Livewell Southwest

Roster Policy

Version No 1.5

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Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Roster Policy.

1. Summary

The purpose of this policy is to ensure the effective utilisation of the workforce through efficient rostering. The key elements of the policy are:-

- All duty rosters must commence on the same day of the week and be published a minimum of 4 weeks in advance in accordance with the Livewell Southwest (LSW) Roster Calendar. The production of rosters are the responsibility of the Unit Manager.
- Staff will be required to work a variety of shifts and shift patterns depending on service need.
- All shifts over 6 hours (up to 12 hours) must include a minimum of 30 minutes unpaid break (20 of which should be taken consecutively).
- All shifts over 12 hours must include a minumum of 60 minutes unpaid break (20 of which should be taken consecutively).
- Night shifts regardless of duration, should include a minimum of 60 minutes unpaid break.
- Days off are usually taken together, but can be mutually agreed otherwise.
- Staff should have a minimum of one weekend off per 4 week roster, (unless specifically requested otherwise).
- The maximum number of consecutive standard day shifts recommended for staff to work is **7**. Staff may request to work more than this (to a maximum of 10) if it is deemed safe to do so.
- The maximum number of consecutive long days or night duties recommended for staff to work is **4**. Staff may request to work more than this (to a maximum of 7 in two weeks) if it is deemed safe to do so.
- All staff must have 11 hours rest before their next shift unless they are given compensatory rest in line with the European Working Time Directive (EWTD), which states: 'Where a pattern of shift working and/or "on call" working makes it impossible for an employee to take their full rest entitlement between shifts, then line managers must make arrangements to allow equivalent compensatory rest as soon as possible (for daily rest within 3 days; for weekly rest within 1 week)'.
- All staff must have 24 hours rest in every 7 days OR 48 hours rest in every 14 days.
- Staff must not work more than an average of 48 hours per week from any employment over a 17 week reference period.
- Unit Managers should not be rostered to work weekends, nights or Bank Holidays without specific approval from the Modern Matron (or equivalent

line manager), unless there is a need for commitment to the bleep holder rota.

- Each department using Healthroster, will use the Employee on Line (EOL) facility for staff to make requests for all types of leave. Requests will be proportionate to individual's hours of work, as set out in section 8.3, and will be considered in light of service needs.
- It is a requirement that each member of staff is responsible for formally requesting the majority of their annual leave by the beginning of the financial year, and no less than 6 weeks in advance. This must be approved by the Unit Manager before any firm arrangements or payments are made. Occassional annual leave days may be approved/allocated with less notice providing service delivery can be maintained.
- Temporary Staff requests should only be made in line with local protocol to cover the actual hours needed rather than whole shifts, to maintain minimum safe staffing levels.
- A maximum of 14 consecutive calendar days of annual leave can be requested. Any more than this will need approval from the Modern Matron (or equivalent line manager).

2. Introduction

2.1 LSW recognises the value of its workforce and is committed to supporting staff to provide high quality patient care. Whilst acknowledging the need to balance the effective provision of service with supporting staff to achieve an appropriate work life balance, it is recognised that the LSW needs to be able to respond to changing service requirements. A flexible, efficient and robust rostering system is key to achieving this objective.

3. Purpose

3.1 The purpose of this policy is to ensure the effective utilisation of the workforce through efficient rostering by:-

- Ensuring that rosters are fair, consistent and fit for purpose, with the appropriate skill mix, in order to ensure safe, high quality standards of care.
- Minimising clinical risk associated with the level and skill mix of departmental staff.
- Improving the utilisation of existing staff and reducing bank and agency spend by giving Unit Managers clear visibility of staff contracted hours.
- Providing accurate management information regarding the use of staff against establishment thereby driving efficiencies in the workforce across wards/departments.
- Improving the monitoring and management of sickness and absence by unit and/ or individual, generating comparisons, identifying trends and priorities for action.
- Improving the planning of non-effective working days e.g. annual leave and study leave.
- Ensuring compliance with the European Working Time Directive.

- Providing a mechanism for reporting against LSW Key Performance Indicators (KPIs).
- Facilitating the payment of staff through data being entered at source.
- Ensuring effective use of temporary staff.

3.3 Scope of Policy

This policy is for use by all areas of the LSW.

3.4 Local Variation

- Local Variation relates to how different teams across LSW would skill mix to enable their planned shifts to work efficiently and safely.
- An agreed and funded staffing baseline is essential to delivering high quality care. Each unit should have an agreed total number of staff and skill mix for each shift, approved by the Director of Finance, Director of Professional Practice Safety & Quality, Service Director, Assistant Director, Modern Matron (or equivalent line manager) and the Unit Manager as applicable.
- The skill mix and establishment should be reviewed at least annually, with the budget setting and workforce planning process. Skill Mix and establishment reviews may happen more frequently if a need / risk is identified.
- Any flexible working arrangements should be openly acknowledged and published. These arrangements should ensure that the needs of the unit are a priority and that they can be safely accommodated i.e. part time posts, flexi time, annualised hours.
- Shift patterns will be developed locally, through open and transparent consultation with all staff, to ensure the best possible use of staff in meeting the service requirements. These standard shifts must meet the requirements of good employment practice, financial accountability and European Working Time Directive.

3.5 Communication

Both the LSW policy and unit based local directives should be displayed and made readily available to all staff. Copies should be made available to all new starters as part of their induction. The LSW policy is available on the LSW intranet with a hard copy accessible in the unit.

4. Definitions

A number of terms are defined below to assist the understanding of Healthroster terminology:-

- Modern Matron: Matron or equivalent line manager **of** the unit manager.
- Non-effective days: Relates to days that staff are not available for the roster i.e. annual leave, study days, management days, sickness, paternity leave, maternity and carers leave etc.
- One request is defined as: One shift, including rostered days off (not annual leave).
- Substantive: A permanent or fixed term contract.
- Temporary staff: Bureau and other temporary staff e.g. agency staff.

- Permanent: Staff who have a permanent contract. Not bureau or agency staff.
- Fixed Term contract : A time limited contract.
- Variations in shifts: Differing start and finish times to regular shifts.
- Personal pattern: Any formally agreed regular pattern a particular member of staff works.
- Unit: ward, department or team.
- Management days / Working days: Office / administration days for staff, usually unit managers and deputies.
- Long Days: Any shift planned to be greater than 7.5 hrs (usually 12 hrs spread over before unpaid breaks).
- WTE: Whole time equivalent.
- Planned roster: The initial roster produced 4 weeks prior to start date.
- Headroom Allowance: The % built into the establishment to cover planned absence.
- Study leave: Includes mandatory and non mandatory training and educational study days.
- Standard day shift : Maximum 7.5 hours paid work, spread over 8 hours with a 30 minute unpaid rest break.
- Trade Union Duties/Training: As defined by the Statute and Trade Union Recognition Agreement.

4.1 Headroom Allowance

Having the correct headroom enables teams to be able to cover annual leave, study days and sickness which should be 20% above their normal staffing levels.

This consists of :-

- Annual Leave - 14% (1 in 7).
- Study Days – 3%.
- Sickness - 3%.
- Maternity / paternity leave and other special leave - No additional time out allocated.

In smaller units or service areas where there is directorate level approval to have a seasonal variation in workload, the annual leave, study leave and sickness percentages will reflect the service need and effective practice.

5. Responsibilities

5.1 Staff are responsible for:-

- Attending work as per their duty roster (including study and training days).
- Adhering to the requirements set out by the roster policy.
- Being reasonable and flexible with their roster requests and being considerate to their colleagues within the rules set out by the LSW.
- Working their share of the entire range of shifts e.g. nights and weekend shifts.

- Notifying the unit manager of changes to a planned or worked shift.
- Notifying the unit manager of changes to personal details, e.g. address, telephone numbers etc.
- If using Healthroster, requesting shifts and annual leave using Employee On Line.
- Ensuring that the off duty is an accurate reflection of hours worked (and claimed).

5.2 Unit Managers are responsible for:-

- Ensuring that a quality roster is produced, maintained and finalised in line with the Key Performance Indicators (KPIs).
- Ensuring that their expenditure does not exceed the allocated staffing budget.
- The safe staffing of the ward even if they do not directly undertake the task of producing the duty roster.
- The **level 1 approval** of each roster which is signed off by the recognised manager.
- Nominating a Roster Creator and deputy and ensuring that these staff are appropriately trained, and given sufficient time to fulfill this function.
- Ensuring that there are enough staff in the right place at the right time, based on the agreed and funded skill mix, with the required competencies, to meet the needs of the service.
- The fair and equitable allocation of annual leave and study leave.
- Considering all roster requests from staff, ensuring fairness and equity in working patterns, and the needs of the service.
- Ensuring that all staff are aware of the LSW policy, and any local directives, for rostering.

5.3 Roster Creators are responsible for:-

- The creation of all rosters. In their absence the designated deputy is responsible for roster creation.

5.4 Roster Administrator is responsible for:-

- Producing the LSW Roster Calendar.
- Monitoring rosters on completion, ensuring users keep to the dates set in the Roster Calendar.
- Ensuring the Healthroster system remains appropriately configured.
- Providing initial training for new units / users as defined in the project plan.
- Providing support and ongoing training to Healthroster users.
- Liaising with the Healthroster Support Team to resolve system issues as required across both the inpatient wards and community settings.

5.5 The e-rostering Team is responsible for:-

- Monitoring the rostering process, feeding back to the appropriate managers where better rostering could improve the utilisation of the workforce.
- Liaising with Matrons (or equivalent line managers), Assistant Directors and Directors to ensure staff are being utilised effectively.

- Reporting against KPIs, and liaising with appropriate Directorates on the benefits realisation of the system.
- Compiling a project plan to accommodate all relevant areas in Healthroster.
- Negotiating and supporting the release of key staff to engage in Healthroster training.

5.6 Modern Matrons (or equivalent line manager) are responsible for:-

- Monitoring and approving their unit roster(s) on completion (**level 2 approval**) utilising Roster Analyser, and ensuring effective use of the workforce.
- Producing analysis reports on staffing, expenditure and quality in their area of responsibility using Roster Central.
- Approving all shifts where temporary staff are requested, escalating to Director level as appropriate.
- Providing guidance and support to the Unit Manager or designated other in the creation of duty rosters, using the KPIs as a reference.
- Notifying the Directorate Management Accountant of any additional hours agreed above the required staffing establishment.

5.7 Directorate Management Accountant is responsible for:-

- Agreeing and signing off the agreed staffing establishment for each unit with the Director / Assistant Director / Modern Matron (or equivalent line manager) / Unit Manager.
- Reviewing the KPIs that affect the use of resources with the Director / Assistant Director / Modern Matron (or equivalent line manager)/ Unit Manager to ensure that the staffing resource is managed efficiently.

5.8 Director/ Deputy Director of Operations are responsible for:-

- Monitoring and reporting against KPIs, in conjunction with the Finance and Human Resources Teams and reporting through Directorate performance mechanisms to the LSW Board.
- Monitoring staff demand profile and temporary staffing usage against unit establishments.
- Monitoring staff absence and ensuring that the directorate management teams are pro-active in managing sickness absence and achieve the LSW's absence target (3.5%).
- The implementation of an early intervention and recovery plan for units failing to meet KPIs.
- Reviewing KPI audits and ensuring the development and implementation of appropriate action plans.

5.9 Director of Finance is responsible for:-

- Ensuring all units have an establishment agreed with the Director / Assistant Director / Modern Matron (or equivalent line manager)/ Unit Manager.

- Ensuring there is an effective process to review the KPIs that affect the use of resources with the Director / Assistant Director / Modern Matron(or equivalent line manager) / Unit Manager.

5.10 Equality and Diversity Statement

This document complies with the LSW Equality and Diversity statement. LSW is committed to the principles of Equality and Diversity. No patient or any other person referred to in this policy will receive unfair treatment on the grounds of age, colour, ethnic or national origins, religious and political beliefs, gender, marital status, sexual orientation, disability or trade union membership.

6. Performance Management

6.1 Key Performance Indicators

Baseline assessments of the following KPIs should be undertaken by the LSW for each unit prior to the implementation of Healthroster. Progress towards meeting the LSW's target performance measures will be reported to the monthly performance meeting and by exception to the Director of Operations and Director of Professional Practice Safety & Quality. A top-level report will be developed for the LSW Board by the Director of Professional Practice to update the organisation on the efficiency of the workforce.

The table below sets out the KPIs and thresholds for LSW.

These will be reviewed regularly to ensure they are achievable and effective in measuring perforformance.

Group	Key Performance Indicator (tbc)	Unit	Amber Threshold	Red Threshold	LSW Target
Workforce Headroom Effectiveness	Overall Downtime Limit	Percentage	25%	30%	20%
	Sickness %	Percentage	5%	7%	3%
	Annual Leave Activation (staff required of each grade type before min and max thresholds examined)	Percentage	7		
	Annual Leave Minimum %	Percentage	13%	10%	14%
	Annual Leave Maximum %	Percentage	15%	18%	14%
	Study Day %	Percentage	5%	7%	3%

	Working Day %	Percentage	3%	4%	tbc
	Parenting %	Percentage	5%	7%	
	Time worked %	Percentage	100%	100%	
	Staff Utilisation	Hours			tbc
Rostering Effectiveness	Over Contracted Hours % (4 weekly)	Percentage	1.5%	2%	
	Unused Contracted Hours % (4 weekly)	Percentage	1.5%	2.0%	
	Additional Duties (Hours, 4 weekly)	Count	0	30	
	Bureau / Agency Usage - Hours %	Percentage	5	10	
	Bureau Fill Rate %	Percentage	n/a	n/a	
	Duties Assigned To Wrong Grade Type	Count	0	3	
	Bureau Required Duty Hours	Hours			tbc
Fairness	Duties with Warnings %	Percentage	20%	30%	
	Requested Roster %	Percentage	30%	40%	
	Granted Requests	Count			tbc
Safety	Shifts without Charge Cover	Count		1	
	Nursing Hours per Patient Day	Hours	n/a	n/a	tbc
	Registered Skill Mix %	Percentage	n/a	n/a	
	Unfilled Duty Hours %	Percentage	20	20	
	Filled Duty Hours	Hours			
Establishment	Percent of Demand Bank Requested %	Percentage	5%	10%	
	Post Vacancies WTE	WTE	3%	5%	

	Redeployed People Hours	Hours	15	30	
	Staff With Working Restrictions %	Percentage	30%	40%	
Effort	Total Rostered Duty Hours	Hours			tbc
	Total Number Of Rostered Duties	Count			tbc
	Budgeted Whole Time Equivalent Hours	Hours			tbc
Cost	Cost of budgeted WTE	Pounds			tbc
	Cost of planned WTE	Pounds			tbc
	% Over Budget	Percentage	5%	10%	

6.2 Performance Reports

A number of reports will be produced by Roster Central to support performance management (Appendix A). These should be generated and distributed on a monthly basis by either the Modern Matron (or equivalent line manager) or Assistant Director for review at relevant Directorate Meetings.

Centralised reporting will also be undertaken by the e-rostering team.

7. Producing Rosters

- The publication of working rosters will take place simultaneously across all departments in the LSW using Healthroster. A Roster Calendar will be produced by the Roster Administrator.
- All rosters must commence on a Monday.
- Rosters must be completed 4 weeks in advance of the start date, using Healthroster where applicable. This will enable staff to better manage their personal arrangements and to afford the Clinical Support Team sufficient time to fill vacant shifts.
- All rosters should be produced to adequately cover 24 hours (or agreed set hours) utilising permanent staff proportionally across all shifts.
- Shifts given a high priority on Healthroster must be filled first i.e. nights and weekends. The use of bank, agency and overtime for nights and weekends should be avoided wherever possible.
- If any of the staff are working non–standard shifts such as late starts, this should be entered to avoid misinterpretation.

- All student and trainee shifts should be included with their start and finish times. They should where possible be rostered with their mentors. It should be stated which shifts are supernumerary (Su).
- Supernumary staff should be labelled with an Su, and may include:-

    - Students.
    - Shadow bureau staff.
    - Preceptors in their supernumary stage.
    - Work Experience.
    - Volunteers.
    - Observers.

- All staff paid from the unit budget should be entered on the roster.
- A 'Quick Guide to Producing Rosters' and example Roster Calendar is in Appendix B.

7.1 Validation and Approval

- The completed roster must be reviewed by the Unit Manager and Modern Matron (or equivalent line manager) prior to being published.
- The Unit Manager undertakes the Level 1 validation and approval, checking the roster analysis information. The Unit Manager approves the roster and informs the Modern Matron (or equivalent line manager) that it is ready for their review.
- The Modern Matron (or equivalent line manager) completes the Level 2 validation and approval process and will approve the roster if it meets the defined parameters.
- If the Modern Matron (or equivalent line manager) decides to reject the roster, it should be communicated to the unit manager immediately, indicating the reasons for rejection.
- Modern Matrons (or equivalent line managers) will be supported by the e-rostering team and their Deputy Director of Operations / Director as appropriate.
- A checklist for validating and approving rosters is in Appendix C.

7.2 Changes to Published Rosters

- Whilst it is acknowledged that this task may be delegated, it is the responsibility of the Unit Manager to ensure that rosters are amended and kept up to date with additional shifts and non-effective shifts i.e. annual leave, sickness or other special leave, non attendance, study leave etc.
- All changes made, after the roster has been approved, must be clearly marked for audit purposes. If these changes have an impact on the booking of temporary staff, this must be immediately communicated to the Clinical Support Team.
- Shift changes should be kept to a minimum. Staff are responsible for negotiating their own changes once the roster is completed. These changes must be approved by the Unit Manager.

- All changes should be made with consideration for the overall competence/skill mix/ gender mix of all shifts being changed. The patient dependency/caseload weighting factors must also be taken into consideration. If the appropriate grade is not available then the shift change must be agreed with the Modern Matron (or equivalent line manager) prior to its approval.
- Where staff are allocated to a student, shift changes should not occur without ensuring the student either changes with the staff member or is allocated to another suitable member of staff. The student must be aware of the change and that this change is recorded on the roster.
- All updates to the roster must be made as soon as possible after the occurrence, taking into consideration Payroll deadlines (this includes changes to shifts, times of attendance, late finishes, sickness and holiday). The actual worked roster must be verified and finalised (locking down the shift) by the Unit Manager or nominated deputy by **1200 midday every Tuesday** for the previous week. It is the Unit Manager's responsibility to ensure appropriate staff have access and are trained to make these changes.
- Where a member of staff is asked to change her/his shift within 24 hours of a scheduled shift, an unforseen change payment of £15 can be claimed. The unforseen change payment is not available in the following circumstances:
    - Where the work is additional to normal contract hours and there is an entitlement to time in lieu, overtime or additional hours payment.
    - Where the shift is swapped with a colleague for the convenience of either.
    - Where the majority of hours of the shift remain unchanged from the original.
    - Where the scheduled shift is extended.

7.3 New Staff

New substantive staff (permanent and fixed term) may have a supernumerary period. This may be for a minimum of 2 weeks and will be assessed on an individual basis, taking into consideration the requirements of the unit/ directorate.

New staff should work with their mentor during the supernumerary period, to ensure that their induction is completed and objectives are planned. After this they should plan to work with their mentor as agreed to complete objectives and competencies.

8. Skill Mix and Staffing

8.1 Skill Mix

- An agreed and funded staffing baseline is essential to delivering high quality care. Each unit should have an agreed total number of staff and skill mix for each shift, approved by the Director of Professional Practice Safety & Quality, Assitant Director, Modern Matron (or equivalent line manager) and the Unit Manager.

- The skill mix and establishment should be reviewed at least annually, with the budget setting and workforce planning process. Skill Mix and establishment reviews may happen more frequently if a need / risk is identified.
- In areas where the workload is known to vary according to the day of the week staff numbers and skill mix should reflect this.
- Each area should have an agreed level of staff, with specific competencies on each shift, to enable appropriate cover e.g:-

    - Taking charge of the shift.
    - Managing Ward Rounds.
    - IV administration.
    - Male catheterisation.
    - Gender.
    - Night Co-ordinator.
    - Place Of Safety (POS) cover.
    - Physical Intervention.

- There must be a designated person in charge for each shift who has been identified as having the required skills and competencies for a co-ordinating role.
- To achieve a balance of skills across all shifts senior staff should work opposite shifts.
- Unit Managers should not be rostered to work weekends, nights or Bank Holidays without specific approval from the Modern Matron (or equivalent line manager), unless there is a need for commitment to the bleep holder rota.
- Students across all inpatient and community areas must be rostered to work with their mentor for a minimum of 40% of their working week. If their mentor is unavailable, an associate mentor should be allocated.

8.2 Flexible Working

- The LSW is committed to the principles laid down by Improving Working Lives (IWL), i.e. work-life balance, flexible working and family friendly working (refer to the LSW Flexible Working Policy Flexible Working Policy v1).
- The LSW will seriously consider all written applications for flexible working, but may be unable to agree to requests of individual staff, if their proposed working pattern cannot be accommodated within the service needs. Service needs encompass safe staffing numbers and an appropriate skill mix, this **will** take priority when creating a roster. Where granted, flexible working will be incorporated into the roster.

8.3 Requests

- All inpatient and community areas using Healthroster will use the Employee on Line (EOL) facility for staff to make off duty requests.
- A comment must be provided indicating whether the request is high priority or low priority.
- The number of requests per 4 week period must be proportionate to individual hours and number of shifts worked.

- All requests will be considered in the light of service needs and the Unit Manager will endeavour, as far as possible, to meet individual requests. However, safe staffing and appropriate skill mix are essential in roster creation, and therefore even high priority requests cannot be guaranteed.
- The Unit Manager is responsible for all decisions regarding requests.
- In counting the number of requests, personal patterns, annual leave, study leave and trade union duties are not to be included.
- Fairness in the allocation of requests will be monitored. Requests must not exceed 4 per roster period.

8.4 Shift Patterns

- Staff are required to work a variety of shifts and shift patterns as agreed by their Unit Manager or as specified in their contract of employment.
- Where 24 hour care is provided, this will include rotation between day and night shifts, ensuring the risk of fatigue has been taken into consideration. See Appendix E for the Shift Fatigue Risk Indicator.
- Staff will work nights, long shifts, short shifts or a combination of all in order to meet the service requirements.
- Start and finish time variations to these shifts may be worked, but must be agreed with the Unit Manager. A written record of the shift agreement will be kept for all variations in shifts and will be reviewed quarterly.
- In normal circumstances, staff will have a minimum of one weekend off per 4 week roster, (unless specifically requested or part of their normal work pattern). Additional weekends off can be rostered if the unit requirements allow.
- The maximum number of consecutive standard day shifts recommended for staff to work is **7**. Staff may request to work more than this (to a maximum of 10) if it is deemed safe to do so.
- The maximum number of consecutive long days or night duties recommended for staff to work is **4**. Staff may request to work more than this (to a maximum of 7 in two weeks) if it is deemed safe to do so.
- There should be a minimum of 47 hours rest time between switching from day duty to night duty and vice versa.
- All staff must have 11 hours rest before their next shift unless they are given compensatory rest in line with the European Working Time Directive (EWTD), which states: 'Where a pattern of shift working and/or "on call" working makes it impossible for an employee to take their full rest entitlement between shifts, then line managers must make arrangements to allow equivalent compensatory rest as soon as possible (for daily rest within 3 days; for weekly rest within 1 week)'.
- All staff must have 24 hours rest in every 7 days OR 48 hours rest in every 14 days.
- Staff must not work more than an average of 48 hours per week from any employment over a 17 week reference period.

- Community staff such as district nurses, health visitors etc will normally work 37.5 hour per week as directed by their line manager.

8.5 Breaks During Shifts

- All shifts over 6 hours (up to 12 hours) must include a minimum of 30 minutes unpaid break (20 of which should be taken consecutively), and a minimum of 60 minute unpaid break (45 of which should be taken consecutively) for shifts over 12 hours in accordance with LSW interpretation of Agenda for Change and the European Working Time Directive.
- Night shifts, regardless of duration, should include a minimum of 60 minutes unpaid break.
- The Unit Manager or person in charge and the individual are responsible for ensuring that breaks are taken. If breaks are unable to be taken at an agreed time due to clinical need, they should be taken as soon as possible after this point.
- Exceptionally, and in response to rigorous risk assessment, geographically isolated units may request lone qualified or other specific staff to stay in the unit during their break, to provide emergency cover. In these circumstances it will be appropriate to negotiate and agree recompense. The detailed agreement will depend on individual circumstances and will be fully documented and agreed at appropriate Director level with staff side.
- Breaks should **not** be taken at the end or the beginning of a shift, as their purpose is to provide rest time during the shift.
- Sleep within clinical and public areas on LSW premises on any shift is not allowed. Staff must return to the clinical area to work at the set time.
- The LSW will comply with the monitoring arrangements of Agenda for Change.

8.6 Use of Temporary staff

8.6.1 Principles

- This applies to all temporary staff across the organisation.
- Temporary staff should only be requested if the available number of staff falls below the minimum safe standard, as defined by the unit manager/Modern Matron (or equivalent line manager)/Service Lead/Assistant Director (AD).
- Temporary staff should only be used to cover unplanned absences or unexpected rising needs, on a very short term basis, unless prior approval is obtained from the Modern Matron (or equivalent line manager)/AD.
- No temporary staff should be routinely booked on planned rosters for Christmas / New Year periods, unless prior approval is obtained from the Modern Matron (or equivalent line manager)/AD.
- Temporary Staff requests should only be made to cover the actual hours needed rather than whole shifts, to maintain minimum safe staffing levels.
- All requests should be made with consideration for the overall competence / skill mix / caseload weighting / gender mix of the shift being covered. Band

stipulation should be in accordance with the minimum requirement to maintain safe standards of care.

- The hours worked by temporary staff should be recorded and reported accurately. If using Healthroster, unit staff are responsible for updating the roster as soon as possible.
- Unit staff are responsible for ensuring that temporary cover is organised in the most timely, efficient and economical manner.
- If temporary staff cannot be obtained, the associated risk must be escalated to line management/on call manager as soon as possible.

8.7 Options

1. Units using Healthroster will be able to identify substantive staff with unused contracted hours and should utilise these hours before booking temporary staff.
2. The next option will be to request staff to work overtime or the booking of the Clinical Support Team (CST) for the precise hours required for that shift.
3. If full time staff or CST are not available then NHSP can be booked via the Locality Manager or Service Manager during normal working hours or the Director on call for out of hours.
4. NHSP will directly contact existing agencies if they cannot fill shifts. However if additional staffing is needed out of hours, approval for agency should be via the Director on call.

8.8 Pre-registration Students

- Pre-registration students should be considered as supernumery to the established staffing levels per shift. They must not be on duty for more than 48 hours per week. This limit safeguards their health and well-being. It also enables them to undertake shifts where they are making up time**.** They are not normally expected to work more than 75 hours per fortnight.

- Pre-registration students should be rostered to participate in the same shifts - or part of shifts – as their mentor, or nominated other, for at least 15 hours per week. Whilst giving direct care in practice setting at least 40% of the student's time must be spent being supervised by a mentor/practice teacher. When in a final placement this 40% is in addition to the protected time (one hour per week) that is to be spent with a sign-off mentor.

8.9 Pre-registration Student Nurses

- Student nurses in their first year of training must **not** work long shifts or night duty.
- Some wards and units follow a 12 hour shift system and where appropriate, students should follow this pattern and the local guidance on consecutive shift patterns.
- Students should not normally work more than two weekends in any four week period during the programme.

- The placement aim is to provide a realistic experience of care, which involves more than a 9 -5 day. Normally a minimum of 14 shifts incorporating an 'on call' or night duty experience would be expected in a 3 year programme.

8.10 Staff Temporary Redeployment

- During staff shortages it is accepted that staff may be required to work in other clinical areas to provide a safe and efficient service. The Modern Matron or other designated person for each area is responsible for the appropriate redeployment of staff within the directorate to meet service requirements. Out of hours, this decision will follow local protocol and the On Call Director informed.
- It is recognised that occasionally staffing needs to be viewed as a whole, i.e. cross directorate when staffing redeployment in a directorate is not possible. The Modern Matron or other designated person is then responsible for contacting the Duty Director. They will together make the final decision as to which area the individual can be moved from, considering staffing cross directorate, staffing competencies, unit dependencies and bed occupancy.
- It is accepted that in the event of a Major Incident, staff will be redeployed, taking into consideration their skills and competencies, to provide the best patient care. The Healthroster system will be used to manage workforce redeployment in the event of a major incident.

9. Non-Effective Days

9.1 Annual Leave

- Annual Leave is allocated in hours for all members of staff.
- The Unit Manager is responsible for approving and allocating annual leave fairly and equitably, ensuring a balanced staffing throughout the year
- Except in smaller units or service areas where there is directorate level approval to have seasonal variations in workload, units **must** allocate 14% of their staff on annual leave during any given week, including school holiday periods. This equates to 1 in 7 and should be applied to both qualified and support staff. (see Appendix D for the annual leave algorithm).
- In smaller units or service areas where there is directorate level approval to have seasonal variations in workload, the annual leave, study leave and sickness percentages will reflect the service need and effective practice.
- The Unit Manager has the discretion to allocate annual leave, normally with 6 weeks notice, to avoid staffing surplus.
- It is a requirement that each member of staff is responsible for formally requesting the majority of their annual leave by the beginning of the financial year, and no less than 6 weeks in advance. This must be approved by the Unit Manager before any firm arrangements or payments associated with the leave are made. Occassional annual leave days may be approved / allocated with less notice providing service delivery can be maintained.
- Annual leave requests that exceed the agreed acceptable level for the department are unlikely to be approved.

- A maximum of 14 consecutive calendar days of annual leave can be requested. Any more than this will need approval from the Modern Matron (or equivalent line manager).
- Additionally purchased annual leave will be taken before other annual leave.
- It is the individual's responsibility to ensure annual leave is used before 31st March, the majority of which should be taken in week blocks. In exceptional circumstances such as employees on long-term sick leave, up to 37.5 hours pro rata may be carried over the year end at the discretion of the unit manager and in line with business needs. This leave must be taken within the first 4 weeks of the new financial year and before any other annual leave. Any other outstanding annual leave will be lost.
- Employees on long-term sick leave will be able to carry over accrued annual leave where their absence extends past the end of the leave year.
- Staff on rotational programmes should take annual leave proportionate to each placement.
- For annual leave accrued during sickness periods, please refer to the sickness/absence policy. Sickness Policy v4:4

9.2 Faith Holidays (including Christmas and New Year)

- All unit managers / service leads are to ensure fairness in allocating leave over Faith holidays. This will be monitored using the appropriate league tables.
- For clinical areas, where there is no planned training over the Christmas period, it is acceptable to increase to 17% of staff on annual leave at this time, proportionately split between qualified and support staff. This could be split across many staff, each having a small number of days over the two week period. In smaller units or service areas where there is recognised seasonal variation in workload, the annual leave, study leave and sickness percentages will reflect the service need and effective practice.
- All requests for Christmas / New Year annual leave should be made by **1st October** and agreed locally. Staff should be notified if their leave request has been approved by the **end of October**.
- No temporary staff should be routinely booked on planned rosters for Christmas / New Year periods, unless prior approval is obtained from the Modern Matron (or equivalent line manager).
- Reference should also be made to any Annual Leave policy currently in place.

9.3 Study Leave

Study leave will be assigned in line with Mandatory and Statutory requirements.

The Unit Manager should:

- Utilise the available number of study leave days in each roster (3%).
- Prioritise mandatory training requirements for staff which may include induction, updates, etc.

- Produce rosters ensuring staff have the required mandatory training.

9.4 Sickness Absence

- Sickness Absence will be managed in accordance with LSW's Sickness Policy.
- LSW's Sickness Absence Target is 3%. (Hrs lost /hrs available).
- Sickness must be communicated by telephone to the Unit Manager or nominated deputy as agreed in LSW's Sickness Policy and in line with local reporting arrangements. Units using Healthroster must ensure that this is accurately reflected in the finalised roster.
- If off-duty days follow on from sick days, the Unit Manager / Team Leader or Clinical Support Team must be kept informed of recovery. Unless notified otherwise off-duty days will be classified as sick leave.
- Following a period of short term sick leave a member of staff must not work any additional paid hours and / or overtime for a period of one week. This period may be extended dependent upon individual circumstances following discussions with Staff Health & Wellbeing, HR and staff-side. There may be circumstances where, in order to meet the needs of the service, it may be necessary to allow staff to work additional paid hours following a period of sickness.
- Where staff are being managed under the Sickness policy the Disciplinary procedure and the Grievance policy, via informal counselling or formal monitoring, no additional hours, overtime or bureau shifts can be worked.
- Following a period of long term sick leave, the Unit Manager should seek advice from Staff Health & Wellbeing about when an individual may resume working additional hours.
- A phased return to work may be appropriate following a period of long term sick. Refer to employee relations for advice.

9.5 Time Off In Lieu (TOIL)

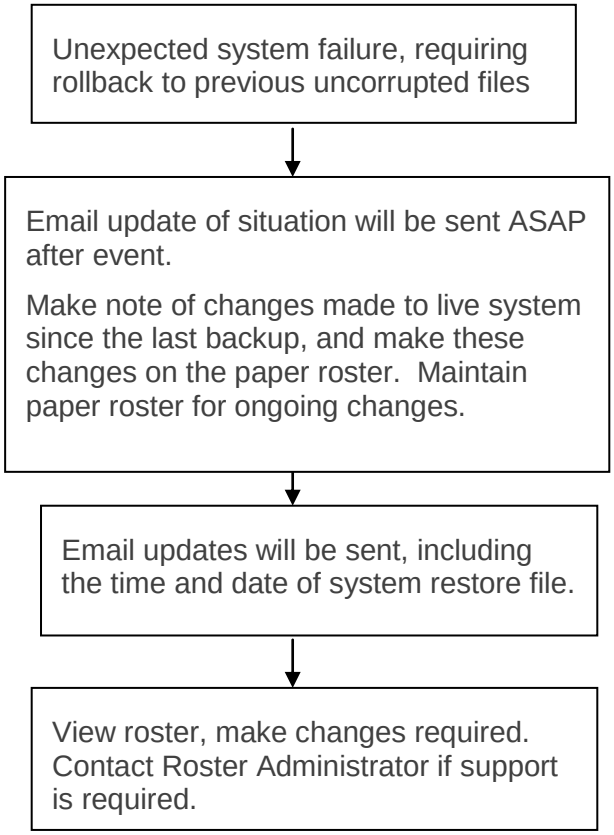
- Any time worked by staff over and above their contracted hours should be sanctioned by the Unit Manager and recorded on the roster.
- Any time claimed back, via time owing **must** be recorded and signed by the Unit Manager. These shifts should be allocated on the roster as Day Off and, for Healthroster, the lieu box must be ticked.
- However staff who, for operational reasons, are unable to take time off in lieu within three months must be paid in accordance with Agenda for Change Terms and Conditions.

10. System Failure

10.1 Action in the Event of System Failure

To enable business continuity in the event of system failure, it is necessary that the roster is printed after each update and that all previous versions are removed. Staff should have full access to a hard copy of the roster.

In the unlikely event that staff are unable to access Healthroster the hard copy roster will be updated by hand until such time as the system is available.



All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 21st April 2015

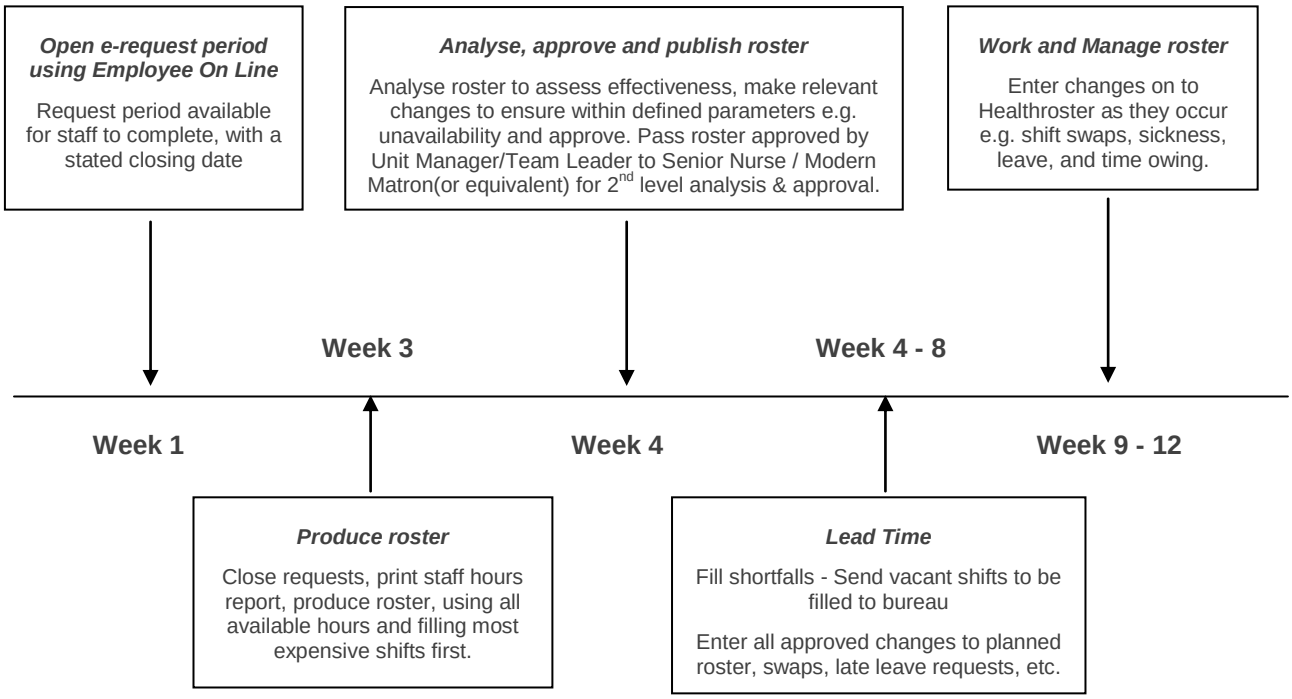
Appendix A: Healthroster Reports

Report Master group	Report Name	Details of report	Usage of report	Report access	Frequency
Roster reports	Additional duties	If duties have been allocated over agreed demand	Directorate Performance Review	Modern Matron (or equivalent) / Assistant Director	Monthly
	Cancelled duties	Duties that have been cancelled	Directorate Performance Review	Modern Matron / Assistant Director	Monthly
	KPI	High level report, containing: % of lost contracted hours % of over contracted hours % of additional duties % of unfilled duties % of non-effective working days % of requests % of contracted staff by WTE % of vacancies % of bureau requests on a weekend/night duty	Directorate Performance Review / Appraisal	Modern Matron / Assistant Director	Monthly
	Roster Effectiveness by grade type	% of lost / over contracted hours, vacant shifts	Directorate Performance Review	Modern Matron / Assistant Director	Monthly
	Roster Effectiveness Annual report	Fairness and efficiency graphs	Directorate Performance Review	Modern Matron / Assistant	Quarterly

				Director	
	Staff unsocial hours	Allocation of duties by person, number of unsocial shifts allocated	Directorate Performance Review	Modern Matron / Assistant Director	Quarterly
	Unfilled duties	Number of vacant shifts (also in hours)	Directorate Performance Review	Modern Matron / Assistant Director	Monthly
	Unfilled duties projected bureau costs	Based on number of vacant shifts and bureau costs	Directorate Performance Review / Financial Management	Modern Matron / Assistant Director / Management Accountant	Monthly
Sickness reports	Sickness report by day of the week	Sickness trends for Wards / individuals	Directorate Performance Review / Attendance management	Modern Matron / Assistant Director / ER Manager	Monthly
	Sickness report by day of the week and person	As above with further detail	Directorate Performance Review / Attendance management	Modern Matron / Assistant Director / ER Manager	Monthly
	Sickness report by grade type	Overall % based on registered / unregistered grading	Directorate Performance Review / Attendance management	Modern Matron / Assistant Director / ER Manager	Monthly
	Sickness report by person	Sickness report for each person	Directorate Performance Review / Attendance management	Modern Matron / Assistant Director / ER Manager	Monthly
	Sickness report by person and reason	Sickness report for each person and reason	Directorate Performance Review / Attendance management	Modern Matron / Assistant Director / ER Manager	Monthly
	Sickness report by reason	Overall sickness by reason	Directorate Performance Review / Attendance	Modern Matron / Assistant Director / ER	Monthly

			management	Manager	
Unavailability report	Unavailability breakdown by grade type	Details % unavailable e.g. sickness, maternity leave	Directorate Performance Review / General management	Modern Matron / Assistant Director / ER Manager	Monthly
	Unavailability breakdown by person	As above, by person	Modern Matron / Assistant Director / ER Manager	Modern Matron / Assistant Director / ER Manager	Monthly
	Unavailability breakdown by week	As above, by week	Modern Matron / Assistant Director / ER Manager	Modern Matron / Assistant Director / ER Manager	Monthly

Appendix B: Quick Guide to Producing Rosters



Process	Responsibility
Use the dates annotated on the LSW Roster Calendar	Roster Creator
Open the roster for requests using Employee On-Line.	Roster Creator
Close the roster to requests, approve requests and add / approve any other non-effective periods.	Roster Creator
Run the autoroster (this will try to fill in the expensive / difficult to fill shifts (e.g. nights / weekends) first and create a balance).	Roster Creator
Ensure that there is a nurse in charge for each shift, manually move shifts as necessary.	Roster Creator
Fill remaining staff hours with vacant shifts, adjusting duty times where necessary.	Roster Creator
Review roster analysis data, ensure good balance of staff across 4 week period, all staff hours are used, charge cover allocated and there is an even balance of popular and unpopular shifts amongst substantive staff. **Staff unavailability should be within the specified parameters, if it is not the roster should be reviewed and amendments made before reviewing the analysis data.**	Roster Creator / Unit Manager
Approve the roster ready for Modern Matron (or equivalent line manager) / Senior Nurse approval.	Unit Manager

Ward Manager and Modern Matron (or equivalent line manager) / Senior Nurse review analysis data, if there are gaps in the roster try to cover them by moving nurses or responsibilities between teams / wards.	Unit Manager / Modern Matron (or equivalent)
Once approved by Modern Matron (or equivalent line manager)/ Senior Nurse publish roster, including the agreed vacant shifts to be filled by Staff Bureau.	Roster Creator
If there are still gaps in the roster, plan to fill them with temporary staff or by using supernumerary staff e.g. prioritise workload or consider moving less urgent tasks to another shift and/or make best use of supernumerary staff available.	Modern Matron (or equivalent line manager)
If temporary staff are necessary, ensure you are rostering them for the cheapest possible shift, length of time and grade.	Modern Matron (or equivalent line manager)
Inform Bureau of likely temporary staff requirements as soon as possible, requesting bureau shifts from 'vacant duties window'.	Modern Matron (or equivalent line manager)

Example of Roster Timetable

4 week period to be worked		Roster open for requests (wed)	Employee online requests deadline (sun)	Ward manager deadline 1st approval (sun)	Service manager deadline 2nd approval (wed)	Publication deadline (sun)	Finalisation deadline (wed)
05-Oct	01-Nov	26-Jul	16-Aug	30-Aug	02-Sep	06-Sep	04-Nov
02-Nov	29-Nov	23-Aug	13-Sep	27-Sep	30-Sep	04-Oct	02-Dec
30-Nov	27-Dec	20-Sep	11-Oct	25-Oct	28-Oct	01-Nov	30-Dec
28-Dec	24-Jan	18-Oct	08-Nov	22-Nov	25-Nov	29-Nov	27-Jan
25-Jan	21-Feb	15-Nov	06-Dec	20-Dec	23-Dec	27-Dec	24-Feb
22-Feb	21-Mar	13-Dec	03-Jan	17-Jan	20-Jan	24-Jan	24-Mar
22-Mar	18-Apr	10-Jan	31-Jan	14-Feb	17-Feb	21-Feb	21-Apr
19-Apr	16-May	07-Feb	28-Feb	14-Mar	17-Mar	21-Mar	19-May
17-May	13-Jun	07-Mar	28-Mar	11-Apr	14-Apr	18-Apr	16-Jun

Appendix C: Checklist for Validating and Approving Rosters

Action		Check
The Roster has been created 4 weeks before off duty commences		
All shifts have an agreed total number of staff and skill mix as shown by the establishment templates		
The roster is within the budget for the unit		
All staff have at least one weekend off in a 4 week period		
The number of unfilled shifts that occur on nights and weekends should be as near to 0% as possible **Note – the number of unfilled shifts at night and at weekends should always be lower than for day shifts**		
No more than 7 standard day shifts are worked consecutively to a maximum of 10 if specifically requested		
No more than 4 long days/night shifts to be worked consecutively to a maximum of 7 in two weeks if specifically requested		
Hours carried forward are as near to 0 as possible		
Roster Effectiveness Indicators	Over Contracted Hours are as near to 0 as possible	
	Lost Contracted Hours are as near to 0 as possible	
	The reason for Additional Shifts	
	Overtime Hours are as near as possible to 0	
Fairness and Safety Indicators	Requests are not greater than the requirements of the policy according to hours worked.	
	Shifts with Warnings are acceptable	
	The policy rules are not being broken by viewing my Roster Stats and reviewing the Rule/Violation column	
	The reason for rules being broken	
	Shifts without Charge Cover are 0	
	Annual Leave is evenly distributed and is consistent with the % calculated for the ward	
	Mandatory Unfilled Shifts, Sunday/Bank Holiday are as low as possible	
Check Effectiveness Tab for:	Requirements v Availability	
	Staff Unavailability – there should be 0 warnings	
	Filled Shifts – there should be 0 Optional and Additional Shifts unless agreed prior to the creation of the roster	
Personal Patterns are still valid (confirm every 3 months)		

Appendix D: Annual Leave Algorithm

Clinical Unit X has **21 (Whole Time Equivalent) WTE** nursing staff and **7 WTE** HCA's.

The percentage of staff on annual leave at any time should be **14.0%**

Therefore:

21 x 0.14 = 2.94	**3.00 WTE**
7 x 0.14 = 0.98	**1.0 WTE**

You would need to try and allocate approximately 3 trained nurses and 1 HCA per week on leave to achieve balance over the year.

The number of WTE in post can be viewed in Healthroster by using the details pane under 'My Staff Details'.

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

Appendix E: Shift Fatigue Risk Index

The Development of a Fatigue / Risk Index for Shiftworkers

Fatigue refers to the issues that arise from excessive working time or poorly designed shift patterns. It is generally considered to be a decline in mental and/or physical performance that results from prolonged exertion, sleep loss and/or disruption of the internal clock. It is also related to workload, in that workers are more easily fatigued if their work is machine-paced, complex or monotonous.

Fatigue results in slower reactions, reduced ability to process information, memory lapses, absent-mindedness, decreased awareness, lack of attention, underestimation of risk, reduced coordination etc. Fatigue can lead to errors and accidents, ill-health and injury, and reduced productivity. It is often a root cause of major accidents e.g. Herald of Free Enterprise, Chernobyl, Texas City, Clapham Junction, Challenger and Exxon Valdez.

The Health and Safety Executive (HSE) has funded the further development of the Fatigue Index, a practical tool to help assess the relative levels of fatigue associated with different shift patterns. As well as a research report describing the development work, also available is a calculator tool and its associated user guide. These will be particularly useful for anyone concerned with assessing the risks of fatigue from shift work.

Below are the links which will take you to the report, guidance on using the tool and the calculator itself.

http://www.hse.gov.uk/research/rrhtm/rr446.htm

http://www.hse.gov.uk/research/rrpdf/rr446g.pdf

Appendix F: Requests that can be resolved by ward teams and their administrator roles when trained/ updated

- Re-assign postings
- Assign work contract
- Set net time owing
- Adding new permanent members of staff
- Adding students
- Students moving form post to post
- Closing leavers
- Resetting passwords
- Changing working hours, days, reducing or increasing hours and work patterns
- Checking for qualifications and entering on the roster
- Searching for people
- Adding a roster from template
- Auto rostering
- Cloning more shifts
- Creating additional duties
- Change or amending leave entitlement
- Building and approving rosters
- Changing working hour patterns
- Adding sickness
- Setting TOIL
- Moving teams and merging people
- Adding study days
- Finalising
- Some problems can be solved by just looking back over the previous roster to see where the anomalies are.