurate decisions regarding Staffing Levels.
- The Executive Management Team are responsible for approving and ensuring this policy has been developed in accordance with the Trust's Policy for the development, approval and dissemination of policy and procedural documents.

3.2 Chief People Officer
- The Chief People Officer is the lead director, responsible for ensuring appropriate development and implementation of the policy.
- The lead director will be responsible for engaging relevant stakeholders in the development of the policy and ensuring appropriate arrangements are in place for managing any resource implications, including dissemination and training and for ensuring the most current version is in use and obsolete versions have been withdrawn from circulation.
- The Chief People Officer will also link with the Care Group Directors and the Chief Nurse/Director of Quality and Professions to identify any problems with the implementation or monitoring of this policy.

- The Chief People Officer will be responsible to the Trust Board for the implementation and maintenance of e-Rostering within the Trust.

3.3 Nursing, Quality and Professions Directorate
- For clinical rosters, the Chief Nurse/Director of Quality and Professions, and deputies within the Nursing, Quality and Professions Directorate will be responsible for assisting with the review of Safer Staffing Levels and will give final approval for any changes to Staffing templates.

3.4 General Managers/Service Leads
- General Managers/Service Leads are responsible for ensuring that rostering occurs in line with the policy.
- They should monitor the performance of staff rosters and the use of bank and agency through "check and challenge" processes.

3.5 Service/Team Managers
- The service/team managers are responsible for ensuring that rosters are produced, fully approved and maintained with all ongoing roster updates, in line with Section 4: Production of Staff Rosters to ensure safe and effective staffing levels.

3.6 Service/Team Leaders or nominated deputies
- The service/team leaders or nominated deputies are responsible for ensuring that rosters are produced and partially approved, for subsequent review by the service/team manager, and maintained with all ongoing roster updates, in line with Section 4: Production of Staff Rosters to ensure staff and effective staffing levels.

3.7 e-Rostering Team
- The e-Rostering Team is responsible for ensuring that the e-Rostering system is fit for purpose, appropriately configured, and utilised to its full potential.
- They will provide rostering data to inform the check and challenge processes which identify potential required improvements in rostering practice.
- They will assist in the monitoring of rosters and reporting against agreed KPIs to help achieve more effective rostering and workforce utilisation.
- They will provide ongoing support and training to e-Rostering system users.
- They will liaise with the e-Rostering software supplier support team to resolve system issues.
- They will submit the absence and timesheet data from the e-Rostering system to ESR for Payroll Department process.
- They will maintain the Trust's Roster Production Timetable.

3.8 Payroll Department
- The Payroll Department are responsible for the receipt of all data entered or transferred into the ESR system relating to absence and timesheet information.
- They will check the correct authorised signatory has signed off any paper-based timesheet submissions.
- They will support individuals with any pay-related queries for processed absence and timesheet information.

3.9 All Staff

- Staff are responsible for attending work as per their rostered days/shifts and requesting annual leave via e-Rostering or ESR, verifying their leave entitlement and checking their remaining leave balance.
- They are responsible for requesting shifts and days off within flexible rostering teams using their personal e-Rostering accounts, with these requests being reasonable, flexible, and considerate to their colleagues.
- They are responsible for notifying the Service/Team Manager of any proposed changes to their planned shifts.
- They are responsible for checking that their rostered hours worked for teams using e-Rostering are accurate and electronic timesheets are as expected.
- They are responsible for adhering to the requirements set out by this policy.

4. Production of Staff Rosters

4.1 Roster Production

The designated service/team manager identified as responsible for producing and managing the staff roster must ensure:

- All rosters are composed to reflect the needs of service users, represent a safe and cost-effective way to cover service requirements and are an efficient utilisation of staff.

- The roster is produced and approved at least 6 weeks in advance and that it commences on a Monday.

- In the first instance permanent staff (and or staff on temporary or fixed term contracts included in the establishment) should be used to cover the required shifts. Any gaps in the roster should then normally be filled by using time owing and time owed (see section 6 for definition).

- The roster must reflect the agreed skills mix and staff numbers required and should not include a skill mix above or below this unless approved by the General Manager/Service Lead.

- All shifts are fairly and equitably allocated to staff in accordance with their hours and the agreed skills mix.

- All inpatient Nursing rosters must clearly show who is in charge on each shift.

- They endeavour to try and comply with all reasonable requests; however, this should not compromise the needs of service users or be at the expense of having to use overtime, bank, or agency staff. All staff must have equal access to requests for shifts/time off and popular breaks (Bank Holidays and School Holidays).

- Rules relating to all types of leave, eg the Annual Leave, Study Leave and Working Time Regulations are adhered to as set out in the relevant policy, procedure, or as detailed in this document.

- Hard to fill shifts, ie nights and weekends, should be filled first with substantive staff.

- Bank shifts should not be planned before planning the roster.

- Any staff working non-standard start or finish times are entered on the roster to avoid misinterpretation.

- Senior staff time is distributed across all shift patterns.

- Only where it is impossible to cover all the required shifts through the allocation of available staff, using time owing and/or time owed, and reallocation of staff across different wards/teams, should consideration be given to the use of bank staff. The deployment of bank staff should be in keeping with the agreed skills mix and required staff numbers. When using bank staff, service/team managers must not compromise the safety of service users and other staff and must ensure they have the required induction and training to work in that clinical area.

- In situations where it is not possible to cover all the required shifts using time owing and/or time owed, and reallocation across different wards/teams, or bank, then approval must be sought from the General Manager/Service Lead, or senior on-call manager when out of hours, before agency staff are sought or overtime rates are offered. The designated manager must clearly state and record the reason for the request for bank, overtime, or agency staff.

- Once rosters are approved staff wishing to alter their roster should, in the first instance, attempt to exchange shifts with other appropriate team members. Any changes are made within equal grade bands and with consideration to the overall skill mix, and gender mix where applicable, of all shifts not being changed. Changes to rosters should be at no additional cost.

- All changes are authorised by either the service/team manager or designated deputy as soon as possible or at least before the start of the shift. Changes must not result in overtime expenditure or use of bank or agency staff. Only in exceptional circumstances can changes be made and retrospectively approved by the manager or deputy.

- In consultation with staff, except in instances of operational necessity, staff should normally be given at least 24, or ideally 48 hours, notice of a change of roster. However, in agreement with a member of staff the manager may require a change of roster with less notice, eg an urgent clinical situation.

- The use of additional shifts to cover changing clinical needs (eg high acuity or one to ones with service users) must be done in the most cost-effective way. The Ward/Team Manager is responsible for ensuring that all additional shifts are justified for clinical needs.

When there are unforeseen circumstances, ie a member of staff going off sick at short notice or additional shifts or hours are needed, then the most cost-effective method available must be used which normally means the following order:

1. Use time owed and/or time owing from individuals in the team/ward if available.

2. Use time owed and/or time owing from individuals from other teams/wards, providing the individual has the correct competencies if available.

3. Only in exceptional circumstances after the above options have been fully explored, and are not available, should excess hours, bank, overtime, or agency be used. These should be approved in advance by an authorised signatory.

4. Use additional part-time staff (excess) hours up to 37.5 hours per week.

5. Use of bank staff.

6. Use of Overtime - this must be approved in advance by the General Manager/Service Lead.

7. Use of Agency - this must be approved in advance by the General Manager/Service Lead.

- Staff should be paid at the rate of the work they are performing.
- ie if a Band 6 Nurse covers a Band 5 shift, they should be paid at Band 5.

- Any exceptions to the above should be discussed and would require General Manager/Service Lead approval.

- The reasons for the use of bank, excess hours, overtime, or agency must be clearly recorded and kept by the manager for audit purposes.

- Monitoring of the use of bank, agency and overtime will be subject to monitoring by the EMT and Trust Board.

4.2 Roster Approval

- Prior to rosters being worked a two-stage roster approval must take place:

1. Partial Approval – this is the responsibility of the Service/Team Leader or nominated deputy.
2. Full Approval – this is the responsibility of the Service/Team Manager.

- The roster should be reviewed prior to both partial and full approval using the checklist found in Appendix A. For those using e-Rostering, the Headroom and Unavailability Rules figures in Section 5.4 will be analysed using the Roster Analyser. This will highlight any potential improvements to the unavailability

management within and safety, effectiveness, and fairness of each roster period.

- The roster must be fully approved and published at least 6 weeks in advance of its start date as per the [Trust's Roster Publication Timetable](). Meeting the 6 week publication deadline will improve roster efficiency by reducing the number of post-roster approval swaps and changes.

- If this deadline is missed, this should be escalated to the Service/Team Manager and General Manager/Service Lead. For those using e-Rostering, weekly emails will be sent to those for the ward/team with the above identified roles until such time as the roster period has been fully approved.

4.3   Roster Updates

- Keeping the roster up to date is of critical importance. Any changes that are made to the published roster must be updated in real time; this covers shift changes, redeployments, additional shifts, the addition and update of any staffing unavailability from working normal days/shifts and appropriately authorised, as defined in section 4.1, excess hours, overtime, bank and agency staffing shifts.

- Any changes which affect temporary staff requirements must immediately trigger the agreed process for temporary staffing cover.

4.4   Roster Finalisation/Confirmation

- The previous week roster should be fully verified by the Service/Team Manager, or nominated deputy, by no later than Tuesday of the current week, ensuring that all roster updates have been made and the week is a completely accurate reflection of all hours worked and unavailabilities. The week should then be finalised/confirmed for accuracy.

- This check should be used as an opportunity to re-check the accuracy of all staffing information on the roster (starters, leavers, internal staffing moves, contracted hours, and grades). Any errors noted in this check for teams using e-Rostering should be reported to the e-Rostering team.

- The Trust's [Monthly Finalisation Deadlines]() document must be adhered to for roster finalisation, and paper timesheet submission for any teams not implemented onto e-Rostering. The e-Rostering team will provide monthly reminders on the monthly deadlines to teams who use e-Rostering.

- General Managers/Service Leads must nominate a deputy/admin support to receive further reminders should the monthly finalisation deadline be missed.

- Email reminders will be sent to the General Manager/Service Lead, their nominated deputy/admin support, Service Team/Managers, Team Leaders, and deputies responsible for the teams who have items awaiting finalisation in the previous month.

- Failure to complete finalisation for the month will result in one or more of the following: non-payment of timesheet entries (eg enhancements, bank, excess hours, overtime, call out), non-payment of average leave payments, and teams being excluded from Trust monthly absence reporting. The e-Rostering team will notify the General Manager/Service Lead, their nominated deputy, and the Service/Team Manager of all affected teams. Any non-paid timesheet payments will be processed the following month.

5. Staffing Unavailability

5.1 Annual Leave

This section should be read in conjunction with the Annual Leave Procedure.

5.1.1 Changing Annual Leave

- Annual leave must be cancelled before a roster is produced.

- If a member of staff needs to delay or amend an annual leave booking this will be considered while accounting for local service needs, provided it does not incur extra expenditure and remains within recommended levels, ie the 11% to 17% margin (set out in 5.1.2 Planning Annual Leave) in both the amended period and the new period of annual leave.

5.1.2 Planning Annual Leave

- Service/Team Managers are responsible for ensuring that the total amount of leave taken by all staff each week falls within recommended levels and is reflective of the headroom which has been included in their service budgeted establishment for annual leave, which is usually 15%; for example a minimum of 11% to a maximum of 17% which should be reflected in each skill mix where applicable.

- Each Service/Team Manager is responsible for calculating the number of staff who must be given annual leave in any one week. Dependant on the service, this may be based on different grades or grade types of staff. This can be calculated using the Annual Leave Allocation Tool on the intranet. An agreed number should be explicit and adhered to, and staff should be made aware of the need to maintain this number throughout the year to effectively manage the workforce to meet service user need. Should this number not be met by way of requests, the Service/Team Manager (or designated Manager) will allocate leave following consultation with the staff concerned.

- Regular reviews of outstanding annual and study leave for each member of staff should be made by the Service/Team Manager (or designated Managers) whilst planning each Roster to avoid accumulation of untaken leave.

- It should not be presumed that all annual leave for new starters will be honoured unless explicitly agreed at appointment. This will need to be negotiated to ensure clinical requirements are met.
- It should not be presumed that all annual leave for an internal appointment will be honoured by the new department unless explicitly agreed at appointment. This will need to be negotiated to ensure clinical requirements are met.

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

- For those not on e-Rostering, all leave must be managed on ESR. No paper-based systems for leave are to be used in the Trust.

- The use of overtime, bank and agency staff should not be used to cover annual leave. It may only be allowed at short notice due to exceptional circumstances if it is agreed by the General Manager/Service Lead.

5.2   Study Leave

Study leave will be assigned in line with the Trust's Mandatory Training Policy (including Essential to Job Role Training).

- Managers should ensure that mandatory training is undertaken and balanced throughout the year, considering staffing and skill mix, and the headroom allowance which has been included in their service budgeted establishment for study leave, which is usually 3%.

- Study leave should be assigned as part of contracted hours and all study leave must be clearly recorded within rosters. The hours of work undertaken for the period of study leave will be for the hours of study and not for the normal shift times. Staff not returning to work should use Time Owed/Owing to make up their hours.

5.3   Sickness Absence

This section should be read in conjunction with the Sickness and Attendance Policy and Sickness and Attendance Procedure.

- Managers must ensure that the Sickness Notification and Recording of Absence procedure within the Sickness and Attendance Procedure is followed, with the absence recorded using the sickness reasons available within the Trust's electronic systems.

- For greater accuracy on Trust sickness reporting, the use of the 'unknown' sickness reasons should be minimised; for example, when staff are sick due to planned medical surgery, the reason for the surgery being required should be recorded.

- The hours assigned to part week sickness absences should reflect the hours that the individual would have normally worked. Full week (Monday to Sunday) sickness absences should reflect the individual's weekly contracted hours, or full week fixed pattern working hours, if the latter is applicable.

- The restrictions on bank, additional hours, overtime, and agency working followed a period of sickness as defined within the Sickness and Attendance Policy must be adhered to, with advice on this matter sought from People Directorate Operational Managers and Advisors.

5.4   Headroom and Unavailability Rules

The Trust headroom allowance for many teams is 22%, with this uplift included within service budgeted establishments, as per the below:

- Annual Leave – 15% (recommended levels 11% to 17%)
- Sickness – 4%
- Study Leave – 3%

The service/team managers, team leaders or nominated deputies are responsible for the review of staffing unavailability compared to their headroom percentage prior to roster approval, making changes where possible to improve unavailability management throughout the year.

Those using e-Rostering must use the Summary and Effectiveness sections within the Roster Analyser to carry out this process. These sections will identify any levels of staffing unavailability which are outside of these thresholds.

6.   Time Owing and Time Owed

6.1   Time Owed

Staff working below their contracted hours with agreement of the designated manager across the period of roster will owe time (time owed) which will normally be allocated in the next roster period.

Time owed must be recorded on the Time Owing/Owed – Recording Sheet (example shown in Appendix B) or updated on the e-Rostering system where used.

Time owed should not normally exceed 20 hours unless agreed with the line manager and member of staff.

Where there are contracted hours available but not needed as part of the required staffing levels, then the following options should be considered:

1. By agreement with the member of staff concerned (unless provided for in the contract) these additional hours may be carried forward as time owed, or

2. The individual is re-allocated to another ward/service, subject to them having the appropriate and necessary competencies and training, for these additional hours, or:

3. An extra shift added to undertake specified additional activities.

Time owed should not normally be carried over from one post to another. All time owed should be worked prior to internal transfer or on leaving the Trust's employment. Any outstanding time owed must be deducted from their final salary on leaving the Trust.

6.2   Time Owing

Time owing is an important part of maintaining continuity and safety of services. The recognition of time worked over an employee's contracted hours must be in response to a request by the line manager (or person in charge) and solely based on service delivery needs.

Time owing should not normally exceed 20 hours unless agreed with the line manager.

There are many examples where time owing should not be accrued including:

- Employee arrives early or leaves late to miss the traffic
- Employee does not take breaks through their personal choice

In authorising the accumulation of time owing, line managers for audit processes should satisfy themselves that the time claimed has been worked and that the work was in response to a service delivery need. When staff undertake duties outside their normal working hours, a record must be kept and authorised, by the employee's line manager or team leader, this must then be held securely within the department/service area. When an employee takes back time owing this must be approved by their line manager or team leader and recorded on the Time Owing recording form (Appendix B) or updated on the e-Rostering system where used.

In managing their service, managers should encourage and enable employees who have accrued time owing to take the time back as quickly as possible and normally in the next roster period. Where for service delivery reasons it is not possible for the time to be taken back within the next roster period, managers should work with their staff to plan when the time owing can be taken normally within 3 roster periods of its accrual.

Time owing should not normally be carried over from one post to another. All time owing should be taken prior to internal transfer or on leaving the Trust's employment.

All time owing is accrued and taken at plain time rates. Time owing is accrued and taken in a minimum of 15-minute blocks.

Where staff who for operational reasons are unable to take back their time owing within three months of it being accrued, then that time can be paid at flat or overtime rates as appropriate subject to approval by the General Manager/Service Lead.

Local procedures should be in place for the process of authorising time owing 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 Manager and the staff member concerned.

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

7. Skill Mix and Shift Staffing Numbers

- Each area/ward has an agreed funded establishment. Minimum staffing levels (number of staff) and skills mix by shift and by day must be agreed and reviewed in the light of any significant change to the ward/service area function but at least on a six-monthly basis, in compliance with safer staffing requirements.
- Each area/ward should have an agreed level of staff with specific competencies on each shift, eg the ability to take charge, respond to emergency situations or act as point of contact, as agreed with the Service/Team Manager. Agreed number and skill mix must be achievable within the budget.

- In areas where the workload is known to vary according to the time of day, day of the week or number of service users, staff numbers and skill mix is expected to reflect this.

- For inpatient nursing areas, there should be a designated nurse in charge who has been identified as having the required skills and competencies for a coordinating role. This should be clearly identified on the paper and electronic roster and named on the safer staffing display.

- Where applicable, Safer Staffing levels must be displayed at the entrance to the ward/unit on a shift by shifts basis.

- Where applicable, Service/Team Managers, or their designated deputies, should work shifts as agreed with the General Manager/Service Lead, taking account of the need to provide appropriate leadership and management at ward/unit level and the most cost-effective deployment of staff.

- Service/Team Managers should only work at weekends for a specific reason – eg ad hoc supporting and supervision of staff, when acting as point of contact.

- In areas that cover nights, Service/Team Managers should not normally be rostered on night shifts unless agreed by the General Manager/Service Lead.

- In relevant services, students should be rostered with their mentor where possible and 50% of the working week as a minimum. If their mentor is unavailable, an associate mentor should be allocated.

- Shift patterns should maximise staff rest time whenever possible to ensure that Working Time Regulations are met for a minimum of an uninterrupted 48-hour rest period or two separate uninterrupted 24-hour rest periods in 14 days.

- Where services require 24-hour shift working staff will be required to work a variety of shifts and shift patterns.

- Weekend shifts are defined as Friday night, Saturday, and Sunday.

- Where the service requires weekend working, staff working shift patterns should normally have a minimum of two weekends off per 8 weeks of roster, in normal circumstances. Additional weekends off can be rostered if the service requirements allow.

- The maximum number of consecutive day or night shifts includes shifts worked in the previous week and the week following.

- The maximum number of consecutive short-day shifts recommended for staff to work is 6. Staff should work no more than this unless by special arrangement (to a maximum of 8).

- The recommended number of consecutive long day shifts (normally 12 hours or longer) should be 2 days, up to a maximum of 3 in exceptional circumstances.

- The normal number of consecutive night shifts should be 3, up to a maximum of 4.

- Night shifts should normally be kept together where possible.

- Staff should not normally be rostered for a single night shift.

- There should be a minimum of a 36-hour uninterrupted rest period after being rostered for a night shift and returning to a day shift.

8.   Flexible Working Arrangements, Requests and Swapping Shifts

8.1   Flexible Working Arrangements and Personal Patterns

The Trust supports the principles of flexible working and believes if properly agreed and balanced with service needs can bring benefits to staff and services. However flexible working arrangements and personal patterns must be set against the need to ensure safe levels of staffing to deliver the right quality of care and reduce clinical and non-clinical risk. The Trust's Flexible Working Policy & Procedure provides a framework for agreeing flexible working patterns without compromising the needs of service users or incurring increased costs.

Under the "Part Time Workers Regulations", part time workers should not be treated less favourably than comparable full-time employees.

The Trust recognises staffs right to request flexible working. These requests need to be considered consistently and in a transparent way whilst balancing and reflecting the needs of service users and other members of the team. Flexible working arrangements should be reviewed at least annually, considering service needs alongside all other working arrangements.

Working Arrangements must meet the needs of the service and be agreed by the Service Manager in line with the Flexible Working Policy & Procedure.

8.2 Requests

Managers should be sensitive to the requests of staff for time off. However, requests may not always be granted, and service needs should take priority and they should be at no additional costs.

For areas/wards which are not on an e-rostering system, the process of requesting Days Off and Nights can be locally determined, eg request book, roster template for specific period available to staff, different colour pens for requests, however the following principles should be included.

Systems for staff to request Days Off and Nights (where applicable) should be available for a minimum of 10 weeks in advance to ensure fairness for all staff.

Staff may not request to work specific day shifts; instead, they may request Days Off and a maximum of 1 Night per 4-week Roster for areas that cover nights. Requests will not be pro rata for part time staff.

- Requests will be considered in the light of service needs to a maximum of 6 requests per 4-week Roster for services that normally work short day shifts (normally 7.5 hours).

- Requests will be considered in the light of service needs to a maximum of 4 requests per 4-week Roster for services that normally work long day shifts (normally 12 hours).

The number of requests for staff that have an agreed flexible working arrangement will depend on the individual agreement and whether the service works short or long days. eg where services normally work short days and have 6 requests per 4-week roster, and a member of staff has 1 day per week agreed as a flexible agreement they will be entitled to 2 further requests. Where services normally work long days and have 4 requests per 4-week roster, and a member of staff has 1 day per week agreed as a flexible agreement they will not be entitled to any further requests.

Where staff have agreed a flexible working arrangement to only work on day shifts or only work night shifts, they will be entitled to only 2 requests per 4-week roster. ie if it is agreed that a member of staff will not be rostered to work nights for childcare reasons, they will have 2 Day Off requests per 4-week roster.

An exception to a reduction in the number of requests may be made due to an agreement with Occupational Health. For example, if a member of staff is unable to work Night shifts due to health reasons, they will still have the normal number of requests for their service.

Tables of request approval history within the e-rostering system will be used to help facilitate the decision-making process when approving or denying requests.

Requests should have a closing date and no further requests accepted after this date so that the roster can be prepared. Requests should close 8 weeks before the roster being worked eg Requests close – 2 weeks to compile the roster – 6 weeks' notice of roster – roster starts.

8.3 Swapping shifts

Normally 1 swap per week, per individual, is sufficient; all swaps must be authorised by the service/team manager or nominated deputy. Each service must have a local procedure for shift swaps which accounts for the unit's skills mix, planned activities, and ensures that the swap does not incur additional costs.

All shift swaps must be like for like and not cause any further changes to the roster.

9. Working Time Regulations

In constructing staff rosters managers should take account of the Working Time Regulations (WTR). Advice and support regarding the WTR is available from the People Directorate and any doubts should be discussed with the relevant People Operations Manager.

The following should be adhered to in the drawing up of rosters:

- Every shift exceeding 6 hours must include at least 20 minutes unpaid break per 6 hours of working time.

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

- Where an individual is working for another employer, these hours must be declared to the service/team manager. These hours must be monitored to ensure that the individual's total working hours are within the limits of this Policy.

- Staff must not work more than 60 hours per week inclusive of additional hours, overtime, and Bank shifts.

- Staff must not exceed an average of 48 hours per week calculated over a 17-week reference period unless they have formally opted out of the WTR.

- Members of staff who do not wish to opt-out of the 48-hour working limit will not suffer any discrimination. Staff who opt out of WTR must not exceed an average of 56 hours per week calculated over a 17-week reference period.

- Staff must not exceed an average of 48 hours per week of Night shift hours calculated over a 17-week reference period. Staff may not opt out of this limit.

10.   Equality Impact Assessment

This policy has no differential impact on equality, as identified by the Equality Impact Assessment Team as included in the "Policy for the development, approval and dissemination of policy and procedural document". Please see Appendix D.

11.   Dissemination and implementation arrangements

Once approved, the integrated governance manager will be responsible for ensuring the updated version is added to the document store on the intranet and is included in the staff brief.

The integrated governance manager is responsible for ensuring the document being replaced is removed from the document store and that an electronic copy, clearly marked with version details, is retained as a corporate record.

If local teams download and keep a paper version of procedural documents, the manager must identify someone within the team who is responsible for updating the paper version when a policy change is communicated via the staff brief.

Implementation of the policy will be cascaded from the directors, assistant directors through their service delivery groups and by the heads of service through their defined leadership and management structures.

Advice can be sought from the Roster Implementation Team and the Chief People Officer.

12.   Process for monitoring compliance and effectiveness

The policy will be subject to regular internal audit as agreed. Trust Board assurance will be through the performance monitoring process at Board level as part of the key performance indicators.

Trust Board will receive regular reports which include levels of compliance with the requirements of the Rostering policy.

13.   Review and revision arrangements

The policy will be reviewed by the agreed review date, in line with the Trust "Policy for the development, approval and dissemination of policy and procedural documents", or earlier if required. Responsibility for initiating a review and taking the new policy to the Executive Management Team for Approval lies with the lead director.

The Integrated Governance Manager is responsible for placing the new version of the policy in the electronic document store, for ensuring the document being replaced is removed from the document store and that an electronic and paper copy, clearly marked with version details, are retained as a corporate record.

Please see Appendix E.

14.   References and Associated Documents

Documents referred to in the development of the policy are:

- Annual Leave Procedure
- Annual Leave Intranet page
- Flexible Working Policy & Procedure
- Sickness and Attendance Policy
- Sickness and Attendance Procedure

Appendix A

Roster Approval Checklist

Number	Action	Yes/No
1	The Roster Unfilled % does not include hard to fill shifts	
2	The Roster Unfilled % does not include non-backfilled shift requirement, these should have been cancelled	
3	The Missing Charge Cover shift count is zero	
4	The Over Contracted Hours and Unused Contracted Hours figures are as near to zero as possible, with all variances being reflective of normal differences between standard rostered patterns and contracted hours within the period	
5	All Additional Duty hours are reflective of clinical need above the agreed safer staffing template	
6	All Wrong Grade Type shifts are reflective of unavoidable changes to skill mix from the planned levels	
7	Annual Leave and Study Leave is consistently allocated within agreed levels	
8	All assigned Annual Leave hours are accurate	
9	All staffing information (individuals, grades, and contracted hours) is accurate – report any inaccuracies to the e-Rostering team	
10	Any sickness episodes and hours are recorded accurately	
11	Total levels of Staffing Unavailability are checked against the Headroom allowance	
12	Duties with Warnings % is a low figure and do not highlight unfair working patterns. Any outdated warnings relating to local rules are reported to the e-Rostering team	

Appendix B

Time Owing – Recording Form *(not for e-Rostering use)*

Name: …………………………… **Line Manager:** ………………………….

Directorate: ……………………………………………………………………

Location: ……………………………………………………………….

Date	Reason Time Accrued/Taken	Staff Member Initials	Duty or Line Manager Signature	Time Accrued	Time Taken	Balance in Hours and Minutes (Cumulative)
	Balance brought forward					
	Balance carried forward					

Appendix C

Audit/Monitoring Tool

Statement

The Trust will work towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance regular audits must be carried out. Policy authors are encouraged to attach audit tools to all policies. Audits will need to question the systems in place as outlined in the policy.

Rostering Policy			Yes	No
Standard Statement				
Statement 1	Are all staff aware of the policy?			
Statement 2	Do the shift and break times conform to European Working Time Directives as set out in the policy?			
Statement 3	Are the approved minimum numbers of staff rostered for each shift?			
Statement 4	Is the Skill mix maintained?			
Statement 5	Is the request system used as per policy?			
Statement 6	Is Annual Leave allocated as per policy?			
Statement 7	Are there 6 weeks of completed roster available for the staff to view?			

Appendix D

<table>
<tr>
<td colspan="2" align="center">**POLICY AND STRATEGY**
Equality Impact Assessment</td>
</tr>
</table>

This EIA template is to be completed by staff when writing a new policy/strategy or when reviewing a policy/strategy. The EIA needs to demonstrate who would be impacted (local census data and workforce data) and what gaps there are.

Any gaps identified need to be included in section 6 where actions are listed to address and progress to ensure inclusivity and diversity in the policy/strategy.

<table>
<tr>
<td></td>
<td>**QUESTIONS**</td>
<td>**ANSWERS AND ACTIONS**</td>
</tr>
<tr>
<td>1</td>
<td>**Name of policy/strategy?**

Prompt: is it new or revised?</td>
<td>Rostering, Work Time, and Attendance Policy

This is a revision of an existing policy.</td>
</tr>
<tr>
<td>2</td>
<td>**Description of the document:**

Prompt: what is the aim of the document?</td>
<td>The policy advises on optimal rostering practices to ensure that staffing rosters are safe and effective.</td>
</tr>
<tr>
<td>3</td>
<td>**Lead contact person for the Equality Impact Assessment**</td>
<td>**Name:** Richard Pascoe

Job title: e-Rostering Manager</td>
</tr>
<tr>
<td>4</td>
<td>**Who else is involved in undertaking this Equality Impact Assessment**

Prompt: list all people involved by name and job title</td>
<td>Members of the Employment Policy Subgroup consisting of Management and Staff Side Representatives
People Directorate Colleagues
Trust Equality Representative</td>
</tr>
<tr>
<td>5</td>
<td>**Sources of information used to identify gaps and barriers**

Prompt: local, regional, national research/reports/journals & profession updates. Complaints and compliments data.</td>
<td>Data is taken from the Equality Workforce Monitoring Annual Report 2023. The data is Trust wide.</td>
</tr>
<tr>
<td colspan="3">**EIA narrative:** *What does the information you have sourced tell you about the impact your policy/strategy will have on the following equality groups for provision, access and delivery?*</td>
</tr>
<tr>
<td>5a</td>
<td>**Disability Groups:**

Prompt: consider people who have Learning Disabilities or Difficulties, Physical, Visual, Hearing disabilities and people with long term conditions such as diabetes, cancer, stroke, heart disease. Also consider how you meet their needs in line with the Accessible information standard.</td>
<td><u>Staff in post</u>
Disabled – 8.8%
Not/Unknown – 91.2%

EIA narrative:

Disabled staff may have reasonable adjustments that impact whether they can work shifts or not, the shift patterns they can undertake, and could impact on length and frequency of shifts worked.

The Trust has introduced a staff disability and reasonable adjustments policy which includes supportive disability and wellness planning agreements where working patterns can be discussed. The staff network is available for peer support & information sharing.
Any member of staff may request a flexible working arrangement without the need for up front justification and it is not anticipated there would be any adverse impact to any group through the implementation of this policy. This policy will support our disabled staff to achieve a more positive work life balance by mandating that rosters must be published at least six weeks in advance, alongside the promotion of flexible working and rota creation in conjunction with the Flexible Working policy. Flexible working arrangements can then be</td>
</tr>
</table>

	QUESTIONS	ANSWERS AND ACTIONS
		incorporated into the e-Rostering system and reflected within each roster produced, with the system further used when reviewing such agreements.
5b	**Gender:** *Prompt: Female & Male issues should be considered*	<u>Staff in post</u> 79.3% - Female 20.7% - Male **EIA narrative:** Historically, more female staff need to work flexibly to support carers responsibilities. The policy states that personal patterns to support caring responsibilities should be aligned to the flexible working policy. These patterns should help mitigate any impact of these responsibilities. As above, the e-Rostering system can support the planning and organising of flexible rotas to support individual needs.
5c	**Age:** *Prompt: Older people & Young People issues should be considered*	<u>Staff in Post</u> 19 and under – 0.1% 20-29 – 13.6% 30-39 – 24.2% 40-49 – 23.8% 50-59 – 27.4% 60-69 – 10.4% 70+ - 0.5% **EIA narrative:** Any member of staff may request flexible working/shift patterns without the need for up front justification and it is not anticipated there would be any adverse impact to any group through the implementation of this policy. As above, the e-Rostering system can support the planning and organising of flexible rotas to support individual needs.
5d	**Sexual Orientation:** *Prompt: Heterosexual, Bisexual, Gay, Lesbian groups should be considered*	<u>Staff in Post</u> Heterosexual – 83.9% Gay or Lesbian – 2.7% Bisexual – 1.4% Unknown – 12% **EIA narrative:** Any member of staff may request flexible working/shift patterns without the need for up front justification and it is not anticipated there would be any adverse impact to any group through the implementation of this policy. As above, the e-Rostering system can support the planning and organising of flexible rotas to support individual needs.
5e	**Religion or Belief:** *Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered*	<u>Staff in post</u> Atheism – 20.9% Christianity – 46.2 Unknown – 17.5% Other – 11.5% Islam – 3.9% **EIA narrative:** Any member of staff may request flexible working/shift patterns without the need for up front justification and it is not anticipated there would be any adverse impact to any group through the implementation of this policy. As above, the e-Rostering system can support the planning and organising of flexible rotas to support individual needs.
5f	**Marriage and Civil Partnerships** *Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status should be considered*	<u>Staff in post</u> Civil Partnership – 1.4% Divorced/Legally Separated – 9.6% Married – 49.6% Single – 37.5% Widowed – 1% Unknown – 0.8% **EIA narrative:** Any member of staff may request flexible working/shift patterns without the need for up front justification and it is not anticipated there would be any adverse impact to any group through the implementation of this policy.

	QUESTIONS	ANSWERS AND ACTIONS
5g	**Pregnancy and Maternity** *Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered*	There is no data available within the Equality Workforce Monitoring Annual Report 2023 for this category. **EIA narrative:** Any member of staff may request flexible working/shift patterns without the need for up front justification and it is not anticipated there would be any adverse impact to any group through the implementation of this policy. Flexible shift patterns may be of additional benefit to those in the run up to or returning from maternity leave. As above, the e-Rostering system can support the planning and organising of flexible rotas to support individual needs.
5h	**Gender Re-assignment** *Prompt: Transgender issues should be considered*	There is no data available within the Equality Workforce Monitoring Annual Report 2023 for this category. **EIA narrative:** Any member of staff may request flexible working/shift patterns without the need for up front justification and it is not anticipated there would be any adverse impact to any group through the implementation of this policy. As above, the e-Rostering system can support the planning and organising of flexible rotas to support individual needs.
5l	**Carers** *Prompt: Caring responsibilities paid or unpaid should be considered*	There is no data available within the Equality Workforce Monitoring Annual Report 2023 for this category. **EIA narrative:** Any member of staff may request flexible working/shift patterns without the need for up front justification and it is not anticipated there would be any adverse impact to any group through the implementation of this policy. As above, the e-Rostering system can support the planning and organising of flexible rotas to support individual needs.
5j	**Race** *Prompt: Indigenous population and BME Groups such as black African and Caribbean, mixed heritage, South Asian, Chinese, Irish, new migrant, asylum & refugee, gypsy & travelling communities)*	<u>Staff in post</u> Asian – 5.3% Black – 4.2% Chinese or Other – 1.2% Mixed – 1.4% White – 87.7% Unknown – 0.3% **EIA narrative:** Any member of staff may request flexible working/shift patterns without the need for up front justification and it is not anticipated there would be any adverse impact to any group through the implementation of this policy. As above, the e-Rostering system can support the planning and organising of flexible rotas to support individual needs.

Involvement & Insight: Please list in the box below any involvement activity, reports or insight you have gathered by working with your staff team or service users/carers by involving them to gain their views on your service.

- *Have you reviewed existing insight i.e. patient experience, complaints, previous surveys to support EIA completion?*
- *Have you gathered the views of people to support EIA completion?*
- *Have you run a focus group, conducted a survey, had an open day where you gained feedback?*
- *Have you gathered views from your staff team on this new policy/strategy, or if reviewing what works well and what could be improved?*

As it is a staff specific policy, service users were not involved. Staff Side Organisations and managers in the EPG represent the interests of staff. A Task and Finish group with membership incorporating service managers, staff side, People Directorate Business Partners, Employment Services Lead, senior Nursing, Quality and Professions colleagues, Specialist Advisor for Safer Staffing, and e-Rostering Manger, have discussed and agreed the revisions to this Policy.

6. Action Plan

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

- o **Under-developed** – red – **No data**. **No strands** of equality
- o **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
- o **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
- o **Excelling** – purple – **All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

Previous actions update: please explain what progress you have made against the previous actions identified

1. This policy update incorporates the latest rostering best practice and aligns within national rostering guidelines to support areas of improvement and improved approaches to rostering safely and effectively.

2.

3.

Who will benefit from this action? (tick all that apply)		Action 1: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	✓	Develop a centralised logging system for flexible working arrangements so that equality monitoring information is available, and we can evaluate any adverse impact on any groups.	People directorate nominated lead	October 2024	Developing action which will be supported as the further implementation of the system for Trust services continues.	
Disability	✓					
Gender reassignment	✓					
Marriage and civil partnership	✓					
Race	✓					

Religion or belief	✓				
Sex	✓				
Sexual Orientation	✓				
Pregnancy maternity	✓				
Carers	✓				

Who will benefit from this action? (tick all that apply)		Action 2: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age						
Disability						
Gender reassignment						
Marriage and civil partnership		Support managers to think differently about flexible working as a recruitment and retention aid and through increased awareness of roster management and different ways of working.	People directorate nominated lead	October 2024	Support is continuing to develop alongside Flexible Working policy, incorporating learning from national initiatives and success stories on new and adapted rostering processes which have seen increased retention, staff satisfaction and wellbeing.	
Race						
Religion or belief						
Sex						
Sexual Orientation						
Pregnancy maternity						
Carers						

Who will benefit from this action? (tick all that apply)		Action 3: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age						
Disability						
Gender reassignment						
Marriage and civil partnership						
Race						
Religion or belief						
Sex						
Sexual Orientation						
Pregnancy maternity						
Carers						

7   Please state what methods of monitoring you are using to progress actions

Development of recording system to monitor all flexible working agreements and arrangements.
Using leavers data to track reasons for leaving.
Using absence data to evaluate success and positive affect of new or improved methods of rostering practice on staff satisfaction and wellbeing.

8   Will you publish the Equality Impact Assessment? Please state where the EIA will be shared or published.

The EIA will be published as an appendix to the Policy which will be available on the Trust intranet.

9   EIA assessment by people directorate

Name: Lindsay Jensen

Date: 8/11/23

Rating: Developing

When you have fully completed all sections of the EIA
and it has been signed off in service,
you must email a copy to: **InvolvingPeople@swyt.nhs.uk for grading**

Please note that the EIA is a public document and may be published.

Failing to complete an EIA every year could expose the Trust to future legal challenge, as it is a legal requirement to write, review and implement in every service as part of meeting the Equality Act.

Appendix E - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	**Yes/No/ Unsure**	**Comments**
1.	**Title**		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	YES	
2.	**Rationale**		
	Are reasons for development of the document stated?	YES	
3.	**Development Process**		
	Is the method described in brief?	YES	
	Are people involved in the development identified?	YES	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	YES	
	Is there evidence of consultation with stakeholders and users?	EMT	
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 the references cited in full?	YES	
	Are supporting documents referenced?	YES	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	YES	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	YES	
	Does the plan include the necessary training/support to ensure compliance?	N/A	
8.	**Document Control**		
	Does the document identify where it will be held?	YES	
	Have archiving arrangements for superseded documents been addressed?	N/A	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	YES	
	Is there a plan to review or audit compliance with the document?	YES	
10.	**Review Date**		
	Is the review date identified?	YES	
	Is the frequency of review identified? If so, is it acceptable?	YES	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible implementation and review of the document?	YES	

Appendix F - Version Control Sheet

This sheet should provide a history of previous versions of the policy and changes made

Version	Date	Author	Status	Comment / changes
10	09/09/10	Roster Policy Task and Finish Group (including staff side)	Approved	
11	04/02/15	Roster Policy Task and Finish Group (including staff side)	Approved	
12	17/01/18	Rostering Task and Finish Group (including staff side)	Approved	Minor updating and amendments following periodical policy review
13	28/09/22	Rostering Task and Finish Group (including staff side)	Approved	Minor updates following policy review
14	28/09/23	Rostering Task and Finish Group (including staff side)	Approved	Updates following policy review.
15	11/01/24	Executive Management Team	Final	Updates following policy review.