



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Roster Policy

This procedural document supersedes: CORP/EMP 35 v.4.1 – Agenda for Change Rostering Policy.



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Amendment Form

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Version 3	22 July 2019	<ul style="list-style-type: none"> Format review Following feedback from colleague representative groups confirmation that rest days will be allocated following the completion of a period of night shifts. Following feedback from colleague representative groups the following have been updated to provide clarity: <ul style="list-style-type: none"> Lead in period to start of roster Length of Roster period Shift length definitions Awarding overtime to individuals working part time Updated to encompass wider audience now using eRoster Inclusion of enhancements introduced via Roster Improvement Programme outputs Inclusion of changes produced from output of consultancy work (BDO) Refresh of KPI's and processes Inclusion of accepted recommendations resulting from Lord Carter report Enhancements made following recommendations by users 	Jason Mullarkey
Version 2	January 2015	<ul style="list-style-type: none"> Document transferred to new format Updated in line with Roster Improvement Programme outputs Introduction of consistency, standardisation, accountability and controls 	Jason Mullarkey
Version 1 (minor amendment)	November 2011	Reference regarding the security policy included at the bottom of page 4 and in item 5.2	Val Colquhoun

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1 INTRODUCTION

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust recognises the value of its workforce and is committed to supporting colleagues to provide high-quality patient care and as such this policy has been created and structured under the principles of the DBTH Way. Whilst acknowledging the need to balance the effective allocation of the workforce with supporting colleagues to achieve an appropriate work life balance, it is also recognised that the Trust needs to be able to respond to changing service requirements. Therefore, having a flexible, efficient workforce, which is effectively optimised is key to achieving the Trust's objectives.

This policy is for use by all non-medical colleagues across Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust).

This policy should also be read and followed in conjunction with any current Standard Operating Procedures in place.

2 PURPOSE

This policy is intended to support the effective and efficient management of The Trust's workforce, in aiding to optimise its capacity to deliver patient care and services, whilst also providing flexibility for our colleagues.

Our workforce is the single most important and critical resource of the entire Trust. As such principles and processes need to be established and followed to ensure there is clear understanding, and we have consistency and fairness in the approach to workforce optimisation.

This document is designed to provide details of the principles and processes which collectively form the roster policy. By having common principles, processes and key performance indicators which are followed we can achieve consistency and fairness in addition to efficiency and effectiveness. This document also explains the procedures and processes involved from inception of a team through to the creation and management of a roster.

3 DUTIES AND RESPONSIBILITIES

The roster policy spans a broad variety of services and roles, therefore for the purpose of this document and to have commonality across the entire Trust the roles in Section 3 are generalist in nature and may be subject to change.

3.1 The Chief Executive & the Trust Board

The Chief Executive and the Trust Board have overall responsibility for ensuring that an adequate and effective process for providing efficient workforce planning and management is delivered throughout the Trust.

3.2 Steering Group

The People Systems Steering group will provide strategic direction, operational review, and a point of escalation. They will guide the development of the use of the eRoster to ensure it remains aligned to the strategic aims of the Trust.

3.3 Chief People Officer

Is accountable to the Trust Board for ensuring Trust wide compliance with the rostering policy and responsible for the delivery of eRoster support, training and guidance resources.

3.4 Chief Finance Officer

Is accountable for the accuracy of financial data held within all people systems and software and is jointly accountable, along with the Chief People Officer for the control and governance of the people systems and software which includes the eRoster system.

3.5 Divisional Leads

The Divisional Lead is accountable for ensuring Trust wide compliance with the policy within their area to ensure that each team is able to deliver a high-quality service with appropriately skilled individuals.

The Divisional Lead is jointly accountable, along with the Chief Finance Officer for ensuring the demand pattern/target resource level is accurate for the teams within their span of control.

The Divisional Lead is accountable for ensuring the people data held within the software is accurate.

The Divisional Lead will hold formal reviews of the use and content of the software so that it remains current and supports optimum staffing levels.

The Divisional Lead will ensure their teams/departments operate within their budgetary constraints.

Approving any and all additional duties, additional hours and overtime.

Responsible for implementing and ensuring compliance with the roster policy within their area.

Responsible for the management of rosters in adherence to the steps documented throughout this policy and displayed at high level in Section 13.

Ensuring that they conduct Key Performance Indicator (KPI) reviews with their Leadership Team and Management Accountant to ensure that the workforce resource is always managed efficiently and is optimised.

Responsible for utilising workforce dashboards and software reports to monitor and report against KPI's in conjunction with the Management Accountant, People Business Partners and Roster Specialist(s). Action plans should be created where KPIs are not achieved or principle and processes not followed.

Responsible for formal action plans being in place in accordance with Trust policy where KPIs are repeatedly not achieved or principles and processes not followed repeatedly (more than 3 occasions).

Responsible for ensuring all management levels are adequately trained and competent in the creation and management of efficient workforce optimisation.

Ensure teams/departments operate within their budgetary constraints.

3.6 Operational Leads

Responsible for ensuring policy implementation and compliance within their department/teams.

Monitoring of effective rostering practices and making use of Roster Analyser to check against any relevant KPIs, as per the roster calendar.

Operational Leads for Fully Rostered (Pay Affecting) teams will undertake the Level 2 validation and approval, checking the roster analysis information prior to the 6-week publication deadline in line with roster KPIs and associated best practice.

Escalating rosters which do not achieve KPI targets or where principles and processes have not been followed to their Divisional Lead.

Arranging leave cover to ensure departments are appropriately staffed in line with locally agreed minimum staffing requirements.

Utilising the available workforce dashboards and software reports to analyse staffing, expenditure and quality in their area of responsibility and create development/improvement action plans.

Following Divisional lead approval, creation of all non-mandatory or additional shifts (those above the approved demand template) and for areas who utilise temporary staffing resource (i.e. bank via NHS Professionals) ensuring that temporary staff are requested for these shifts.

Ensuring rosters are approved and finalised each month by the cut-off date to enable data upload for payroll process and to enable correct payment for teams.

Ensuring their Roster Managers are adequately trained and competent in the creation and management of efficient workforce optimisation and each team has sufficient capability.

Ensuring that CHPPD figures are reviewed in line with any roster template changes and remain relevant for all safe staffing calculations through SafeCare.

Providing guidance and support to the Roster Managers or designated other in the creation of duty rosters, using the KPI's as a reference.

The implementation of an early intervention and recovery plan for Teams/Departments failing to meet KPI's.

Reviewing KPI audits (these measures should be balanced providing evidence of effective, efficient and high-quality service delivery) and ensuring the development and implementation of appropriate action plans to deliver high quality service at all times.

Ensure that Teams/Departments operate within their budgetary constraints.

3.7 Roster Managers

Ensuring policy implementation and compliance within each Team/Department.

Responsible for the safe/optimum staffing of their Team/Department.

Ensuring KPIs are achieved and principles and processes outlined within this policy are always followed.

Unless other approval structures are agreed, Roster Managers will be responsible for approving the roster (1st Line approval), in line with the roster calendar and final approval target timescales, which will include confirming that it meets the relevant KPIs and all principles and processes have been followed.

Ensuring the records in eRoster are an accurate and up to date record of what has actually taken place/been worked.

Responsible for ensuring the updating of eRoster takes place at least weekly. This is to ensure it is always current and accurate. This is to ensure workforce dashboards and data remain current and hence accurate data is available for decision making.

Ensuring that the roster is 100% updated, accurate and finalised by the cut-off date each month for lock down so that correct details are forwarded to payroll. Changes to the roster after this point will not be transferred to payroll and Roster Managers will need to follow the eRoster Exception Form – Guide for Users (which can be found on the Hive here: [HealthRoster – The Hive](#)).

Unless other approval structures are agreed, Roster Managers will undertake the Level 1 validation and approval, checking the Roster Analysis information. The Roster Manager approves the roster and informs their line manager that it is ready for their review identifying and highlighting any areas of concern.

Ensuring that their expenditure does not exceed the allocated budget in all Teams/Departments.

Escalation of service need for additional duties to relevant authorising manager and reporting on justification over and above the approved staffing resource templates.

Nominating a Roster Creator and Deputy and ensuring that they are appropriately trained. Ensure authorisation for roster changes and approvals are restricted to designated managers with requisite responsibility for approval.

Ensure appropriate governance practices are adhered to with regards to approval of rosters and associated changes. Ensure that any changes or approvals made to the roster are approved by a more senior manager. Ensure that changes to an individual's roster (including the roster manager) cannot be made by a peer.

The fair and equitable allocation of annual leave and study leave.

Considering all roster requests from colleagues, ensuring fairness and equity in working patterns.

Approving and managing requests for leave in accordance with the Trusts, policies such as the DBTH Leave Policy CORP/EMP 49 or the Special Leave Policy CORP/ EMP 47.

Investigating any reports of short-staffing and take steps to prevent recurrence.

Monitoring those factors which impact on staffing levels, e.g. sickness, occupancy rates and respond to these appropriately.

Ensuring that before appointing to a vacancy, consideration is given as to the best way in which to meet the current service delivery need.

Requesting the use of additional duties and hours from their Operational Lead.

Identifying training needs in relation to the roster software for themselves and their team members and raising this requirement with the People Systems Team.

SafeCare Users – Responsible for ensuring all data is entered accurately and within deadline for each census period including staff register completion. Responsible for highlighting and reviewing breach areas and applying professional judgement for mitigation and/ or escalation, raising at daily safe staffing meetings as required. Ensuring all appropriate redeployments are actioned in the safe care system in a timely manner.

3.8 Roster Creators

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

Responsible for bringing any areas of concern to the attention of the Roster Manager.

Ensuring the roster is maintained at least weekly and records in eRoster are an accurate and up to date record of what has actually taken place/been worked.

3.9 People Systems Team

Responsible for the production of the Trust-wide Roster Calendar, the Roster Calendar is used to identify a standard date for which rosters will be worked from and rotates on a 4-weekly period throughout the year, this allows for standardisation of support from the People Systems Team. All rosters will be established to commence on a Monday.

Ensuring the eRoster support, training and guidance resources are maintained and updated, and in line with national expectations.

Ensure change control guidance is appropriately configured and governs any requests in line with relevant change control processes.

Provide support and on-going training to eRoster users.

Liaising with the eRoster suppliers support team to resolve system issues as required.

Responsible for supporting the production of workforce dashboards.

3.10 Team Members/All Colleagues

Responsible for attending work as per their duty roster and adherence to the absence policy/ local procedures for reporting absences where unable to attend.

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 Trust.

Notifying the Team/Department manager of changes to a planned or worked shift as per policy (i.e. keep team manager/line manager updated with sufficient notice).

Notifying the Team/Department manager of changes to personal details, e.g. address, telephone number, etc.

Requesting shifts and annual leave using the online App.

Ensuring that personal details are kept up to date in all people systems and software (maintaining own details on the eRoster App and in connected systems including MyESR).

SafeCare Users – Responsible for ensuring all data is entered accurately and within deadline for each census period including staff register completion. Responsible for highlighting and reviewing breach areas and escalating as required. Application of professional judgement in safe care and ensuring all appropriate redeployments are actioned in safe care in a timely manner.

3.11 Management Accounts

Responsible for the provision of budgetary information and supporting the management teams on the financial aspects of delivering high quality and safe care to our patients.

Timely review of change requests and confirming if the requests are acceptable as per the relevant change control process.

Responsible for attending and participating in the regular reviews and providing financial governance.

Reviewing the proposed resource levels of rosters and confirming if these are acceptable within budgetary constraints.

Periodic baseline reviews in conjunction with annual business planning and budget setting to ensure rosters remain aligned to budgeted establishments.

Responsible for updating the People Systems Team of any budgetary or establishment changes.

4 ELECTRONIC ROSTERING

4.1 Electronic Rostering (e-Roster)

This is a computerised system specifically designed to support roster managers, operational and divisional leads in efficient and effective workforce planning. This is a management aid, and hence the objective is to enhance and improve the management of the teams through effective scheduling against safe staffing levels, to meet patient needs, organisational requirements and flexible working.

The system rosters colleagues to an agreed duty requirement and manages their availability and contracts which allows clear visibility of the workforce and gap analysis. It will also track and produce reports for absence, leave, additional duties, overtime and bank/agency use. The Trust has a planned calendar that ensures that all eRosters will be produced on the same day. A copy is on the Hive here: <https://extranet.dbth.nhs.uk/people-systems/eroster-expenses/health-roster-for-roster-creators/>

All areas must ensure operational arrangements are in line with the Trust calendar. When establishing rosters the People Systems Team will ensure the correct roster calendar dates are utilised and that all rosters commence on a Monday. This is to ensure manageability of pay and time and attendance extracts for pay processing and appropriate checks and reconciliation can take place. The aim of this policy is to ensure that duty rotas are produced to an agreed standard, according to the operational and profile environment in which the team works.

eRoster aims to:

- Ensure safe/appropriate staffing for all departments using fair and consistent rotas.
- Minimise clinical risk associated with the level and skill mix of staffing levels.
- Improve monitoring of sickness and absence by department/ward and/or individual, generating comparisons, whilst identifying trends and priorities for action.
- Improve planning of clinical and non-clinical non-effective working days e.g. annual leave, sickness and study leave.
- Ensure that the required number of inpatient beds is safely staffed to meet elective and emergency demand.
- Provide effective management of establishments.
- Support flexible and self-rostering where it is used effectively and fairness is guaranteed for all.
- Allocate shifts on a fair, consistent and transparent basis.
- Enable creation of meaningful reports and data for analysis, decision making and audit

4.2 Rostering Practices – Service Profiles

Rostering practice and functionality is now embedded in a broader variety of services and roles, therefore, rostering practice and expectations will be relevant to the service in which the system is utilised. To provide guidance for the different services across the Trust this document will provide specific rostering expectations dependent on operating context.

It is appreciated that services and rostering attainment may change during the life of this policy, hence they may move between the service profiles and descriptions below.

Service Profile - Rostering Practice	Descriptions/ Profile	Example Areas include
Fully Rostered (pay affecting)	Generally, these are areas that operate on a 24/7 or extended hours basis and require full staffing coverage across all days, nights, weekends, and bank holidays. These areas rely on a structured, pre-defined roster template to ensure safe staffing levels are always maintained. Fully rostered areas will have all shifts planned and approved 6 weeks in advance (other than exceptions for theatres and clinics which will work to a 4-week lead time).	<ul style="list-style-type: none"> - All inpatient wards - Outpatient services - Daycase /theatre services - Emergency and Acute - Services Department

	Shift allocation will vary depending on service need and coverage and individuals will not generally have fixed working patterns. Roster templates are agreed each year and include headroom to ensure staffing levels are maintained. Rosters can be used to manage flexibility and are used for management of leave.	
Patterned Rostering (Pay affecting)	Generally, these are areas that work set or shared patterns to provide a service across 7 days a week. Weekend working is maintained however usually at reduced level compared with weekdays. Rosters can be used to manage flexibility and are used for management of leave.	<ul style="list-style-type: none"> - Clinical Therapies departments - Ward Clerks
Fixed Patterns (Non-pay affecting)	These tend to be admin or traditional 9-5 teams who provide a service during weekdays only and within standard working hours. Teams tend to work on regular or shared patterns to ensure appropriate cover across the week. Rosters can be used to manage flexibility and are used for management of leave.	<ul style="list-style-type: none"> - Admin/ Corporate areas - Outpatient teams
Timesheet Only	These teams use eRoster for submitting enhancements, additional hours or overtime only. Will utilise roster for leave management and pay but no other functionality. This should only be used in transition stage alongside a roster implementation plan and should not become a routine or BAU arrangement.	
Absence Management only	Teams only using eRoster for Annual leave and Sickness recording. These areas have only achieved minimum attainment standards and should have a future roster implementation plan.	

This document sets out general expectations and principles of effective rostering, these sections should be deemed generic to all departments unless specifically referred to as relating to one of the practices/ service profiles identified above.

4.3 Procedure

When initially establishing a team a resource plan must be created and approved by the Divisional Lead and Management Accountant which must contain a workforce demand pattern and an aligned workforce model with shift plans. The high-level process can be found in the appendices in Section 12.

The relevant Divisional Lead and their Management Accountant are responsible for creating the workforce structures in line with business planning and budget setting requirements. Where major structural changes are planned or additional workforce or funding is required then the Divisional Lead may be required to submit a business case for Executive approval for the change in accordance with relevant standing instructions and approval processes. The Operational Lead must follow the relevant change management process before a new resource template can be created.

Once resourcing is approved and established these resources are then the responsibility of the local Leadership Team who must ensure these requirements are met. This is achieved by creating the individual roster which must then be approved for each period of use and reviewed to assess efficiency and effectiveness to feed into development of future rosters. The Operational Lead must follow the Change Request Process for eRoster Demand Template to establish the required rosters (which can be found on the Hive here: <https://extranet.dbth.nhs.uk/people-systems/eroster-expenses/health-roster-for-roster-creators/>)

4.4 Establishment & Budget

Divisional leads will decide upon their workforce requirements taking into account budget, business and workforce planning and models such as the Safer Nursing Care Tool (SNCT). The SNCT should be utilised where relevant to determine appropriate nurse staffing levels by evaluating patient needs (acuity and dependency), nurse sensitive indicators, and staffing multipliers to account for complexity of patient care needs. Divisional leads should work with their management accountant when considering workforce requirements and any impact on their budget. Divisional Leads should also liaise with their People Business Partner Team if there are likely to be any structural changes that require change management/ restructure support. Once requirements are identified the utilisation of the resource is then planned to mirror the teams demand pattern by creating shift patterns and hands per shift plans. These are then used as a template for the creation of each roster, and these templates become the teams' resource demand pattern and as such should be adhered to. Any change to this template must be in accordance with the Change Request Process for eRoster Demand Template (available on the Hive here: <https://extranet.dbth.nhs.uk/people-systems/eroster-expenses/health-roster-for-roster-creators/>).

They should be reviewed when undertaking annual and business and workforce planning. They must always be reviewed as a result of a change to the budget, establishment or in post headcount (e.g. number of beds. acuity rates of patients etc.).

Roster Practices: Fully Rostered and Patterned Roster (pay affecting) only

In addition to the above, the Divisional and Operational Leads must follow the agreed Standard Operation Procedure for requesting and implementing temporary or permanent changes to the resource levels and plans for each department in collaboration with management accounts. See attached Change Request Process for eRoster Demand Template found here:

<https://extranet.dbth.nhs.uk/people-systems/eroster-expenses/health-roster-for-roster-creators/>

For most fully rostered areas there will be an annual review of rosters in line with budget setting processes, this will be led by the Divisional and Operational Leads.

4.5 Roster Creation

It is the responsibility of all roster creators to ensure that they allocate their team members to the available duties (either via auto-roster or through personal / shared patterns) and to maintain the roster at least weekly to ensure accuracy and that it reflects what was worked.

The person creating the roster will take into account any approved requests and create the roster. The majority of each roster will cover a period of 28 days (4 weeks) and therefore team members will be allocated to shifts over the 28-day roster period (where a roster is created over a different length of time, the same steps will be taken, and principles apply with adjustment for the difference in period length).

Rosters should be prepared and approved in advance of the roster start date to ensure adequate time for colleagues to view their rosters, the trust works to a 6-week lead time, so that colleagues have sufficient time to request duties and plan around their rota. The exception to this 6-week lead time will be for Christmas and new year rosters, where rosters can be opened early to allow for an extended lead time. Ideally the lead time should be increased to between 8 to 12 weeks to allow for sufficient planning time, Roster Managers should avoid opening rosters further in advance to minimise the impact of any future changes to rostering templates on live rosters.

No more than 3 rosters should be open at any one time, to ensure that future changes can be made in a timely manner. Where changes to the template are requested and rosters are open this will lead to delays to changes being reflected in the live roster.

Roster Practices: Fully Rostered & Patterned Roster (Pay Affecting) only

In addition to the above:

Roster managers may be assigned a combination of clinical and admin/management time within their roles. Where this is the case, Roster Managers must ensure that their admin time is allocated to the roster fairly and in advance of the roster being produced. Roster Managers must then ensure that the remaining clinical duties are allocated from the relevant roster demand.

It is the responsibility of the Roster Manager to allocate their team members into the available shifts as per the agreed template of shift patterns and hands per shift. Only approved shifts which exist within the roster demand template can be allocated. No additional shifts or duties are to be created without pre-approval by the Divisional Lead and an audit trail recording this must be created to support later scrutiny. Operational Leads are responsible for creation of additional duties after approval from Divisional Lead.

To achieve effective rostering, team members should have minimum restrictions to their working patterns, and the ward/department should have the least number of local rules in place.

The roster should be created, approved by the Divisional Lead and available to view in its final state **at least 6 weeks in advance of it taking effect**. Therefore, team members should be able to view their shifts 6 weeks before the roster period starts.

Teams whose rosters are subject to a great deal of change, due to the nature of the service, must seek approval to allow them to work to a reduced lead in time. If approved they must produce their rosters 4 weeks in advance (currently applies to Theatre and clinics teams only).

In preparation of the roster, Roster Creators and Managers must ensure that the appropriate resources are in the right place at the right time, based on the agreed and funded skill mix, with the required competencies, to deliver the service to the appropriate standard or escalate in accordance with relevant local guidance. For nursing refer to Safe Staffing Guideline for Wards and Departments (Nursing, Midwifery and Theatres).

4.6 Key principles, inputs, steps and variables to take into account when creating the roster

The purpose of this section is to give detail and clarity on the key aspects of managing and maintaining an effective roster, to provide consistency, fairness and efficiency. These key aspects are:

- Shift Allocation
- Requests
- Staffing levels/ Skill Mix
- Vacant shifts & Temporary staffing
- Workforce sharing/Redeployment/ Utilising contracted hours
- Shift duration
- Roster production/ Responsibilities
- Headroom & unavailability limits
- Working day
- Study leave
- Parenting/ maternity leave
- Other leave
- Annual leave
- Managing annual leave
- Sickness
- Roster KPIs
- Flexible working

4.7 Shift Allocation

All colleagues should have the opportunity to discuss their working arrangements and any flexible working agreement in place with their Roster Manager, in line with the flexible working policy. This may be incorporated into their annual appraisal and any further agreements must be documented in the personal file and via the use of the Flexible Working functionality in ESR Self Service.

Roster Practices: Fully Rostered & Patterned Rosters (Pay Affecting) Only

Where applicable all colleagues are expected to cover a locally agreed number of weekday/weekends/nights/on-call during a set period. The only exemption is where a flexible working arrangement has been agreed with the appropriate Operational or Divisional Lead and approved in writing for a defined period of time. Unsociable hours/weekend shifts should be evenly distributed as far as reasonably practicable. All critical and difficult to fill shifts must be allocated to substantive team members first along with shifts which attract enhanced rates of pay (I.e. Nights, Weekends and Bank Holidays). Where this is not possible this must be by exception and an approved action plan in place to resolve the exception.

Individuals will be able to change a shift on an approved roster only if another appropriately skilled/competent member of the team is available to work the shift- and only with authorisation from their Roster Manager. This avoids unforeseen problems with changes in skill mix, continuity of cover and the risk of the shift remaining unfilled. Where absence has occurred due to sickness, or in accordance with the Special Leave Policy CORP/EMP 47, the shift leader/co-ordinator takes responsibility that any shortages in staffing are reported immediately to the appropriate manager who must accept responsibility to ensure the shift is adequately covered/appropriate action is taken.

In areas where the workload is known to vary according to the time of the day or day of the week, staffing numbers and skill mix should reflect this within the roster. Senior colleagues with the same skill sets should work opposite shifts to enable full-service coverage within local agreement. They should work in a way that provides optimum use of their skills over the working week. Each Roster Manager must have an agreed and documented procedure with their team in the event of changes needing to be made to a roster when available to view. There must be an auditable history of any changes to a roster. Shift changes should be kept to a minimum and authorised by the Roster Manager or designated deputy. Individuals are responsible for arranging shift changes/ swaps and these must be approved by the Roster Manager or Operational Lead. The roster template must be within budget and must provide a roster which when reviewed on a day-to-day basis meets all aspects of demand and required service provision for the team.

Roster managers should ensure that Nights and On-calls are allocated fairly to allow for appropriate rest periods. On-calls should not be assigned immediately prior to study leave or other administrative related leave (i.e. meetings / conferences) to avoid negative impact on potential callouts during on-call shifts affecting these or leading to short notice cancellations.

4.8 Requests

Not all areas make use of requests (i.e. areas that work set patterns) however for all other areas, colleagues should have the opportunity to make duty and day off requests.

To provide a consistent workforce, requests cannot always be guaranteed. The granting of requests will remain at the discretion of the Roster Manager.

All wards/departments will implement a consistent approach to managing requests from team members. Requests permitted will be categorised as priority and non-priority requests. The number of priority requests per individual will be based upon the contractual hours worked, and these priority

requests will always have precedence when trying to accommodate everyone's requests when creating the roster. Additional requests are permitted; however, these will only be considered after the whole team's allotted priority requests have been accommodated.

The priority requests per person are on a pro rata basis as follows:

Under 26 hours	=	2 requests
26 to 30 hours (inclusive)	=	3 requests
Above 30 hours	=	4 requests

Where a flexible working agreement is already in place = 2 requests

Requests for Team Based Rostering (i.e. areas where rostering has moved to a collaborative self-rostering approach) work differently to the above to allow colleagues to self-roster for the full roster period. Requests are split into priority requests pro rata to contracted hours based on the below:

Under 26 hours	=	2 requests
26 to 30 hours (inclusive)	=	3 requests
Above 30 hours	=	4 requests

Where a flexible working agreement is already in place = 2 requests

Once priority requests have been allocated colleagues are then able to apply for standard duty requests to fulfil their contracted hours for the remainder of the roster period.

Two months of forward planned rosters will be visible at any one time for colleagues to make requests to allow for fair accessibility for all team members. Rosters will close to requests 6 weeks prior to the start date of the roster.

Late requests may be considered by the Roster Manager only under special circumstances.

Any issues relating to requests for personal patterns on a regular basis should only be considered on an exception basis and must be justifiable and where possible kept to a minimum. Individuals must follow the Flexible Working Policy CORP/EMP 48 to make such requests. Any agreement made/in place must be reviewed formally on at least an annual basis to ensure they remain appropriate and possible within service needs. Those arrangements deemed no longer appropriate/ suitable will come to an end. Any formal review should be documented.

It cannot be assumed by colleagues that the roster will be written to accommodate them. Requests may be denied, as the needs of the service must take priority. Colleagues must be considerate of their colleagues, and that they are fulfilling their requirement to work a fair share of unsociable hours.

League tables of shift approval history within the eRoster system will be used to facilitate the decision-making process when approving or denying requests.

Teams wishing to employ flexible or self-rostering must make their request to their Divisional Lead, who will consider and if they wish to support the request they will raise this with the People Systems Team and their People Business Partner Team who will take the appropriate steps in accordance with the Trust's policy.

4.9 Staffing Levels/Skill Mix

Colleagues should ensure they are familiar with their local ward/ department operating framework and staffing escalation procedures. A risk assessment should be undertaken by the ward / department manager if safe staffing levels are not achieved and the situation must be escalated through the appropriate leadership team. An action plan should be identified to mitigate any risks and approved by the Operational Lead/ Divisional Lead as appropriate. The Trust's Safe Staffing Guidelines for Wards and Departments should be utilised for relevant departments when agreeing the appropriate course of action. Consideration should be given to the effective utilisation of resource across the Trust including options for redeployment of substantive colleagues. All colleagues who undertake shift coordinator responsibilities must be able to demonstrate their ability to coordinate the workforce for the ward / team / department. This competency will be approved and assigned following assessment by the Roster Manager.

CHPPD figures and patient acuity weightings will be added into the roster for each Department utilising SafeCare. Assessments should be completed when agreeing the relevant staffing levels and skill mix, and the CHPPD figures and weighting multipliers should be provided to the People Systems Team to update these figures into eRoster for safe staffing calculations through SafeCare. These should be reviewed annually and at each point a template change is agreed, in line with the process in Section 12 and in the Change Request Process for eRoster Demand Template.

4.10 Vacant Shifts & Temporary Staffing

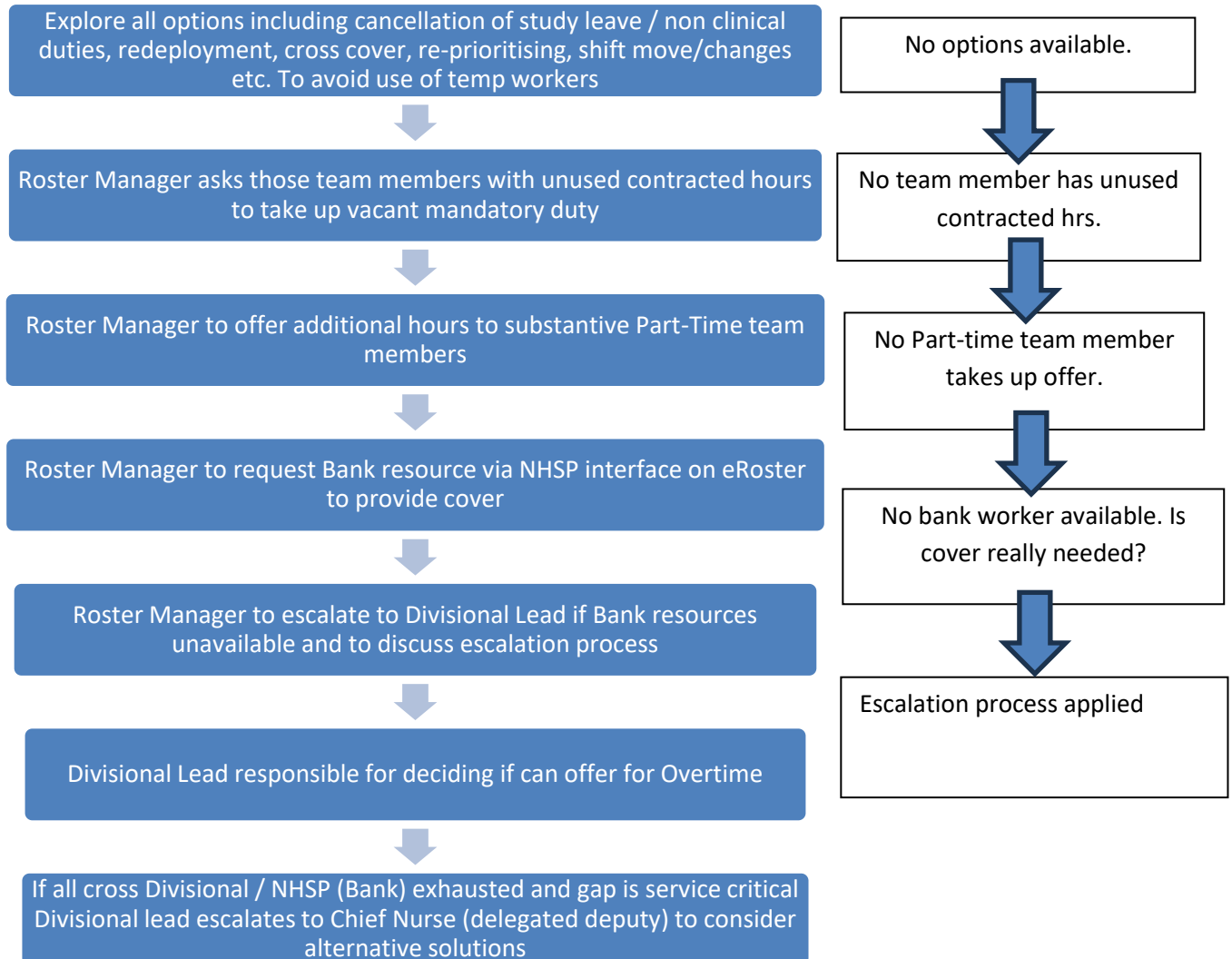
This section only applies to areas that use temporary staffing (i.e. NHSp Bank), this generally will be Fully rostered areas but may include some patterned areas also.

There are clearly defined steps to follow in order to fill vacant shifts, and these should always be followed in the order defined within the below process. Only vacant mandatory shifts (shifts which exist in the roster template/demand shift pattern pre-approved in line with the rota template creation processes), hence only those with pre agreed funding approval, can be filled.

Consideration should always be given to the effective utilisation of internal skills and resources to avoid the use of temporary staffing wherever possible. This includes considering the cancellation of non-clinical duties or study leave, redeployment, shift moves or changes and re-prioritisation of work. A substantive member of the team cannot work via the bank if they have unworked contracted hours which total the equivalent of a shift or more, they must use these contracted hours first. Utilisation of unused hours and forward planning will be discussed in any roster approval meetings, owed hours will be considered over upcoming roster periods to ensure plans are in place for hours to be recovered. For ALL teams using both eRoster and NHSP as their supplier of bank workers, the interface between DBTH's eRoster and the supplier system should always be used to submit requests for temporary

workers. This is to ensure all controls are in place and followed and there is fully documented auditable history. The steps are:

Flow Chart of Sequenced Steps which must be followed to fill Vacant Mandatory Shifts:



In service critical circumstances if agency or service reduction is being considered this should be discussed with the Divisional Lead and Executive lead (out of hours SMOC and Executive on call).

Bank staff should be booked according to the above process steps (these steps comply with the escalation process in the Safe Staffing Guideline for Wards and Departments (Nursing, Midwifery and Theatres). Requests for temporary staff must be released/submitted at the earliest time (unless for enhanced care or to cover sickness absence). Vacant shifts due to vacancies, maternity, known events or long-term sickness must be released/submitted no less than 28 days in advance of the shift date. Temporary staff must not be used to cover for annual leave, non-mandatory training or be included in the establishment numbers for calculating allowances such as annual leave, study etc.

All colleagues in pay bands 2 to 7 are eligible for overtime payments, where the situation is in line with the Agenda for Change Terms and Conditions of Service, however the offer of overtime must be pre-agreed with the Divisional Lead or higher. In line with the Agenda for Change Terms and Conditions of Service, overtime payments are applicable where an individual has worked over and above the AfC contractual full-time hours which are 37.5 hour per week, and which are measured over a reference period of 4 weeks. Overtime payments are therefore only applicable where an individual works over 150 hours over a 4-week roster reference period, i.e. 37.5 hours multiplied by 4 weeks. In some exceptional circumstances, a roster cycle may vary and therefore a different roster reference period may be agreed. Should this be the case then the relevant management team will need to agree and communicate the relevant roster reference period being used to their team.

In the event of any doubt, this rule should be clarified with the People Systems team BEFORE agreeing to overtime payments. In the event of this rule not being followed this will be corrected by the People Systems Team or payroll services provider. In the case of part time workers, any additional hours worked over and above the number of contracted hours (after deducting any time owed to the Trust) would be paid as additional hours up to full time hours of 150 hours over 4 weeks. In addition to the above, colleagues may request to take time off in lieu as an alternative to overtime payments. However, team members that, for operational reasons, are unable to take time off in lieu within three months should usually be paid at the overtime rate. This process should be applied after any hours owed to the Trust are deducted. Managers must ensure that any overtime is approved by the Divisional Lead in advance of confirming with the team member and the shift being worked.

Escalation (Refer to Trust/Safe Staffing Guideline for Wards & Departments):

Escalation will be undertaken when, either a Division or NHSP draws attention to a major problem with staffing, including:

- Reduced resources, including staffing
- Emergency bed pressures
- Infection outbreaks or to control infection
- High level of unfilled requests of bank or agency
- Unexpected, high increase of incoming workflow
- High dependency patients above those normally managed in critical care

4.11 Workforce sharing/Redeployment/ Utilising contracted hours

Utilising staff across teams should always be considered as an option before any additional/temporary resource is requested, and any additional costs incurred (this includes overtime). Redeployment across teams/divisions will be considered proactively at roster approval step as well as on a shift-by-shift basis. Any team requiring resource which it cannot provide itself must liaise with teams having resource with matching skills and abilities to establish if there is suitable, available resource which could be temporarily redeployed to meet demand. Similarly, if a team has individuals with excessive unused contracted hours and their roster demand template has been filled, they must not create additional duties to balance the unused hours. They must liaise with teams who have need of the same skills and abilities and offer to temporarily redeploy resource where service demand requires it.

Operational Leads will review staffing within each Division and ensure resource allocation is in line with SafeCare, this will include the assessment of risk and professional judgements regarding safe staffing levels within the department. Inability to resolve the resource shortfall within the division must be raised at the daily safe staffing meeting in order to review resources Trust Wide. Any deployment of staff must be recorded in SafeCare so there is a clear audit trail of which colleague has moved from one area to another and for what reason.

Where a colleague has unused contracted hours equal to or more than the length of a shift, they:

- Cannot work via the bank until these contracted hours have been worked
- Cannot be offered overtime payment until these contracted hours have been worked
- Cannot carry more than the number of hours equal to a shift into the next 'roster period'
- Must be available to be redeployed to teams in need of the same skills and abilities to provide support

There will be occasions when colleagues are required to work in other areas of the Trust to provide a safe and efficient service as stated in the employment contract. The competence and skills of an individual will be assessed to ensure they are appropriately matched to the requirements of the ward/department they are being moved to.

Specifically for clinical roles: The appropriate Clinical lead (Site managers, Matron, Divisional bleep holder/Manager etc. dependent upon staff group involved) will agree and authorise which areas someone can be moved from and to.

4.12 Shift Duration

The Trust has a responsibility to ensure the health and wellbeing of its colleagues, and to comply with working time regulations and Agenda for Change (A4C) terms and conditions of employment. These principles must, as far as practicable, be implemented to protect all employees at work. This policy refers to the term 'handover' and for the purpose of this policy is the time where two shifts overlap as one finishes and the next starts. This is the time when the individual coming to the end of their shift updates the individual starting their shift of any information to assist continuity of the service being provided (this could include incident details, patient records, ongoing service issues etc.). Further clarification can be found in the Handover Policy PAT/PA 31.

For the purpose of clarity, a break will be defined as a rest period. Any alterations to shift times, rest periods and handovers must be completed through the Change Request Process for eRoster Demand Template (found on the Hiver here: <https://extranet.dbth.nhs.uk/people-systems/eroster-expenses/health-roster-for-roster-creators/>) to ensure they remain within budget. In line with the Agenda for Change and terms and conditions of employment (A4C) and the European Working Time Directive (EWTD), all shifts in excess of 6 hours must include a minimum of 20 minutes unpaid break. Expected Trust practice is to ensure a minimum of a 30-minute break for all shifts over 6 hours duration. Rest breaks are unpaid.

It is recommended that any shifts of 12 hours have a minimum of two x 30-minute unpaid break.

The Roster Manager or the delegated shift co-ordinator is responsible for facilitating breaks effectively whilst minimising the impact on the service provision. No periods of duty should exceed 13 hours (inclusive of unpaid rest periods).

The maximum number of consecutive shifts for staff to work is:

- Short/Standard – 8
- Long – 3
- Nights - 3

Departmental managers may agree local rules regarding maximum consecutive shifts which may be less than above recommendations. In exceptional circumstances, where an individual has worked additional shifts to support service delivery, this must not exceed a maximum of 5 consecutive long shifts. Where long shifts are worked, the individual's performance must be monitored by their line manager to ensure there is no detrimental impact of working long shifts on the team member or the service they are delivering.

For clinical colleagues following a period of long night shifts being worked, one sleep day plus one days' rest should be allocated to allow the individual to readjust and recover before the next shift is worked.

All shift allocations should remain in line with EWTD requirements for rest periods, this means that all shift patterns should be compliant with the following rules:

- between working days – 11 hours' rest between finishing work and starting work
- between working weeks – 24 hours every 7 working days or 48 hours every 14 working days

Colleagues can opt out of the 48-hour working week via the Opt Out Form available on the Hive here: <https://extranet.dbth.nhs.uk/people-systems/eroster-expenses/resources/faqs/> however, colleagues cannot opt out of daily or weekly rest periods under Working time Regulations. Individuals have a fundamental entitlement to adequate daily and weekly rest. The eRoster system limits working hours to 56 per week as a maximum to ensure the health and safety of our colleagues. In calculating weekly working hours for the purposes of the WTD regulations the eRostering system is configured to calculate working hours over a 17-week reference period in line with legal requirements.

The eRostering system is configured to provide warnings when a Working Time Directive rule is broken. The eRoster system include shifts worked via NHS Professionals when applying WTD rules. Roster Managers should not override these rules unless there is a genuine service reason to do so. It is understood that occasionally there may be a valid reason for an individual to work through their rest entitlement. This should not happen routinely and should be by exception only.

If an individual has to work when they're supposed to be resting, the employer must still make sure they get 'compensatory rest'. This means they take their rest later or in a different way. The worker and employer should agree together how the compensatory rest is taken. This rest should be for an 'equivalent period'. This means the same length and type as the missed rest.

Roster Managers and Operational Leads should check for WTD breaches when reviewing and approving each roster by utilising the roster report for duties with rules breakages. Breaches should be avoided wherever possible through adjustments to shift allocations prior to roster approval, and/or where breaches occur by exception during the course of a roster period the individual must be given the relevant compensatory rest.

The People Systems Team will undertake periodic checks for any areas that may demonstrate regular breaches, and these will be escalated to the Divisional Lead and People Business Partner Team for review. Concerns will also be raised through roster review / confirm and challenge meetings as needed.

These rules apply to bank, non-bank and combination of bank and non-bank shifts. Rest breaks (i.e. lunch breaks etc) must be planned, and taken, within working time. Both Agenda for Change Terms and Conditions of Service and EWTD stipulate that rest breaks should not be taken at the start or end of a shift. If, in exceptional circumstances, the needs of the service do not permit you to take a rest break at the planned time, the unused entitlement should be taken at another point, in agreement with your line manager.

Any additional or under worked hours from regular shift patterns must be managed by the Roster Manager on a monthly basis. These hours may be either worked/taken back in lieu to meet service demands or in exceptional circumstances and in agreement with the Division Head the manager will agree to pay such hours. It is expected that this time shall be used during the following roster period. In exceptional circumstances hours may be carried over, but in all instances must be used within 3 months. The maximum time to be carried over to the next period must not exceed +/- 1 maximum roster shift length. Where handover periods (shift overlap time) exist, they must not exceed 30 minutes in length and any exception to this must be approved by the Divisional Lead.

Provision must be made to allow adequate and safe handover of incident handling, clinical and managerial functions. Attention must be given to the activities taking place during this handover period to ensure it is efficient and effective. This must be agreed with the Head of the Department and Division. Where weekend working takes place colleagues should be allocated a minimum of one weekend off per roster however this may be at the discretion of the Roster Manager based on service requirements. The Roster Manager will document in their local rostering rules the number of weekends and nights each member of the team is required to do in a 4-week roster. This should be a guide only and may be subject to change to meet the needs of the service and managed by the Roster Manager.

4.13 Roster Production/Responsibilities

The manager is accountable for either completing the roster or appointing a responsible individual to create the team's roster within the constraints of the Roster Policy. Roster Managers must ensure the safe/optimal staffing of the department even if they do not directly undertake the task of producing the roster.

Accountability for rosters lies with the Roster Manager. Any issues relating to the roster must be escalated to the Operational and Divisional Leads before final authorisation.

The manager has a responsibility to give colleagues accessibility to view the authorised roster in advance of the roster period starting so should plan to have rosters prepared with adequate lead time.

Roster managers should ensure that all colleagues have access to Loop to view their own rosters, access can be requested from the People Systems Team.

If any of the colleagues are working non-standard shifts, such as late starts, this should be entered into eRoster to avoid misinterpretation and so the roster shows the most accurate version of what has been worked.

All staff groups included in the roster e.g. Department Administration/Clerical staff /Housekeepers should be entered as is appropriate.

The roster must be maintained regularly by being fully updated no less than weekly to ensure its accuracy, and once locked for payroll no further changes can be made.

The Roster Manager is responsible for ensuring rosters are finalised for payroll. The roster must be approved and locked for payroll by the cut-off date provided to avoid the risk of incorrect or delayed payroll/pay to team members, or missed payment of enhancements / additional hours. Additional payroll extractions will not be possible, and any areas not finalised by the deadline will be escalated to the Divisional Lead.

Any enhancements, additional hours or overtime that are missed from the roster in the month payroll is extracted (i.e. duties were not added to the roster or finalised by the agreed date the People Systems team send pay detail to payroll) will need to be added retrospectively to the roster and reported to the People Systems Team, via an exception form (as per the Payment Exception Process found here: <https://extranet.dbth.nhs.uk/people-systems/eroster-expenses/health-roster-for-roster-creators/>). Any exception forms must be submitted within 3 months of the date the shifts should originally have been paid.

Roster Practices: Fully Rostered Areas & Pattern Areas (Pay Affecting) Only

Roster Managers should have a prepared roster available at least 7 weeks prior to the roster start date, which must then be approved by the Operational Lead (level 1 approval). Final authorisation (level 2 approval) must be made by the Divisional Lead (or nominated deputy) prior to publishing. At all stages of approval there should be monitoring of the effectiveness of the roster by making use of Roster Analyser to check against any relevant KPIs, as per the roster calendar.

Rosters must be completed at least 6 weeks in advance of the start date (an exception to this rule is where the rota to be filled is for those working in theatre and clinics as these rosters are built following the confirmation of the consultant's plans. As such they must publish their completed rosters 4 weeks in advance). This will enable colleagues to better manage their personal arrangements and to afford

temporary worker suppliers (NHS Professionals) sufficient time to fill vacant shifts. However, colleagues are expected to be reasonable in terms of alterations to shifts in order to meet changes in circumstances. In these cases, 72 hours' notice of a change would be expected and the change only permitted if appropriate cover can be arranged.

All rosters should be composed to adequately cover the hours of service. For many this may be 24 hours (or agreed set hours) and should be done by utilising employed colleagues proportionally across all shifts. Hard to fill shifts and shifts which qualify for enhanced rates of pay such as; nights, weekends, bank holidays and specific shifts given a high priority on e-Roster must be filled first. Weekend shifts and Bank Holidays (nights and days) specifically should be filled first with substantive team members, and every effort should be made to avoid the use of temporary workers for these shifts.

4.14 Headroom & Unavailability Limits

This section only applies to areas with an agreed headroom, some teams, typically clinical teams, have an allowance included within their budget to account for time when team members will be unavailable to undertake their duties (i.e. due to annual leave, sickness, attending/completing mandatory training, attending 1:1's and appraisals etc.). In some teams it is necessary to provide a consistent level of cover and therefore this allowance should be used so that the roster can still be filled. Where this allowance has been applied it will include occasions when team members are on annual leave, absent due to illness, on mandatory study leave, and taking emergency carer's leave. To support the ability to manage this unavailable time and still deliver the required level of service, each of these categories carries a target. By meeting these targets, the service level will still be achievable under normal circumstances (this may require otherwise vacant shifts being filled in teams such as nursing, and/or the re-prioritising of tasks where filling otherwise vacant shifts is not an option e.g. in teams providing support, such as the Corporate Divisions).

As achieving the targets for each category is key to delivering the required level of service, these form the performance indicator measures for the efficiency and effectiveness of the roster. The responsibility for achieving these is held jointly by the Roster Manager and the Operational Lead, with the overall accountability lying with the Divisional Lead.

Teams who are fully established must always use the contracted hours of their substantive team to fill shifts, including circumstances where available resource is reduced due to; illness*, study leave/training, annual leave etc. (*where sickness is excessive, additional cover may be arranged on the approval of the Operational Lead, and only where an action plan agreed with the Operational Lead is in place to manage the excessive sickness levels.).

Managers must use these individual allowances intelligently to 'balance' the number of team members unavailable to work. For example, where there are more people on study leave than the target suggests the number of people permitted on leave should be limited accordingly and vice versa.

Each category is explained in more detail below and for the purpose of this document the nursing headroom targets have been used to provide examples of the calculations involved. Therefore, teams

must confirm their own targets to be used in calculations. The total percentage of unavailability should equate to the overall percentage headroom that is built into each establishment.

The calculation of the % unavailability for each category is the same. It is based only on the number of whole-time equivalents (WTE) in post (i.e. WTE of people in post, it does not include vacancies or temporary workers). The allowance for each team is calculated by multiplying the total number of WTE in post by the % target, this will be calculated per grade category (i.e. registered or unregistered).

For example, the calculation for the annual leave allowance for a team with an establishment budget of 25 WTE, with 20 WTE currently in post (i.e. 5 vacancies) would be:

Budget establishment = 25 WTE
 Currently in post = 20 WTE
 Annual leave allowance 15% of current people in post

Currently in post x % leave allowance = Maximum number of WTE permitted to be on leave

$$20 \text{ WTE} \quad \times \quad 15\% (0.15) \quad = \quad 3 \text{ WTE}$$

This **allowance is aligned to the number of WTE in post** and therefore must be adjusted in accordance with the fluctuations of WTE in post numbers which result from new starters and leavers.

Headroom allowance (for those areas where this applies):

The baseline headroom allowance for all areas is 22.5% of the contracted/in post WTE for the team (temporary adjustments may be introduced in some areas periodically and as such Divisional Leadership teams will confirm if any temporary adjustments are currently in place. Please see below). This headroom allowance is made up of allowances for annual leave, study, sickness and other leave as listed below. These individual allowances are all based on the contracted/in post WTE of the team and should not be exceeded, however most importantly the overall headroom allowance must not be exceeded (managers can work within margins for the individual allowances if the combination always remains within the overall headroom allowance).

22.5% is the baseline for all areas where headroom allowance applies, however this may be temporarily adjusted if agreement and approval has been granted with the Executive Team, Finance and Divisional/Directorate leadership. If a temporary adjustment has been agreed and approved, the Divisional/Directorate leadership team are responsible for informing their management team of the adjustment and the period it is to be in place.

The baseline 22.5% headroom allowance of the contracted/'in post' WTE of the team is made up of:

Annual Leave	15%
Study	1.5%
Sickness	5%
Other Leave	1%

4.15 Working Day

This category is used to record management/supervisory time and non-clinical time for clinical based roles. The percentages achieved will vary from team to team as they are heavily influenced by the relative size of the team.

4.16 Study Leave

This allowance category is used to record SET training. It should total no more than **1.5% of current WTE in post**.

Any additional training and development must be managed within the team's substantive resource/headroom allowance and temporary workers/cover should not be used.

Study leave should be allocated in conjunction with the DBTH Leave Policy CORP/ EMP 49.

Managers must ensure each team member is allocated annual mandatory study days. This training is equally as important as delivering clinical care and must be protected. The responsibility for identifying such needs lies with individual team members in conjunction with their Line Manager.

Study Leave should be for a maximum duration of 7.5 hours per day (excluding unpaid rest period).

Other study leave should be allocated equally and in accordance with the available workforce headroom in each individual area (i.e. the maximum WTE unavailable should not exceed the headroom target set for the team. If granting study leave would take the team's unavailable WTE beyond the headroom target, alternative arrangements should be made).

Fair and equal allocation of study leave should be available to all colleagues and requested following the appropriate Trust procedure.

Where the service requires a higher-than-average study leave (for example where there is a high proportion of trainees) this exception must be agreed by the Divisional leadership team.

4.17 Parenting/Maternity Leave

This category is used to record time for maternity/paternity/ shared parental leave and new adoptions etc. There is no target allocated, and it is not included in the budgeted headroom figure.

4.18 Other Leave

This is used to record time when leave has been granted for exceptional circumstances such as carers leave, emergency leave etc. This should total less than 1% of current WTE in post.

4.19 Annual Leave

Each team operating rostered shifts should maintain 15% of their workforce on annual leave throughout the year to enable the whole team to utilise their annual leave entitlement without the need to backfill with temporary workers or the redeployment of team members. The annual leave threshold should be set at 15%, and this will be based on the current number of people in the team and not the budgeted establishment (i.e. vacancies and temporary cover not to be included, this is to avoid exceeding headroom and budget). Therefore, the calculation of 15% is based on actual WTE in post (i.e. No. WTE in post x 15% = A/L allowed). Teams must aim to have a level 15% workforce on A/L across the year and should not aim to average this out over each roster period as this could hide issues or shortfalls within the roster. This allowance can be used flexibly between grades if the skill mix allows.

If a team has a significant vacancy position when annual leave for the year is being planned, then annual leave should be based on that current situation and adjusted as the vacancy position improves. Managers are advised to discuss this with their Divisional Lead prior to approving leave for the next financial year.

4.20 Managing Annual Leave

Annual leave should be allocated according to the principles in the DBTH Leave Policy CORP/EMP 49. The annual leave granted should be 15% each day (or as near to this figure taking into account the varying size of teams) to be based on actual WTE in post (i.e. vacancies and temporary workers are not to be included). Teams are to aim to have 15% workforce on A/L throughout the year to effectively manage resource evenly. The allowance can be used flexibly between grades if skill mix allows.

For all non-medical colleague's annual leave should be allocated in hours for each team member.

The manager or designated deputy must approve all annual leave before it is taken.

The annual leave entitlement must be taken within the year to which it is allocated. Responsibility for managing annual leave is jointly owned by the individual and their line manager.

Each Team should calculate how many colleagues should be taking annual leave at any one time. The team should be made aware of the need to maintain this number constantly throughout the year.

Ideally, colleagues should take their annual leave entitlement evenly throughout the year (25% per quarter in line with the DBTH Leave Policy).

Fair, personal and equal allocation of annual leave requests should be available to all colleagues in high sought-after periods such as school holidays and summer months, and public holidays such as Easter and Christmas.

The allocation of leave during the school holidays should not be increased. Annual leave requests for school holidays will be shared equally amongst those requesting, taking into consideration those who have flexible working agreements.

Quarterly reviews of outstanding annual leave for each team member should be made by the Roster Manager to avoid accumulation of untaken leave.

Any leave of longer than 2 weeks in duration must be formally requested in writing to the Operational Lead for approval and a copy of the request must be kept in the personal file.

Managers must be aware that leave taken by colleagues on term time contracts must be included in the total WTE allowed on annual leave and recorded as such. Therefore, during their periods of leave the remaining number permitted to be on annual leave must be adjusted accordingly (total team A/L, including term time contract leave to adhere to 15% target). Term time contracts should be reviewed annually as per the Flexible Working Policy CORP/EMP 48.

When annual leave of at least a working week is being requested this should be booked to include the full 7-day period (i.e. Monday to Sunday which will equate to the equivalent of one week of contracted hours). When annual leave of at least a week is being requested 2 days of rest adjacent to the annual leave will be permitted to ensure any shifts worked do not infringe upon the period of annual leave. This is comparable to an office-based worker taking a week Monday to Friday with a weekend either side.

When working nights prior to a period of annual leave a minimum of one sleep day must be allocated prior to the period of annual leave commencing. Managers should regularly review shift allocation around pre-planned periods of leave to ensure shifts do not negatively impact on the ability to take quality rest periods.

4.21 Sickness

Sickness must be reported by the individual to their line manager (or delegated deputy) to notify them that they will not be able to work. The individual must report their sickness absence in accordance with their local departmental practice, and it is the responsibility of the individual to understand and adhere to local expectations. Sufficient notice should be given to allow for appropriate cover to be agreed (notification period must be in accordance with local procedure).

The line manager (or delegated deputy) is responsible for updating the roster with the details of the sickness episode. This must be done as soon as possible to ensure the roster is a live and accurate reflection of staffing levels and to support effective decision making regarding the allocation of resource to ensure safe staffing levels.

Each month sickness data will be extracted from eroster and uploaded to ESR by the People Systems Team. The extract from roster usually happens around the 6th of each month therefore all managers

must ensure the sickness details in roster are correct and up to date in time for roster finalisation which is usually around 4th of the month.

Any absences that are open ended or where the end date is unknown should be ticked as open ended. Managers must ensure that any sickness episodes still open by the date of the monthly roster finalisation are ticked as Open Ended.

If managers require any retrospective changes to sickness records that occurred prior to the latest monthly roster finalisation MUST contact the People Systems Team to enable corrections to be made. If the manager retrospectively corrects a sickness episode for a period that has already been subject to monthly pay extract will NOT be updated in ESR unless the manager contacts the People Systems Team for support.

Total sickness absence rates for the team should be at or below the specific target set for your division/directorate, as such please refer to your specific target. For in-patient nursing areas, a 5% sickness allowance will be included within the overall headroom KPI measure (subject to review).

4.22 Roster KPIs

All teams will work with the HRBP team to manage Sickness KPIs, however additional KPIs will be reviewed for fully rostered areas to assess roster efficiency and ensure safe and appropriate staffing levels to meet the service requirement.

Roster Practices: Fully Rostered & Pattern Areas (Pay Affecting) Only

Clinical teams (or teams where their department profile is aligned with Fully Rostered or Patterned Areas – Pay Affecting) will have the effectiveness of their rosters monitored to give reassurance that the available workforce is optimised and additional costs such as bank and agency are avoided. To do this each roster (where relevant and appropriate) will be measured against the following Key Performance Indicators (KPIs):

- Headroom
 - Annual Leave 15% of WTE in post
 - Sickness absence 5% of WTE in post
 - Study Leave 1.5% of WTE in post
 - Other Leave 1% of WTE in post
- Roster Lead in time 6 weeks (4 weeks for Theatres and Clinics)
- Use of NHSP interface (where applicable) 100% compliance (no retrospective bookings)
- Deliver service within establishment WTE
- Number of individuals within the team to carry forward contracted hours equal to or more than the length of a shift into the next roster period.

In addition, monitoring should also be undertaken of the following expectations in line with local/professional requirements in order to maintain effective roster management and control costs:

- Avoid the creation of additional duties (i.e. requests over and above hands per shift), and ensure additional duties are only utilised where there is a justifiable business reason and in line with approval by the Operational or Divisional Lead.
- Ensuring that any requests for Temporary Staffing have an identifiable reason and the reason accurately aligns to relevant evidence (e.g. vacancy reason is supported by evidence of a vacancy within the establishment/ budget, or sickness reason is supported by evidence of sickness rates within the team).
- Temporary staffing fill rates and any trends/ risk areas that may require review internally or with temporary staffing providers.
- Review of bank and agency usage (WTE and costs), in particular usage above budgeted vacant shifts.
- Ensuring weekend and night duties are prioritised for rostering within substantive establishment, prior to any consideration of fill by temporary staffing.
- Avoid the allocation of overtime and ensure any usage is supported by relevant risk assessment and application of professional judgement in line with escalation procedures and with the approval of the Operational or Divisional Lead.
- No bank or agency shifts should be retrospectively applied to roster/ or direct via the temporary staffing provider system; all approved shifts should be released in advance via the NHSP interface.

Operational and Divisional leads must manage and review effectiveness and KPIs. Where rosters fail to achieve the KPIs, measures and action plans should be introduced to ensure future adherence, ensuring formal action is taken where KPIs are repeatedly not met. Actions must be in place for all those involved in the creation and approval chain.

Roster KPIs will be used by Operational and Divisional Leads to monitor the quality of care provided through governance mechanisms e.g. audits as part of the ward/team assurance tool assessments, to ensure the resource profile and hence rostered shifts are fit for purpose, and the roster is effectively and safely managed.

4.23 Flexible Working

The flexible working application process as set out in the Flexible Working Policy CORP/EMP 48 is available to all colleagues to support an individual request. Individuals who believe they are unable to work the full range of available shifts on their department roster should consider utilising this policy to support relevant discussions with their line manager. The individual and the line manager should follow the process as set out in the Flexible Working Policy when making or considering a flexible working request. Decisions must take into account both the underlying reasons for the request as well as any impact on service need, cost and impact on patient care. If an application is declined the manager will provide reasons in writing.

For those individuals who have an approved flexible working agreement, whilst this is in place, roster requests will be limited to 2 per roster period. Thereby avoiding further restrictions on colleagues who do not have a flexible working agreement and who have limited opportunity to flex.

In line with the Trust's Flexible Working Policy, employees who wish to change their contracted hours of work should first discuss this with their Manager and follow the process as outline in the policy.

Flexible working arrangements are temporary and subject to review in line with the Flexible Working Policy.

5 FRAUD

All staff must ensure that all changes to the original roster are updated in real time to ensure accuracy and to ensure audit and counter fraud requirements are met.

Managers and authorising personnel are required to exercise due diligence to ensure that rostered hours have been accurately fulfilled by their team members in accordance with Trust Policy.

Any employee and/or any authorising individual who knowingly provides and/or approves false or misleading information pertaining to rostered hours, must be referred to the Local Counter Fraud Specialist (LCFS) for investigation in accordance with the organisation's **Fraud, Bribery and Corruption Policy and Response Plan (CORP/FIN1D)**.

Exception reports will be scrutinised on a regular basis to review working/overtime hours of staff involved in the rostering process. All exceptions will be reviewed, and if considered potentially fraudulent, such instances will be reported to the LCFS and HR for further investigation.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Effective adherence to this policy will deliver efficient and effective rosters with the right people in the right place at the right time providing the expected service and safe care where relevant. Therefore, key performance indicators and parameters will be set and monitored for relevant departments, and for roster users' analysis reports will be utilised from the roster software. Each roster will provide evidence of efficient and effective workforce planning.

Managers and Heads of Department should review their roster templates and shift pattern at least annually in conjunction with business and workforce planning cycles. Any change requests to templates should follow the process as set out in the Change Request Process for eRoster Demand Template.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Roster KPI's	Heads of Departments & Heads of Divisions	In advance of roster approval and at roster approval meetings. As part	Utilising roster performance reports (generated from roster software where eRoster is used). Reported to

		of roster confirm and challenge meetings.	Workforce and Education Group on a quarterly basis.
Shift fill rates	Heads of Departments & Heads of Divisions	Weekly – safe staffing And in confirm and challenge meetings	Utilising weekly performance reports (generated from eRoster software where eRoster is used).
Skills mix	Heads of Departments & Heads of Divisions	Weekly – safe staffing And in confirm and challenge meetings	Utilising weekly performance reports (generated from eRoster software where eRoster is used).
Suitability of shift patterns and associated roster rules	Heads of Departments & Heads of Divisions	Annually	Utilising workforce and business plans compared with roster reports to analyse and match resource to demand

7 DEFINITIONS

Budget	The permitted total cost for a team to be fully functional.
CHPPD	Care Hours per Patient Day – measures the amount of direct patient care provided by staff, per patient, per day. Used to assess and manage staffing levels on inpatient wards.
Demand	The volume of incoming work tasks which dictates the amount of resources required to deliver the targeted/required service level.
ERoster	A software solution to aid the allocation of resources (for the purpose of this policy this is people) to a rota.
Establishment	The total number of people (whole time equivalent/WTE) which the budget affords the team to employ.
Headroom	For a team to function and deliver the required service effectively there has to be allowances made for events which naturally occur and events which need to occur in the delivery of the service. These events include such things as training, meetings, annual leave, sickness etc. The amount of time needed for these events to take place is estimated and an allowance is then awarded to the team to account for this time so that the events can take place and the service is still delivered. This allowance is called 'headroom'.

KPI	Key Performance Indicators. These are the important measurable attributes of how something has performed. This could be an individual, a team, a process, a product, indeed almost any item.
Requests	For the purpose of this policy, these are the individual preferences raised by an individual to make a specific selection within a roster period (e.g. if an individual asks to be allocated a specific shift).
Roster	A planned series/pattern of shifts over a set period of time having had specific people allocated to them.
Rota	A planned series/pattern of unfilled shifts over a set period of time specifying start/finish times, and number of people required on each shift.
Safecare Users	Registered Nursing Staff who complete census data for patient acuity to ensure safecare can be used for safe staffing and redeployment of staff.
SNCT	Safer Nursing Care Tool An evidence-based method of determining optimal nurse staffing in hospitals by assessing patient acuity and dependency
Unavailability	For the purpose of this policy this refers to the time spent by an individual on tasks which do not directly contribute to the delivery of the service (e.g. annual leave, sickness, study time)
Vacant shifts	Shifts which appear within the rota but remain unfilled.

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27), the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3)

9 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy document should be read in conjunction with

- CORP/EMP 1 Supporting Attendance at Work Policy
- CORP/EMP 27 Equality Analysis Policy
- CORP/EMP 47 Special Leave Policy (incorporating Carer's and Emergency Leave)
- CORP/EMP 48 Flexible Working Policy
- CORP/EMP 49 DBTH Leave Policy (including Annual, Study, Professional and Duty for all staff, including medical)
- CORP/EMP 59 Equality, Diversity and Inclusion Policy
- CORP/FIN 1 (D) Fraud, Bribery and Corruption Policy and Response Plan
- CORP/ICT 11 Information and Communications Technology (ICT) Business Continuity Policy
- PAT/PA 28 Eliminating Mixed Sex Accommodation, whilst Maintaining Privacy and Dignity
- PAT/PA 31 Handover Policy

Related local SOP's

Safe Staffing Guidelines for Wards and Departments (Nursing Midwifery and Theatres)

11 REFERENCES

European Working Time Directive Regulations:

<https://www.gov.uk/maximum-weekly-working-hours>

Hive Health Roster:

<https://extranet.dbth.nhs.uk/people-systems/eroster-expenses/health-roster-for-roster-creators/>

NHS Employers Agenda for Change Terms and Conditions of Service:

<https://www.nhsemployers.org/publications/tchandbook>

NHSE Care hours per patient day guidance:

<https://www.england.nhs.uk/care-hours-patient-day-chppd-data/>

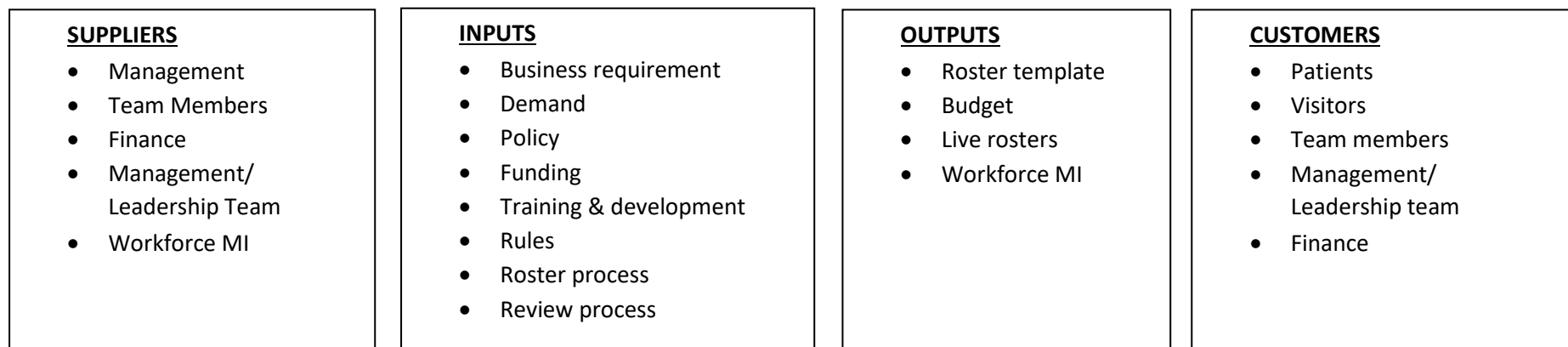
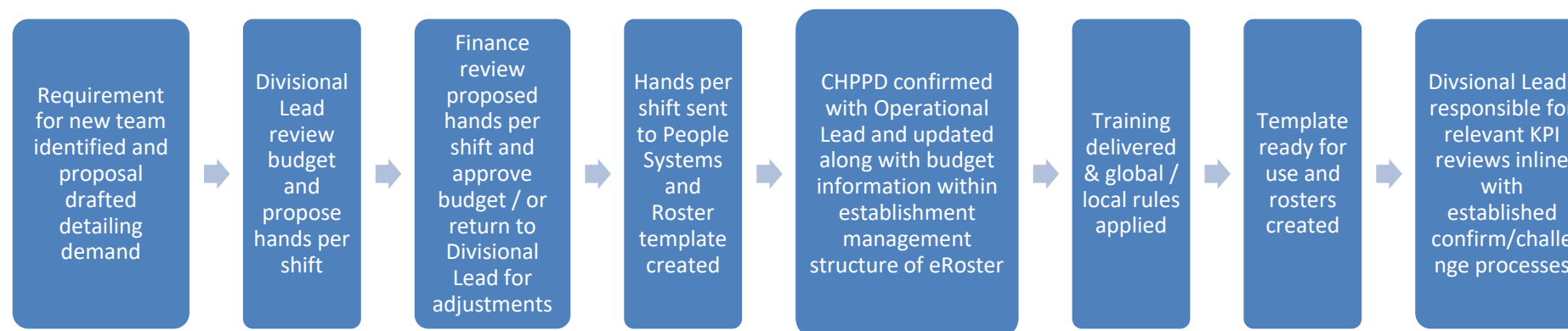
NHSE rostering and good practice guidance:

<https://www.england.nhs.uk/looking-after-our-people/the-programme-and-resources/we-work-flexibly/rostering-good-practice/>

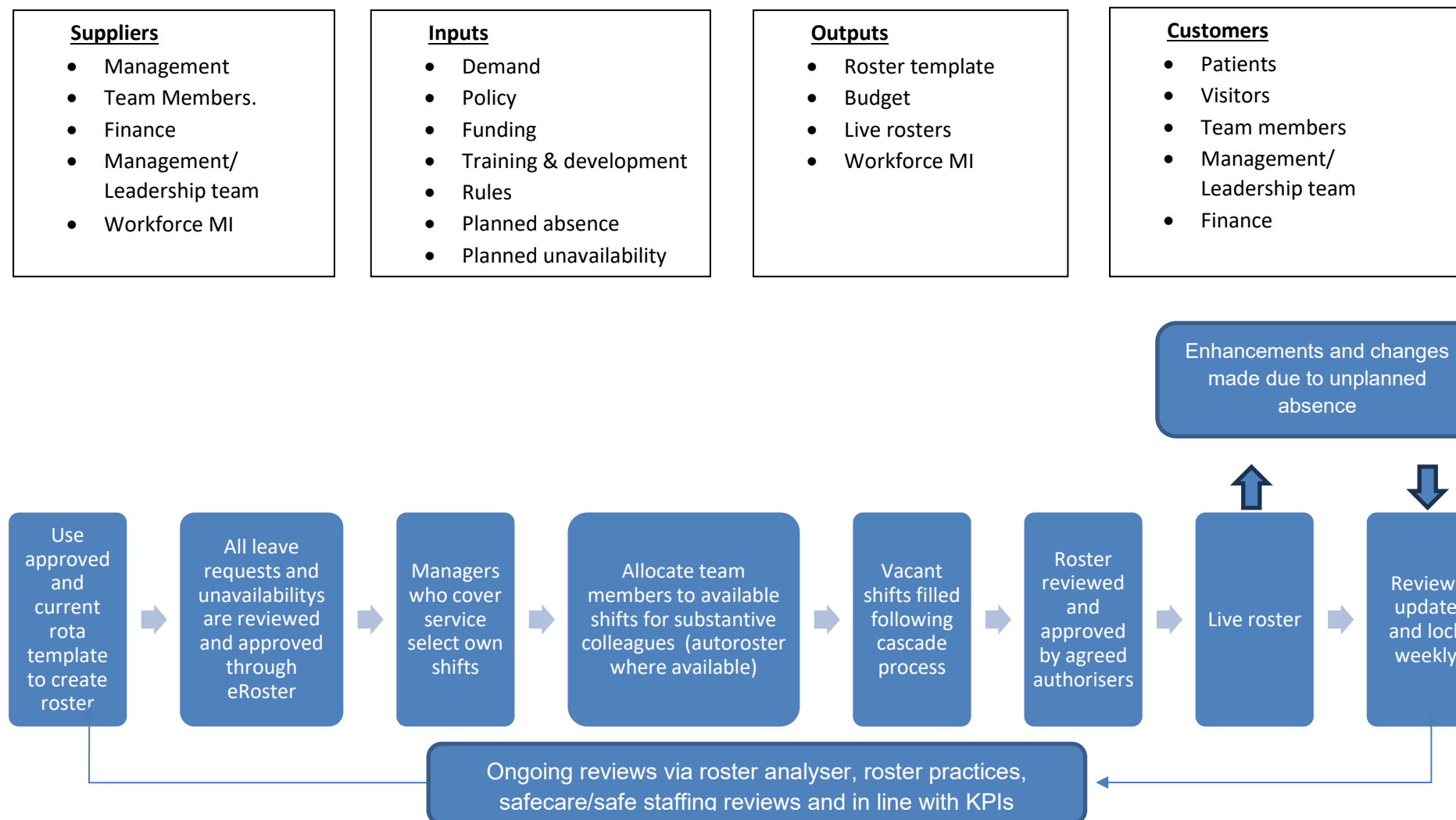
NHSE rostering levels of attainment:

https://www.england.nhs.uk/wp-content/uploads/2020/09/E-rostering_meaningful_use_standards.pdf

APPENDIX 1 CREATING A ROTA TEMPLATE – HIGH LEVEL PROCESS



APPENDIX 2 CREATING AND MANAGING A ROSTER – HIGH LEVEL PROCESS



APPENDIX 3 EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	Division/Executive Division and Department	Assessor (s)	New or Existing Policy?	Date of Assessment
CORP/EMP 35 v.5	People & Organisational Development	Tully Monk	Update to existing policy	May 2026
1) Who is responsible for this policy? People and Organisational Development				
2) Describe the purpose of the service / function / policy / project/ strategy? To deliver efficient, effective and safe care, whilst also providing clarity and consistency for all teams.				
3) Are there any associated objectives? Enables efficient and effective utilisation of our people and also accurate reporting of staffing models.				
4) What factors contribute or detract from achieving intended outcomes? – Joint staff side agreement, teams' acceptance, ownership of accountabilities and responsibilities, effective monitoring and control, people development, and adherence to the policy				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: - No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? One of the specific outcomes of the policy is to deliver consistency of approach and hence equality to the methods of managing work patterns				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: February 2029 (Policy valid until August 2029)				
Checked by: Anthony Jones		Date: August 2026		