



TRUST ROSTERING POLICY FOR NURSING & MIDWIFERY STAFFING

Reference Number:	Version: 1		Status: Final	Author: Anna Phillips Job Title: eRostering Improvement Manager
Version / Amendment History	Version	Date	Author	Reason
	1.0	September 2023	eRostering Improvement Manager	The Trust Roster Policy for Nursing & Midwifery Staffing brings together the legacy QHB and RDH Roster Policies to provide a single framework for the management of staff rotas and working patterns across the whole of UHDB. The Policy also supports the Trust in meeting NHSE's Levels of Attainment standards for E-rostering
Intended Recipients: All Trust, Nursing, Midwifery and Healthcare Support Staff				
Training and Dissemination: Hospital intranet, Divisional Meetings/Team Briefings				

To be read in conjunction with:

- Trust Guidance for Annual Leave
- Medical & Dental Annual Leave Policy
- Health, Wellbeing and Attendance Policy
- Special Leave Guidance
- Flexible Working Policy and Guideline
- Working Time Directive Regulations 1998
- Family Leave Guidance
- Special Leave Guidance
- Roster Confirm & Support Process
- Trust Policy For Dealing with Deductions and Overpayments
- On-Call Agreement for Agenda for Change Staff

- Developing our People Guidelines
- Nursing & Midwifery workforce establishment review process

References


- NHS England. (2018) NHS Long Term Plan
- NHS England & NHS Improvement. (2020) E-Rostering the Clinical Workforce: *levels of attainment and meaningful use standards*
- NHS Employers. (2018). NHS Terms and Conditions of Service Handbook HSE.GOV Working Time Regulations 1998

In consultation with and Date:

- Chief People Officer
- Executive Chief Nurse & Divisional Nurse Directors
- Nursing & Midwifery Workforce Group
- Right People Programme Group
- Matrons
- Staff side
- Key stakeholders Trust wide
- People Policy Review Group

Trust Joint Partnership Forum - 20/09/2023

People Policy Review Group - 01/09/2023

EIRA stage One Completed Yes stage Two Completed N/A	
Approving Body and Date Approved	Trust Delivery Group - 25.09.2023 with review January 2024
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Review Date and Frequency	January 2025
Contact for Review	Helen O'Brien, eRostering Service Manager
Executive Lead Signature	 Amanda Rawlings, Executive Chief People Officer

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Rostering Policy

1. Introduction

This policy applies to all Nursing & Midwifery and Additional Clinical services Staff groups and provides the policy framework in relation to the management of staff rotas and working patterns.

The Trust uses/intends to use an e-Rostering system for the management of staff rotas for all clinical staff.

For those services that use e-Rostering then this policy should be read in conjunction with guidance on the use of the e-Rostering system.

2. Purpose

The purpose of this policy is to support managers in deploying staff in a way that meets the needs of service users. It recognises staff preferences where possible; it is cost effective and ensures safe and effective staffing whilst aligning to working time regulations.

The Trust recognises that it is also important that staff rotas are drawn up fairly, transparently and in a timely manner. They need to reflect both appropriately planned care and as far as is possible, support staff in achieving a positive work-life balance.

The aim of the policy is to provide a balance between the clinical requirements associated with supporting and caring for service users and the health, safety, and wellbeing of staff.

3. Objectives

- Ensure that all rosters are service and clinically driven and provide the correct number of staff with the appropriate skills in the right place at the right time.
- Minimise the clinical risk associated with high levels of contracted staff unavailability.
- Reinforce the requirement for fair and equitable rosters for all staff.
- Improve the utilisation of substantive staff and therefore reduce the use of bank and agency staff.
- Improve employees' work-life balance by formalising the shift request process and ensuring consistency of management across the Trust.

4. Definitions

Definitions	Meaning
Rostering	The process of developing and implementing a rota
e-Rostering	The use of an IT system to implement electronic Rostering
HealthRoster	The main module of the Trust's e-Rostering system

Employee Online (EOL)	The employee- facing module of HealthRoster. The eRostering team manage all Agenda for Change staff EOL user accounts to enable visibility to their roster, request duties and leave
Banks Staff Module	The module of the Trust's e-Rostering system that facilitates the deployment of Bank and Agency staff
SafeCare Live	The HealthRoster system module that supports the daily recording of patient acuity and dependency
Headroom	The agreed percentage in staffing budgets to allow for cover for absence (e.g., annual leave, sick leave, study leave etc)
Demand template	The agreed budgeted staffing establishment template (including staffing numbers per shift) for a ward, unit, or team
Unavailability	A period of absence within the HealthRoster system (e.g., Study Leave, Annual Leave, Sickness)
Working Day	Unavailability hours assigned to a clinical staff member who is working non-clinical activities (e.g., Senior Sister/Ward/Unit/Team Manager)
Rota Period	This is a 4 week / 1 week period (150/37.5 hours for full time staff, pro rata for part time staff) where working hours of staff may be utilised to cover the rota
Additional Duties	Any additional shifts required above the agreed establishment
Shift Requests	HealthRoster/EOL allows staff to enter Shift Requests over a 1 week / 4-week rota period. Shift Requests are separate to applications for Annual Leave
Bank staff	Staff with a Bank contract. This includes both substantive staff with an additional Bank contract and Bank only staff
	– unless otherwise stated.

Roster Perform	The HealthRoster system module which collates data from clinical area to provide a standardised source of management staffing and rostering information
Finalisation	The process by which each worked roster is reviewed for accuracy of staff hours recorded and is then locked down for pay in line with the Lockdown deadline.
Partial Approval	Person responsible for the first stage approval of the roster, usually a Senior Sister/Ward/Unit/Team Manager applies only for nursing and midwifery rosters.
Roster Confirm and Support Process	The process to provide roster planning, formal approval, and the advanced release of 4 weekly rosters aligned to the Roster Guidelines and Timetable
Full Approval	Person responsible for final sign off of the roster, usually a clinical Matron or Divisional Nurse/ Midwifery applies only for Nursing & Midwifery rosters.

5. Roles & Responsibilities

5.1 All Colleagues

5.1.1 If a colleague has a rostering related problem or issue, it is their responsibility to attempt to resolve this in a professional manner with either the Rostering Creator or their line manager. Employees must always maintain their professionalism with regards to roster requests inside or outside of work time.

5.1.2 In accordance with their Contract of Employment, employees may engage in outside employment above their contract but must declare any proposal for additional work with their manager. Any additional employment taken on should be in accordance with the Working Time Regulations 1998 and HMRC regulations. An Opt-out agreement must be completed where appropriate.

5.1.3 All colleagues who are live on e-Roster are responsible for making all shift and annual leave and Public holiday requests via Employee Online, in line with the process described in this policy.

5.2 Roster Creators

5.2.1 The Roster Creator is responsible for the creation of a safe, fair, and equitable roster, as designated by the Senior Sister/Ward/Unit/Team Manager and in line with the timescales set out in the UHDB e-Rostering Roster Period and Approval Timetable (See Appendix A).

5.2.2 The Roster Creator must comply with this policy and must therefore ensure that they have the capability to undertake the production of duty rosters.

5.2.3 The Roster Creator is responsible for ensuring that rosters are up to date in real time in line with all absence and attendance as it occurs, ensuring the accurate recording of Net hours; in preparation for the roster to be finalised and locked down for pay.

5.2.4 The Roster creator is responsible for ensuring the roster is finalised prior to the monthly lockdown deadline (See section 9.8). Compliance with the Finalisation deadline will be reported monthly.

5.3 Roster Updaters

5.3.1 Roster Updaters are responsible for keeping the roster up to date in real time in line with all absence and attendance as it occurs, ensuring the accurate recording of Net hours; in preparation for the roster to be finalised and locked down for pay.

5.3.2 Where Roster Updaters have access to book Bank and Agency Workers, this must be actioned via HealthRoster.

5.4 Senior Sister/Ward/Unit/Team Manager / First Level Approvers

5.4.1 The Senior Sister/Ward/Unit/Team Manager /First Level Approver is responsible for implementing and ensuring compliance with this policy, as well as maintaining effective use of the e-Rostering system in line with the Roster KPIs detailed in Appendix I.

5.4.2 Ensuring the safe staffing of the unit to meet the patient's needs, even if they do not undertake the task of producing the roster.

5.4.3 Ensure that shifts are shared fairly and equitable across days, nights, and weekends.

5.4.4 That expenditure does not exceed the allocated budget for their unit.

5.4.5 The roster is checked and First Level Approved in line with the Roster Production Timetable (See Appendix A).

5.4.7 All substantive contracted hours are utilised before booking bank and agency workers.

5.4.8 Delegated responsibility for roster creation is clearly understood, acknowledged, and accepted by the nominated roster creator and they have the capability to accept the delegated responsibility.

5.4.9 Attendance at the 4 weekly Roster Confirm and support Meetings as appropriate.

5.4.10 The Senior Sister/Ward/Unit/Team Manager /First Level Approver is responsible for ensuring the roster is finalised prior to the monthly lockdown deadline (see section 7.1.8). Compliance with the Finalisation deadline will be reported monthly.

5.5 Senior Clinical Manager/ Second Level Approver (Matron/ Divisional Nurse/ Midwifery Director

5.5.1 The Senior Clinical Manager/ Second Level Approver is responsible for overseeing implementation of the e-Rostering system in their areas, and ensuring the compliance with this policy, including adherence with the UHDB Roster period and approval timetable (See Appendix A).

5.5.2 The Senior Clinical Manager/ Second Level Approver provide guidance and support to the Ward/ Unit / Department Manger or designated other in the creation of duty rosters, using the agreed KPIS as a reference.

5.5.3 The Senior Clinical Manager/ Second Level Approver are responsible for understanding the skill mix to ensure the safe staffing of their departments.

5.5.4 The Senior Clinical Manager/ Second Level Approver ensure regular review of planned versus actual nursing staffing levels, including using data from SafeCare Live to having an overview of planned funded skill mix against actual staffing.

5.5.5 The Senior Clinical Manager/ Second Level Approver are responsible for reviewing data from RosterPerform on staffing, expenditure, and quality of e-rosters in their area of responsibility.

5.5.6 The Senior Clinical Manager/ Second level approver are to oversee the implementation of intervention and recovery plans for ward/units / departments failing to meet rostering KPIs (See appendix I).

5.5.7 The Senior Clinical Manager/ Second Level Approver and required to working with finance to review ward / unit / department establishment at least annually aligned to the N&M Workforce Establishment Review Process.

5.5.8 The Senior Clinical Manager/ Second Level is to ensure regular review of performance for teams against agreed rostering KPIs (See Appendix I).

5.5.9 The Senior Manager/Second Level Approver is responsible for overseeing implementation of the e-Rostering system in their areas, and for providing a second review of the unit roster on completion, ensuring the compliance with this policy and adherence with the UHDB Roster period and approval timetable (See Appendix A).

5.5.10 The Senior Manager/Second Level Approver is responsible for ensuring the roster is finalised prior to the monthly pay lockdown deadline (see section 7.1.8). Compliance with the Finalisation deadline will be reported monthly.

5.5.11 The Senior Manager/Second level are to ensure attendance at the 4 weekly Roster Confirm and Support Meetings.

5.6 SafeCare Updaters

5.6.1 Individuals with access to update patient acuity in SafeCare are responsible for recording census data twice a day (more census periods may be required for specialist areas as appropriate - ED).

5.7 E-Rostering Team

5.7.1 The e-Rostering team are responsible for providing a central support for all technical roster related queries.

5.7.2 Keeping up to date with the latest developments in relation to the e-Rostering software to ensure that the e-Rostering system remain appropriately configured. Whilst regularly liaising with the software provide to resolve system issues as required.

5.7.3 To manage the communication of important information/ system updates in relation to the e-Rostering system to Trust staff.

5.7.4 To manage the input of approved staffing template changes aligned to the N&M Staffing Template Change process.

5.7.5 The e-Rostering team are responsible for the input of staff personal patterns/ flexible working agreements and, duty/ unavailability rules as instructed by relevant team manager, ensuring the system is set up as effectively as possible, to maximise AutoRoster use.

5.7.6 To provide technical (not clinical) support in relation to roster management.

5.7.8 The e-Rostering team are responsible for the producing UHDB Roster period and approval timetable.

5.7.9 To ensure support and feedback to managers on rostering on how they can improve their roster and thereby utilisation of the workforce.

5.7.10 To provide support and tailored training packages in line with end users HealthRoster access.

5.7.11 The e-Rostering Team/Workforce Team are responsible for producing calendared reports aligned to the Right People programme and subsequent workstreams.

5.8 Human Resources Business Partner

5.8.1 Human Resources Business Partners are responsible for offering HR advice in relation to the rostering policy, aligning to existing People Services guidance and advising on relevant matters emerging from Roster and Support Meetings.

5.8.2 Human Resources Business Partners are responsible for supporting and reporting relevant

KPIs to demonstrate Benefits Realisation of the eRostering system.

5.9 Pay Services Team

5.9.1 The Pay Services Team are responsible for extracting data from HealthRoster each month into ESR for payment of unsocial hours enhancements, overtime and updating sickness absence.

5.10 Finance

5.10.1 Are responsible for ensuring the budgeted establishment aligns to the WTE requirement for the roster template. Any changes to roster templates which may be required in between any workforce establishment review must also be approved and aligned to budget in line with the Nursing and Midwifery Staffing Template Change approval process.

5.10.2 Attendance at the 4 weekly Roster Confirm and Support process to ensure any budget pressures, including roster template changes are monitored and actioned as appropriate.

5.11 Service/Divisional Directors

6.11.1 Are responsible for implementing the rostering policy, and the effective use of the eRostering system, within their areas in line with the Rostering KPIs detailed in Appendix I.

5.12 The Executive Director Lead for Rostering

5.12.1 Is accountable to the Board for ensuring Trust Wide compliance with the Rostering Policy.

5.13 The Executive Leadership Team

5.13.1 Will endorse the use of the e-Rostering system and Rostering Policy and procedures for staff that are subject to rostering.

5.14 The Chief Executive and Trust Board

5.14.1 Have overall responsibility for ensuring that an adequate and effective process for providing efficient rostering is delivered throughout the Trust.

6. Development, Consultation and Approval

- This policy was developed by the e-Rostering Improvement Manager using NHSi e-Rostering Levels of Attainment Guidelines and NHSi e-Rostering best practice guidelines.

- Consultation was carried out with members of the People Services Team, DHS Team, People and Culture Improvement group, Staff Side and Nursing & Midwifery Workforce group which includes representatives from clinical professions.

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- Amendments made during the author's review are as outlined in the Amendment Log.

7. Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits. If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Table						
Minimum Requirement	Process for Monitoring	Team Responsible for Providing Report	Frequency of Monitoring	Review of Results process (e.g., who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Reports on Safer Staffing (inc timescales for publishing rotas)	Monthly Divisional Staffing Report/Roster Perform	eRostering Team	Monthly	Nursing & Midwifery Workforce Group	Nursing & Midwifery Workforce Group/ Right People Programme	Nursing & Midwifery Workforce Group/ Right People Programme
B) Bank Fill % rates	Monthly report from the eRostering system	Derby Health Staffing	Monthly	DHS/Nursing & Midwifery Workforce group	Nursing & Midwifery Workforce Group/ Right People Programme	Nursing & Midwifery Workforce Group/ Right People Programme
C) Audit against Good Practice Standards	Divisional KPIs Roster Perform Retrospective Dashboard Roster Confirm & Support process Roster Template change process	eRostering Team	Monthly	Nursing & Midwifery Workforce group	Nursing & Midwifery Workforce Group/ Right People Programme	Nursing & Midwifery Workforce Group/ Right People Programme

D) Benefits Realisation Review	Monthly report from the eRostering system	eRostering Team	Quarterly	Nursing & Midwifery Workforce Group/ Right People Programme	Nursing & Midwifery Workforce Group/ Right People Programme	Nursing & Midwifery Workforce Group/ Right Programme
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8. Implementation Plan

Action/Task	Responsible Person	Deadline	Progress update
Upload new policy on intranet and remove old version	Communications via Policy Governance	Within 5 days of final ratification	
Dissemination to ward/unit / team managers and other users of the eRostering system	eRostering Improvement Manager/ eRostering Systems Manager		
Presented via senior management meeting	eRostering Service Manager / Head of Workforce	Within 2 weeks of final ratification	
On-going training for managers and admin and other staff with a role in creating rotas on eRostering	eRostering Improvement Manager/ eRostering Systems Manager	Ongoing	

Development of monthly Safer Staffing reports from the eRostering system	eRostering Improvement Manager/ eRostering Systems Manager	On going	
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The policy review date is September 2023

9. Dissemination. Storage and Archiving (version control)

Version	Date on Website (Intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/dissemination (include dates)
			eRostering Improvement Manager - dissemination to ward/unit / team managers and other users of the eRostering system

10. Training and Other Resource Implications

13.1 Continuous refresh training will be made available for staff with specific functions in the eRostering system (Rota Creators, rota managers, etc). This is essential to ensuring all end users are updated with system upgrades/changes and in maintaining compliancy with Rostering Policy.

13.2 Following initial training, an ongoing programme of training will be required, tailored to individual roles and responsibilities.

13.3 Basic system training or e-Learning at induction for all system users to advance configuration and reporting training for workforce personnel.

11. Links to other Policies, Standards, References, Legislation (Associated Documents) and National Guidance

UHDB Annual Leave Trust Guidance & Procedure

UHDB Trust Policy for Incident Reporting, Management and Learning

Flexible Working Guidelines

Working Time Regulations 1998

Trust Policy and Procedure for Health, Wellbeing and Attendance

Overpayments and Underpayments of Salary Policy

N&M Workforce Staffing Template Change Form

N&M Workforce Establishment Review process

N&M Workforce Establishment Review Paper N&M

Roster Confirm and Support Process Document

eRostering the clinical workforce (NHSEi) 2020

eRostering Levels of Attainment (NHSEi) Guidance document

12. Contact Details

Job Title	Name	Phone	Email
eRostering Service Manager	Helen O'Brien	01332 786994	helen.obrien11@nhs.net
eRostering Systems Manager	Charlie Button	01332 786994	charlotte.button2@nhs.net

eRostering Improvement Manager	Anna Phillips	01332 7869664	anna.phillips16@nhs.net
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