

ROSTER MANAGEMENT FOR NURSES, MIDWIVES, OPERATING DEPARTMENT PRACTITIONERS (ODP) AND ADVANCED CLINICAL PRACTITIONERS (ACP) (AfC) POLICY

		POLICY
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1.0 INTRODUCTION

Sherwood Forest Hospitals 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 POLICY STATEMENT

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

Whilst fully supporting our employees to achieve an effective work-life balance, the key purpose of the Allocate Health Roster system is to facilitate more effective and efficient management of staffing levels, rostering, time and attendance monitoring.

This will be delivered by good roster management, optimising the utilisation of staff to enable delivery of efficient and effective use of available resources, to deliver a high-quality safe patient-centred working environment.

The system also improves the deployment of staff according to service need and supports compliance with European Working Time Directive (EWTD).

Rotas should ensure that shift patterns conform to EWTD and are aligned to the following policies:

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- Leave Policy – December 2017
- Capability Policy – April 2017
- Sickness Absence Policy –
- Flexible Working Policy –
- Policy For the Engagement of Temporary Workers –
- TOIL Guidance
- Grievance Policy
- Disciplinary Policy

3.0 DEFINITIONS/ ABBREVIATIONS

AfC	Agenda for Change
ESR	Electronic Staff Record
Headroom Allowance	The % built into budgets to cover planned absence (21.5% for the Trust)
KPI	Key Performance Indicator
LIEU time	Time off in Lieu (TOIL)/ Lieu Time/ Time Owing
Long shifts	Over 10 hours in length
Senior Manager	Head of Nursing/ Matron
Unavailability	Annual Leave/ Sickness/ Training/ Management Time/Other Absences
Roster	Rota of staff scheduled to work for set periods of duty
Short Shifts	Up to 7 hours in length
Staff	All AfC employees of the Trust
The Trust	Sherwood Forest Hospitals NHS Foundation Trust
Ward	Ward/ Unit/ Department
Ward Sister/ Charge Nurse	Manager of the Ward/Unit/Department – inpatient or outpatient
WTE	Whole Time Equivalent
WTR	Working Time Regulations
JSPF	Joint Staff Partnership Forum
SOP	Standard Operating Procedure

4.0 ROLES AND RESPONSIBILITIES

Executive Team:

- The Executive Team are accountable to the Trust Board for ensuring Trust-wide compliance with this policy. Appendix 1 demonstrates the monitoring matrix for this policy.

Chief Nurse:

- To monitor past and future roster performance by Trust, Divisional and ward/unit/department level.
- Ensure the wards are able to deliver safe quality patient care with appropriately skilled staff.
- Accountable for ensuring Trust-wide compliance with the policy and hold those to account who are non-compliant.

Deputy Chief Nurse:

- To monitor roster performance against KPI's.
- Review assurance of compliance against the policy.

Divisional General Managers:

- Responsible to the Executive Team for ensuring policy implementation.
- Monitor and report against KPIs in conjunction with Finance and Human Resources 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/ Accountant to ensure the staffing resource is managed efficiently.
- Review KPI audits and ensure development and implementation of appropriate actions plans.

Heads of Nursing:

- Notify the Divisional Finance Accountant/ General Manager of any long-term additional hours agreed above the required staffing via the Vacancy Control Process.
- Responsible for adhering to the requirements set out in this policy and ensuring compliance within their areas.
- Conduct KPI/ performance dashboard reviews every four weeks with the Matron, Ward Sister/ Charge Nurse and Finance Accountant to ensure that resource is managed efficiently
- Approve all requests for temporary staff in accordance with the Engagement of Temporary Staff Policy and in line with the Trust's controls processes.
- Responsible for reviewing and approving ward/unit/department rosters when areas repeatedly fail to achieve KPI measures.

Matron:

- Monitor and approve the rosters using Roster Analyser (level 2/final approval) as per roster calendar and ensure timely publication on the wards.
- Ensure suitable arrangements are in place with another Matron colleague to provide cover for leave.
- Produce analysis, reports and exception reporting on staffing, expenditure and quality in their areas using Roster Perform and Performance dashboards.

- 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 Sister/ Charge Nurse/ 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 ensure patient safety at all times.
- Finalise Ward Sister/ Charge Nurse 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 ensuring policy implementation and compliance with division.
- Responsible for wards/department operating within their budgetary constraints.

Ward Sister/Charge Nurse:

- Nominate a Roster Creator and deputy and ensure these staff have had appropriate training (Ward Sister/ Charge Nurse must be able to create rosters).
- Agree and sign off the agreed staffing resource for each ward with the Head of Nursing, Divisional General Manager, Matron, Accountant and Chief Nurse. Responsibility and accountability for the updating of establishments for their ward/unit/department.
- Responsible for ensuring the ward is safely staffed based on the agreed skill mix with the necessary competencies to meet the needs of the service (even if they do not directly produce the roster).
- Ensure rosters are produced and finalised in line with agreed KPIs and performance dashboard measures.
- Accountable for the ward/unit/department budget and ensure expenditure does not exceed the allocated budget.
- Approve the roster at Stage 1 (partial approval) in line with the roster calendar and the Matron.
- Produce analysis, reports and exception reporting on staffing, expenditure and quality in their area using Roster Perform and Roster Performance dashboards. Four-weekly dashboard performance calendar – <http://sfhnet.notts.nhs.uk/content/showcontent.aspx?contendid=49367>
- Ensure fair and equitable allocation of annual leave and study leave in line with headroom and Trust targets.
- Responsible for the calculation and the entering of all annual leave entitlement for staff onto the system ensuring that these are kept up to date. This includes any amendments due to contract changes and bank holiday deductions. Ensure the annual leave calculator is used to determine weekly levels. The calculator – <http://sfhnet.notts.nhs.uk/admin/webpages/preview/default.aspx?ReclD=1881>
- Ensure all staff are aware of the local and Trust-wide policies for rostering.
- Ensure the roster is accurate, up to date and maintained as an auditable record of hours/shifts worked.
- Monitor and manage the **net** hours for individuals. Ensure any variations equating to greater than a 12-hour shift is corrected as soon as possible.

- Ensure all those who are competent and can take charge are highlighted on the roster with a star symbol.
- Escalate if the staffing provision is inadequate to meet the needs of the service.
- Consider all electronic roster requests, ensuring fairness and equity in working patterns.
- Ensure the roster is reviewed regularly. Take necessary steps to action any shortfalls in staffing.
- Monitor the attendance of the workforce, e.g., sickness absence.
- Request additional duties and hours via the Matron using the Roster guidelines.
- Ensure all overtime shifts are entered onto the system correctly as per Roster guidelines.
- Review all flexible working requests every 6 months in line with Flexible Working Policy.
- Ensure rosters are finalised on a daily basis, for pay in line with payroll deadlines, which includes the finalisation of bank and agency shifts as per the finalisation process as SOP <http://sfhnet.notts.nhs.uk/admin/webpages/preview/default.aspx?ReclD=1882>

Roster Creator/ Designated Deputy:

- Create staffing roster using Health Roster within prescribed timescales as per the roster calendar <http://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=48148>
- Raise and report areas of concern with the Ward Sister/ Charge Nurse.
- Ensure rosters are finalised on a daily basis for pay in line with the payroll deadlines, which includes the finalisation of bank and agency shifts as per the finalisation process as <http://sfhnet.notts.nhs.uk/admin/webpages/preview/default.aspx?ReclD=1882>

Roster Administrator – Ward/Unit/Department areas:

- Take responsibility for authorising/ maintaining roster changes within their security limits.
- Ensure all roster changes are made in real-time.
- Communicate any changes/updates to all users.

Health Roster Support Team:

- Produce the Trust-wide Roster Calendar and publish on the intranet – <http://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=48148>
- Produce the performance dashboard reporting cycle calendar and publish on the intranet – <http://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=49367>
- Produce performance dashboards following roster completion and release to Ward Sister/ Charge Nurses as per dashboard reporting cycle calendar.
- Publish completed dashboards onto the intranet – <http://sfhnet.notts.nhs.uk/admin/webpages/preview/default.aspx?ReclD=2408>
- Provide support and analysis at the dashboard performance reviews.
- Ensure the Health Roster system remains appropriately configured.
- Provide support and on-going training to Health Roster users.
- Ensure all intranet information including the SOP are up to date and communicate to relevant managers and staff – <http://sfhnet.notts.nhs.uk/admin/webpages/preview/default.aspx?ReclD=1712>
- Liaise with Allocate to resolve system issues Attend Allocate User group meeting to ensure new developments/issues are shared.

Employee:

- Attend work as per their duty roster.
- Adhere to the requirements set out by the Roster Policy.
- Request shifts and annual leave using Employee on Line in line with policy – <http://sfhnet.notts.nhs.uk/admin/webpages/preview/default.aspx?RecID=1875>
- Be reasonable and flexible with roster requests and show consideration to other colleagues.
- Notify the Ward Sister/Charge Nurse/ designated deputy of changes to a planned or worked shift.
- Ensure personal details are kept up to date in ESR as these feed into Employee on Line and notifying the Ward Sister/ Charge Nurse of any changes.
- Request flexible working arrangements using the Flexible Working Policy.

Divisional Accountant:

- Agree and sign off the agreed staffing resource for each ward with the Head of Nursing, Divisional General Manager, Matron, Ward Sister/ Charge Nurse and Chief Nurse.
- Review KPI's and performance dashboard measures that affect the use of resources, with the Divisional General Manager and Head of Nursing to ensure the nursing resource is managed efficiently.

5.0 APPROVAL

Approval and consultation of this policy will be: -

- Nursing, Midwifery Transformation Group
- Nursing, Midwifery & AHP Committee
- Joint Staff Partnership Forum

6.0 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: -

- Deliver high quality and clinically safe services over a 24-hour period.
- Ensure safe staffing for all departments using fair and consistent rosters by making best use of staff contracted hours and availability.
- Minimise clinical and non-clinical risk by the managing and scheduling of staff for the appropriate level and skill mix required.
- Ensure the required number of in-patient beds are safely staffed to meet both elective and emergency demand.
- Ensure effective planning of clinical and non-clinical working days, e.g., Annual Leave, planned sickness and/or long-term sickness and study leave.

- Improve monitoring of sickness and absence across the Trust through reporting mechanisms and identify trends for comparisons that can be escalated and actioned by Matrons.
- Minimise the need for bank and agency staff and thus reduce spending, by implementing consistent 'best practice' in rostering across all wards and departments.

6.1 Planning the Roster:

Annually, the Ward Leader and Matron/Senior Manager in conjunction with the finance lead for the area is responsible for the sign-off of a safe and financially achievable roster template, clearly indicating the precise numbers of staff required, by grade and skill, on each shift.

The Manager is responsible for ensuring that expenditure does not exceed the approved establishment budget in all wards/clinics, units and departments under their control.

Once agreed the ward/unit/department's template may not be changed without authorisation from each of the following: -

- Ward Sister/ Charge Nurse.
- Matron.

- Finance Manager for the ward/unit/department.
- Divisional General Manager.
- Head of Nursing.
- Chief Nurse.

Rostering templates and budgeted establishments will be reviewed at monthly meetings with the Finance Lead for the ward/unit/department.

- To assist in this review, a suite of performance dashboard measures are produced and made available on a four-weekly basis to each Ward Sister/ Charge;
- Effective roster management and efficient use of resources will form part of each manager's objectives and appraisal.

The Ward Sister/ Charge Nurse is responsible for nominating a Roster Creator and deputy and ensuring that they receive appropriate training to undertake the task. The Ward Sister/ Charge Nurse is ultimately responsible and accountable for the first line (partial) approval and subsequent publication of the rosters that are compliant with the principles set out in this policy.

The following are key actions and considerations which must be taken in the planning of a roster:

-

- A working roster must cover a period of four weeks, commencing on a Monday and follow the Trust roster calendar cycles.

- All rosters must be published six weeks in advance in accordance with the Trust roster calendar which is available on the Intranet - <http://sfhnet.notts.nhs.uk/admin/webpages/preview/default.aspx?RecID=1879>
- 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 continuity of care.
- Rosters must be compliant with WTR.
- Staff may work a combination of shifts in order to meet service requirements. Variation to these shifts may be worked but must be formally agreed in line with the Flexible Working Policy and aligned to the needs of the service.
- The agreed shift overlap time is 30 minutes within the ward/unit clinical inpatient areas.

6.2 Preparing the Roster:

The Ward Sister/ Charge Nurse is responsible for ensuring that the roster is appropriately prepared for production by updating the following information where necessary:

- Continuing episodes of unavailability e.g., sickness, maternity, study leave etc.
- Annual leave to be taken within the roster period with the aim of 15% of staff on leave every week. The Ward Sister/Charge Nurse will be held to account for non-compliance.
- Changes to staff details, e.g., new starters, leavers, change in hours or working patterns this is inputted through the Health Roster Team.
- Formal changes in flexible working agreements, Occupation Health restrictions in line with agreed review period. These should be formally communicated to the Health Roster Team including copies of signed flexible working agreements so that Health Roster can be updated accordingly by the Health Roster Team.

The following are key actions and considerations which must be taken in the preparation of a roster: -

- All staff must have 24 hours rest period in every 7 days worked OR 48 hours rest in every 14 days. Staff must not work more than an average of 48 hours per week over a 17-week reference period, unless the Trust Local Agreement to exceed maximum weekly working hours has been signed and evidenced on the employee's file. This will be reviewed every six months. Health Roster will hold this record against individuals' profile for regular review.
- All staff must have 11 hours rest before their next shift.
- In general, a maximum of three long days/nights shifts may be worked consecutively.
- A set of night will be followed by at least one sleep day and one day off before further shifts are worked. Due to 24/7 nature of some areas, it may be necessary to mix days and nights in the same week.
- A minimum of one weekend off must be allocated per four-week roster cycle.
- The contracted hours of permanent staff must be used fully and evenly to cover the roster.
- The roster must meet the (agreed) levels for safe staffing and skill mix and must not include staff/skills over the required level where this may cause shortfalls elsewhere on the roster or increase the need for temporary workers.

- Senior and experienced staff should be evenly spread throughout the roster and should not be on duty together except when deemed necessary or appropriate to ensure a safe staffing skill mix.
- If temporary staff are required to meet staffing shortfalls, they must be evenly spread and be well supported by permanent staff.
- The person rostered in charge of an area must have the necessary knowledge, skills and experience.
- The roster will show which employee is in-charge on each shift via the take-charge shift.
- A number of rostering rules will be applied on the implementation of Health Roster. Many are generic but there are others that can be added to meet the needs of the service and the workforce. These rules could be in conjunction with flexible working arrangements or other internal requirements. In all cases the specific rules need to be agreed with the Matron, in accordance with the Roster Policy.

6.3 Staff Requests:

- Staff will use Employee on Line (EOL) to make formal requests for annual leave, unless not utilising Allocate (in this instance current methods will apply).
- Rosters must be open for staff to request for a minimum of six weeks in advance.
- All requests will be considered in light of service need and thus may be subsequently approved or declined.
- There will be a maximum of three shift requests per four-week roster period for full-time staff (pro-rotas for part-time staff).
- Staff who have requested and have an approved flexible working arrangement (regardless of type) will not be entitled to any further additional requests (excluding annual leave). Annual leave should be requested from the first day of unavailability to the day prior to return to work.
- Requests for popular periods (Public/School Holidays) should be considered equitably and monitored. This can be monitored through KPI reports and performance dashboards.
- The Trust expects all Ward Sisters/Charge Nurses to be sensitive to the cultural needs of staff. However, staff need to be aware that requests may not always be granted, and service needs will take priority.
- Staff should be considerate to their colleagues by adhering to the CARE values of the Trust. Employees are able, through the flexible working policy to submit a formal request to work a fixed pattern. The Trust will consider formal requests for flexible working, but has the right to decline them if the request cannot be accommodated within service needs. Any flexible working arrangement must be agreed in line with the Flexible Working Policy and will be reviewed by the Ward Sister/ Charge Nurse every six months.

6.4 Allocating and Managing Annual Leave:

- Annual leave must be booked electronically at least six weeks in advance and comply with the requirements of the Leave Policy.
- All annual leave must be allocated in hours.
- Optimum leave level is 15% in post (this may vary dependent upon the establishment for the ward/unit/department). If this number is not met the manager will discuss with staff and encourage leave to be taken and/or allocate leave to avoid peaks and troughs.

- Should staffing levels exceed the demand resulting from leave not allocated this must be escalated in order that staff can be re-allocated to cover unfilled shifts.
- As a guideline, all staff should aim to take leave evenly throughout the year, as a guide 25% taken by quarter, e.g.: -

Annual quarter position:	Date:	Percentage:
Q1	30 June	25%
Q2	31 October	50%
Q3	31 December	75%
Q4	31 March	100%

- Annual leave must be requested, booked or cancelled before a roster is produced in line with the policy.

6.5 Authorisation for Bank & Agency staff usage:

- Roster production will prioritise filling shifts that attract enhancements to pay, e.g., nights and weekends, by substantive staff within their contracted hours.
- Bank and agency staff **must** only be used if there is no alternative method of covering duties using substantive staff contracted hours.
- Where necessary, staff from other units with unused contracted hours or working in excess of the budgeted establishment should be moved to cover unfilled duties across the Trust.
- Where substantive staff have been absent due to a period of sickness, they must not undertake overtime or Bank shift assignments for a minimum of 7 calendar days following return to the substantive post. This is to ensure patient and staff safety as well as complying with obligations under the working time directive.
- If unfilled 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 PICK list.

The following authorisation matrix is given to provide clarity: -

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 Sister/ Charge Nurse
Bank Staff	All proposed shifts	Ward Sister/ Charge Nurse 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)

6.6 Managing and recording sickness and other absences:

- All absences must be recorded in the Health Roster system.
- Where sickness absence is five or less days, sickness is recorded as total number of hours rostered in that period.
- Where sickness absence is greater than five days, sickness is recorded as weekly contracted hours to ensure staff cannot accrue or lose lieu time whilst on sick leave.
- Study leave must be recorded as the actual number of hours for the study period excluding the break which is unpaid.

6.7 Newly Qualified Registered Nurses:

- Nurses undertaking a Preceptorship programme will be supernumerary for three weeks following 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 short shifts per week for six weeks.

6.8 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 short shifts per week for six weeks.
- Nursing Associates will have a separate line on the Health Roster.
- Nursing Associates may work nights only as the 4th on night shift.
- Nursing Associates will cover the 4th nurse on day shift only.

6.9 Roster Changes:

- Staff wishing to change their roster must, in the first instance, try to exchange shifts with another appropriate/equally experienced team member, in line with the Trust calendar.
- Changes must be authorised by either the Ward Sister/ Charge Nurse 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, Ward Sisters/ Charge Nurses should only change shifts if reasonable to do so and following consultation with the affected employee(s).
- Where there are unforeseen circumstances (e.g., sickness) the Ward Sister/ Charge Nurse must take the following steps to ensure appropriate cover (in order): -
 - ✓ Reconfigure the roster using resources from other areas.
 - ✓ Request a full-time employee to work additional hours and take lieu time at a later date.
 - ✓ 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.
 - ✓

- ✓ Only in exceptional circumstances and with agreement from the Ward Sister/ Charge Nurse or designated deputy, ask an employee to work additional hours or overtime, in accordance with the Agenda for Change allowances.
- ✓ Overtime must not be assigned unless staff have worked their contracted hours for the roster period, and/or 12 hours prior to the shift commencing.
- ✓ Only in exceptional circumstances (and when all the other steps described above) the Ward Sister/ Charge Nurse or designated deputy should request Agency cover, adhering to the policy for the Engagement of Temporary Workers.
- ✓ 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. This must be identified on the roster.
- ✓ All staff must be made aware that as employees of the Trust they may be requested to move locations with the Trust temporarily to cover unfilled shifts.

6.10 Lieu Time:

- Lieu time must be authorised by the Ward Sister/ Charge Nurse or designated deputy. Ward Sister/Charge Nurse must ensure that lieu time is as near to zero as possible.
- Every effort must be made to use lieu credit/debit within three months. 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.notts.nhs.uk/admin/webpages/preview/default.aspx?RecID=2772>

6.11 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 reflect the electronic roster at all times.

The rosters must be finalised daily for payroll to enable accurate and timely payroll process. NB. If not completed on time, this may be detrimental to staff.

Stage 1 – approval (partial)	Roster Creator/ Ward Sister/ Charge Nurse
Stage 2 – approval (full)	Matron

The following are key actions and considerations which must be taken in the approval and finalisation of a roster: -

Approval of rosters must take into account 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 Sister/Charge Nurse 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, clock changes and absences, annual leave or lieu time.
- Administrators (including Ward Sister/Charge Nurse or Matron) must not finalise shifts for any member of staff that they have anything other than a working relationship with.
- Agency shifts must be finalised, and timesheets amended to match if required, as per the defined process.
- Matrons and Heads of Nursing should confirm and challenge rosters which are outside of the agreed headroom.
- All rosters must be finalised in line with payroll deadlines.

6.12 Monitoring Compliance & Performance:

Each Ward Sister/ Charge Nurse is responsible for ensuring safe staffing levels are aligned with this policy. All areas will be expected to efficiently manage the deployment of their workforce in line with the performance dashboards released on a four-weekly basis.

6.13 Roster Performance:

Rosters will be measured in line with the following KPI categories: -

- Quality
- Staffing
- Process
- Budget

Where KPIs or dashboard performance measures are not achieved, an analysis of the reasons for this will be provided by the Ward Sister/ Charge Nurse and, where appropriate, an action plan will be developed to ensure compliance is achieved within an agreed timescale.

Ward Sister/ Charge Nurse, Matrons and Heads of Nursing are accountable for the management of performance against KPI's and dashboard performance measures.

6.14 Compliance:

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.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

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

8.0 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.

In addition, all managers with people management responsibilities will be expected to have awareness training to fully understand their roles and responsibilities in the application of this policy. The Head of Rostering Services in conjunction with the Nursing, Midwifery & AHP Taskforce Steering Group will be responsible for reviewing this policy and will ensure that anyone involved in implementing this policy will receive training to assist them with these duties.

9.0 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.

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

Related SFHFT Documents:

Leave Policy (December 2017)

Capability Policy (April 2017)

Sickness Absence & Wellbeing Policy (November 2018)

Flexible Working Policy (October 2018)

Bank Worker Process – Guidance Document

Grievance Policy

Disciplinary Policy

TOIL Guidance (January, 2018)

12.0 APPENDICES

Appendix 1 – Equality Impact Assessment for (EQIA)

Appendix 2 – Quality Impact Assessment (QIA)

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Roster Management for Nurses Midwives, ODPs and ACPs			
New or existing service/policy/procedure: Existing			
Date of Assessment: 28 June 2022			
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	Availability of this policy in languages other than English	Alternative versions can be created upon request	None
Gender	Rosters which may impact on individuals needs	Flexible Working Policy	None
Age	Rosters which may impact on individuals needs	Flexible Working Policy	None
Religion	Rosters which may impact on individuals needs	Flexible Working Policy	None
Disability	Rosters which may impact on individuals needs	Flexible Working Policy	None
Sexuality	Rosters which may impact on individuals needs	Flexible Working Policy	None
Pregnancy and Maternity	Rosters which may impact on individuals needs	Flexible Working Policy and Maternity Policy	None

Gender Reassignment	Rosters which may impact on individuals needs	Flexible Working Policy	None
Marriage and Civil Partnership	Rosters which may impact on individuals needs	Flexible Working Policy	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	Rosters which may impact on individuals needs	Flexible Working Policy	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:			
Low Level of Impact			
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:			
Yvonne Simpson, Associate Chief Nurse			
Signature:			
Y. Simpson			
Date:			
June 2022			