

Blackpool Teaching Hospitals

NHS Foundation Trust

Document Type: GUIDELINE		Unique Identifier: CORP/GUID/417
Title: e- Rostering Management Guidelines		Version Number: 2
		Status: Ratified
Scope: Trust Wide		Classification: Organisational
Author/Originator and title: Glenda Hayes e-Rostering Lead Nurse		Responsibility: Nursing and Quality
Replaces: e-Rostering Management Guidelines CORP/POL/417 Version 1	Description of amendments:	
Name Of: Divisional/Directorate/Working Group:	Date of Meeting:	Risk Assessment: BAF 177
		Financial Implications Not Applicable
Validated by: HR Policy Forum	Validation Date: 04/06/2015	Which Principles of the NHS Constitution Apply? 3
Ratified by: Joint Negotiating Consultative Committee (JNCC)	Ratified Date: 23rd June 2015	Issue Date: 23/06/2015
Review dates may alter if any significant changes are made		Review Date: 01/06/2018
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment		

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1 PURPOSE

The purpose of this guideline 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.
- Improving the utilisation of existing staff and reducing Zero hours 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 and monitoring against Trust Key Performance Indicators (KPI's).
- Facilitating the payment of staff through data being entered at source.
- Ensuring effective use of temporary staff.

2 SCOPE

This guideline applies to all employees of Blackpool Teaching Hospitals NHS Foundation Trust.

3 GUIDELINE

3.1 Principles of Efficient Rostering

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 efficiency and accountability as well as the European Working Time Directive.

Any agreed flexible working arrangements will be openly acknowledged, reviewed six monthly and published. Whilst the Trust must ensure that the needs of the service are a priority these arrangements will be considered where they can be safely accommodated i.e. part time posts, flexi time, annualised hours.

The Trust wide e-Rostering policy and Guidelines will be displayed and made readily available to all staff. Copies will be made available to all new starters as part of their

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induction. The Trust wide policy and Guidelines are available on the Trust intranet with a hard copy accessible in the unit.

3.2 Roles and Responsibilities

3.2.1 Chief Executive

- Has overall responsibility for the implementation of this policy.

3.2.2 Director of Nursing and Quality, Director of Human Resources and Organisational Development and Director of Finance

Director of Nursing and Quality, Director of Human Resources and Organisational Development and Director of Finance are collectively responsible for:-

- Promoting the use of e-Rostering and its benefits Trust wide.
- Ensuring all units have an establishment agreed with the relevant Director / Associate Director / Deputy Director / Assistant Director.
- Ensuring there is an effective process to review the KPI's that affect the use of resources with the relevant Director / Associate Director / Deputy Director / Assistant Director.
- Ensuring an annual review of establishments is undertaken.
- Ensuring a six monthly review of working restrictions is undertaken.
- Ensuring a six monthly review of ward/unit rules is undertaken.
- Reviewing and reporting KPI's to the Trust Board.
- Ensuring the divisional management teams develop early intervention and recovery plans for units failing to meet KPI's.

3.2.3 Associate / Assistant / Deputy Directors

Associate/Assistant/Deputy Directors are responsible for:-

- Promoting the use of e-Rostering and its benefits within their teams.
- Monitoring staff demand profiles and temporary staffing usage against unit establishments.
- Agreeing and providing the e-Rostering team with establishment lists and any changes to the same as they occur and agreed through correct processes.
- Monitoring staff absence and ensuring that the divisional management teams are pro-active in managing sickness absence to achieve the Trust's absence target.
- Reviewing KPI reports in conjunction with the relevant divisional Finance Manager and Human Resources Business Partner, reporting through divisional performance

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mechanisms to the Trust Board and ensuring the development and implementation of appropriate action plans.

- Implementing early intervention and recovery plans for units failing to meet KPI's

3.2.4 Matron / Line Manager

Matron / Line Manager is responsible for:-

- Promoting the use of e-Rostering and its benefits within their teams.
- Monitoring and approving their unit roster(s) on completion (level 2 approval) utilising Roster Analyser and ensuring effective use of the workforce.
- Reviewing KPI reports on staffing, expenditure, effectiveness and quality in their area of responsibility.
- Approving all shifts where Additional 'Zero Hours' staff are requested, escalating to Associate/Assistant/Deputy Director level as appropriate as per local and Trust policy.
- Providing guidance and support to the Unit Manager or designated other in the creation of duty rosters, using the KPI's as a reference.
- Notifying the Divisional Management Accountant of any additional hours agreed above the required staffing establishment.

3.2.5 Unit Managers

Unit Managers are responsible for:-

- Promoting the use of e-Rostering and its benefits within their teams.
- Ensuring they manage their unit expenditure so it does not exceed the allocated staffing budget.
- The safe staffing of the unit.
- The level 1 approval of each roster.
- Checking the roster analysis information for safety, quality and effectiveness and informing the Matron/Line Manager the roster is then ready for level 2 approval.
- Ensuring there are enough staff with the required competencies in the right place at the right time, based on the agreed and funded skill mix, to meet the needs of the service.
- The fair and equitable allocation of annual leave and study leave.
- Ensuring that all staff are aware of the Trust wide policy and any local directives for e-Rostering.

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- Agreeing and providing the e-Rostering team with unit rules and staff agreed flexible working arrangements and any changes to the same as they occur through correct processes.
- Ensuring all changes to the original roster are updated in real time to ensure accuracy and audit and counter fraud requirements are met.
- Ensuring time owing is identified and recorded for all staff. Outstanding time owing levels for all staff to be provided to the roster creator cumulatively on a weekly basis.
- Ensuring 11-17% of annual leave is allocated during any given week, unless the unit is smaller and a lower agreed annual leave percentage is agreed with line management.

3.2.6 Divisional Finance Manager

Divisional Finance Manager is responsible for:-

- Promoting the use of e-Rostering and its benefits within their teams.
- Agreeing and signing off the agreed staffing establishment for each unit with the relevant Director / Associate Director / Deputy Director / Assistant Director.
- Reviewing the KPI's that affect the use of resources with the Associate / Assistant / Deputy Director to ensure that the staffing resource is managed efficiently.
- Informing the e-Rostering Lead Nurse/Project Manager of changes to establishments.

3.2.7 Roster Creators and in their absence the Designated Deputy

Roster Creators and in their absence the Designated Deputy are responsible for:-

- The creation of all rosters checking the roster analysis information for safety, quality and effectiveness.
- Considering all roster requests from staff, ensuring fairness and equity in working patterns, and the needs of the service.
- Monitoring rosters on completion, ensuring users keep to the dates set in the Roster Calendar.
- Liaising with the e-Rostering team to resolve system issues as required.
- Ensuring that a quality roster is produced, maintained and finalised in line with the Key Performance Indicators (KPIs).

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3.2.8 All employees

It is the responsibility of all staff to:-

- Adhere to the principles and requirements set out in these Guidelines.
- Notify their line manager of any issues that affect their ability to work in accordance with the e-Rostering Policy.
- Meeting the needs of the service first while being fair to their colleagues.
- Ensuring that any applications for flexible working are made in accordance with the Trust's Work Life Balance Policy (see Section 7).
- Attend work as per their published duty roster (including study and training days).
- Be reasonable and flexible with their roster requests.
- Where applicable, to work their share of the entire range of shifts e.g. nights, weekend shifts and Bank Holidays unless contractually agreed and documented otherwise.
- Ensure any changes to be made to an agreed work shift are authorised by the Unit Manager.
- Notify the unit manager of changes to personal details, e.g. address, telephone.
- Request shifts and annual leave through Employee On Line.
- Ensure the roster is an accurate reflection of hours worked (and claimed) and notify the Unit Manager of any inaccuracies.

3.2.9 Staff Organisations and Trade Union Representatives

- Familiar with and work with the policy and its requirements.
- Consulted with and be part of the regular review of this policy.

3.3 Key Performance Indicators

The table below sets out the KPIs and thresholds for The Trust. These will be reviewed monthly to ensure they are achievable and effective in measuring performance.

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Ref:	Group	Name	Value	Description	Target if applicable
1	Effectiveness	Additional Duties	Hours / Percentage	Number of hours requested, % of hours filled by zero hrs % of hours filled by agency	0
2	Effectiveness	Additional duties	Hours / percentage	Number of hours requested % of hours filled by zero hrs % of hours filled by agency	0
3	Safety and Effectiveness	Staff off Sick	Percentage	% of hours lost due to staff sickness	3%
4	Safety and Effectiveness	Staff on Leave	Percentage	% of hours allocated to staff leave	14%
5	Safety and Effectiveness	Staff on Study Day	Percentage	% of hours allocated to training	3%
6	Safety and effectiveness	Approval of rosters		Rosters unapproved / partially approved / approved	
7	Effectiveness	Finalised / locked down rosters		Rosters finalised / locked down for payroll	

3.4 Production of Rosters

The Trust template **must** be used in the production of all rosters.

All staff paid from the unit budget will be entered on the roster.

The publication of working rosters will take place simultaneously as per the roster calendar across all departments in the Trust using the e-Rostering system.

All rosters will commence on a Monday.

The previous week's rosters must be finalised every Monday by 12 midday (md).

Rosters will be completed and receive level 2 approval at least 28 days prior to the roster start date.

All rosters will be produced to adequately cover 24 hours (or agreed set hours) utilising substantive staff proportionally across all shifts.

Shifts given a high priority on e-Rostering must be built into the rules to ensure a safe and

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effective roster i.e. in charge, nights and weekends.

The use of agency and overtime should be avoided wherever possible and authorised in advance as per the Trust policy.

Where a supernumerary shift is worked this must be recorded accurately on the roster and may include:-

- Ward Managers
- Students
- New starters
- Preceptors in their supernumerary stage
- Work Experience
- Volunteers
- Observers

Further information including relevant documentation, guides and Frequently Asked Questions (FAQ's) can be found on the [e-Rostering intranet page](#).

3.5 Validation and Approval

The completed roster must be reviewed by the Departmental/Ward Manager prior to being published.

The Departmental/Ward Manager undertakes the Level 1 validation and approval, checking the roster analysis information for safety, quality and effectiveness

The Unit Manager then informs the Matron/Line Manager that it is ready for review and level 2 approval and validation.

3.6 Changes to Published Rosters

Shift changes must be kept to a minimum and supported with a valid reason for the change.

All shift changes must be approved by the Unit Manager and immediately amended on the e-Roster

All changes to the roster should be made with consideration for the overall competence / skill mix / gender mix of all shifts being changed. Where appropriate, the patient dependency / caseload weighting factors must also be taken into consideration.

Where staff are allocated 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 made aware of the change and the change recorded on the roster.

All updates to the roster must be made in real time or as soon as possible after the occurrence, taking into consideration Payroll deadlines (this includes changes to shifts, times of attendance, late finishes, sickness and annual leave).

The roster must be verified and finalised (locked down) by the Unit Manager or nominated

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deputy by 12:00 midday every Monday for the previous week.

Annual leave/time owing/flexi time must also be inked in before finalising.

3.7 New Staff

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

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.

3.8 Skill Mix and Staffing

An agreed and funded staffing baseline is essential to delivering high quality care. Each unit will have an agreed total number of staff and skill mix with specific competencies on each shift to ensure quality, effectiveness, safety and service delivery needs are met to minimise clinical risk. This will be approved by the Director and Associate / Assistant / Deputy Director.

The skill mix and establishment will be reviewed at least annually, as part of the budget setting and workforce planning process. Skill Mix and establishment reviews may happen more frequently if a need/risk is identified.

Where the workload is known to vary according to the day of the week, staff numbers and skill mix should reflect this.

Each area/shift should have an agreed level of staff with specific competencies to enable appropriate cover.

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. These staff should be identified on the roster.

To achieve a balance of skills across all shifts, senior staff should work opposite shifts.

Although students are not rostered on the e-Roster system students 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.

3.9 Requests

All staff will use the Employee on Line (EOL) facility through the Trust intranet site to make duty requests. A request can only relate to a single day not multiple days. Any notes added in the form of further requests will not be taken account of when developing the roster.

For fully rotational, full time staff, 6 requests will be allowed in each 28 day roster period. This will be pro-rated according to individual hours and number of shifts worked as indicated in the table below.

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Contracted Hours	Number of requests per 28 days
7.5 - 15.5	2
16.0 – 21.5	3
22– 28	4
28.5 – 34	5
34.5– 37.5	6

For staff who have agreed flexible working patterns only 2 requests will be allowed in each 28 day roster period.

All requests will be considered and the roster creator will undertake, but cannot guarantee, to meet individual requests based on service needs. Safe staffing and appropriate skill mix are essential in roster creation, and therefore even high priority requests cannot be guaranteed.

In counting the number of requests, annual leave, study leave and trade union duties are not to be included.

Fairness in the allocation of requests will be monitored. Staff making fewer requests should be given priority over those staff making numerous requests.

3.10 Shift Duration / Times

Where possible consideration should be given to standardisation of shift times across the Trust.

Any adjustments to start and finish times for individual staff members must only be considered in line with the Work Life Balance Policy (see Section 7) with priority given to the service need.

Any extension to the length of a shift must meet the needs of the service and not for the purpose of allocating a shortfall in staff hours.

Where 24 hour care is provided, this will include rotation between day and night shifts.

Staff will work nights, long shifts, short shifts, twilight shifts or a combination of all in order to meet the service requirements.

Those staff working permanent nights must work a minimum of 10 day shifts for training and competency purposes. This should be evenly worked over a 12 month period at the discretion of the Unit Manager.

In normal circumstances, staff will have a minimum of one weekend off per 28 day roster, (unless specifically requested or part of their normal work pattern). Additional weekends off can be rostered if the unit requirements allow. Where possible staff requesting 1 week

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annual leave should have the weekend off before.

Staff should not be rostered to work a night shift prior to annual leave unless specifically requested or where it forms part of their normal work pattern. If the service needs require this, the member of staff must be notified in advance.

The maximum number of consecutive night shifts recommended is 5 and compliance with European Working Time Directive (EWTD) for the number of night shifts worked in any 28 day roster period.

There should be a minimum of 48 hours rest time after night duty before returning to day duty.

The maximum number of consecutive standard day shifts (7.5 hours) 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 and does not exceed European Working Time Directive (EWTD) regulations.

The maximum number of consecutive long day shifts recommended for staff to work is 3. Staff may request to work more than this (to a maximum of 7 in 2 weeks) if it is deemed safe to do so and does not exceed EWTD regulations.

Where possible days off should be given together and not split unless at staff request or as an agreed working pattern for service need.

All staff must have 11 hours rest before their next shift unless they are given compensatory rest in line with the 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, not just within the Trust, over a 17 week reference period.

3.11 Breaks during Shifts

All shifts over 6 hours must include a minimum of 30 minutes unpaid break and a minimum of 60 minute unpaid break for shifts over 12 hours in accordance with Trust interpretation of Agenda for Change and the EWTD.

Night shifts, regardless of duration, should include a minimum of 60 minutes unpaid break.

Breaks in excess of 30 minutes can be split.

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 service need, they should be taken as soon as possible after this point.

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Exceptionally, and in cases of emergency, geographically isolated units may request lone qualified or other specific staff to stay on the unit during their break in response to risk assessment. This would be recorded as time owing

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 Trust premises on any shift is not allowed unless it is a designated area available for on call staff only. If staff are experiencing problems with tiredness whilst on duty then consideration should be given to a referral to occupational health to seek further guidance.

Staff must return to the clinical area to work at the set time.

The Trust will comply with the monitoring arrangements of Agenda for Change (Section 7).

3.12 Use of Additional “Zero Hours” Staff

This applies to all Additional ‘Zero Hours’ staff across the organisation.

No ‘Zero Hours’ staff should be routinely booked on planned rosters unless prior approval is obtained from the Matron/Line Manager.

Additional ‘Zero Hours’ staff will only be used to cover unplanned absences or unexpected rising service needs on a short term basis.

Additional ‘Zero Hours’ staff will only be used when review of the roster central function by the Matron/Line Manager has identified no staff can be safely relocated.

Additional ‘Zero Hours’ 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 and service delivery.

The additional hours worked by ‘Zero Hours’ staff will be recorded and reported accurately on the e-Rostering system.

Unit managers are responsible for ensuring that temporary cover is organised in the most timely, efficient and economical manner.

If additional ‘Zero Hours’ staff cannot be obtained, the associated risk must be escalated to line management as soon as possible.

3.13 Options to consider before additional zero hours staff are utilised

Units using the e-Rostering system will be able to identify substantive staff with unused contracted hours and should utilise these hours before booking temporary or zero hours staff.

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If additional 'Zero Hours' staff are needed, the first option will be to request part time staff completing additional hours.

Depending on divisional protocol, the next option will be requesting the precise hours required from either additional 'Zero Hours' staff or full time staff working overtime as per divisional and Trust protocol.

The final and most expensive option is to request Agency staffing cover. This is in exceptional circumstances only. Approval for Agency is to be carried out as per Trust policy.

3.14 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 Matron/Line Manager or other designated person for each area is responsible for the appropriate redeployment of staff within the division to meet service requirements. Out of hours, this decision will follow local protocol.

It is recognised that occasionally staffing needs to be viewed as a whole, i.e. cross divisional when staffing redeployment in a division is not possible. The Matron/Line Manager or other designated person (usually the senior unit manager on site or on call) is responsible for assessing safety, service needs and staffing levels before making the final decision as to which area the individual can be moved from, considering staffing competencies, unit dependencies and bed occupancy.

All staff have a responsibility to welcome and support staff moving to their area to 'help out' and to familiarise them with the area. They should work within their level of competency.

It should be recognised that staff working in an unfamiliar environment require an enhanced level of support and this should be considered

Nurses moved to an area out of their division or specialty should not be expected to take charge or manage specialist equipment unless competent and confident to do so.

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 e-Rostering system will be used to manage workforce redeployment in the event of a major incident.

3.15 Annual Leave

Annual leave will be allocated and booked as per Trust Policy (see Section 7).

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 balanced staffing throughout the year.

Unit Managers should ensure between 11% and 17% of their staff are allocated annual leave during any given week, including school holiday periods. This should be applied to both qualified and unqualified staff. (See Appendix 1 for the annual leave algorithm).

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In smaller units or service areas where there is divisional 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 Trust recognises that school holidays present additional problems. Therefore, annual leave requests for school holidays will be shared equally between those requesting, where staffing levels permit.

Holiday bookings or travel arrangements must not be made until the Unit Manager has approved (inked in) the annual leave request.

Leave for new starters will try to be honoured. This must be negotiated and discussed with prospective employees before they commence employment.

In principle, 50% of annual leave should have been taken by all staff by the end of September each fiscal year. It is expected that staff should only have 25% of their leave outstanding at the commencement of the last 3 months of their annual leave year, except:

- As a result of ill health / maternity leave

It is a recommended best practise 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. Occasional annual leave days may be approved/allocated with less notice providing service delivery can be maintained.

Where annual leave levels are not realised, the Unit Manager has the discretion to allocate annual leave to avoid staffing surplus. This will be done in consultation with staff.

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 Matron/Line Manager.

It is the individual's responsibility to ensure their annual leave is taken before 31st March, the majority of which should be taken in week blocks in accordance with The Annual Leave Policy, see Section 7.

Staff on rotational programmes should take annual leave proportionate to each placement. For annual leave accrued during sickness periods, please refer to the Attendance Management policy.

All Unit Managers are to ensure fairness in allocating leave over Faith holidays.

No additional annual leave requests or cancellations will be permitted unless the rostered week remains within the tolerance levels.

Reference should also be made to any Annual Leave policy currently in place.

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3.16 Study Leave

Study leave will be assigned in line with Mandatory and Statutory requirements and the Trust Study Leave Policy (CORP/GUID/445) and balanced throughout the year.

The Unit Manager will:

- Utilise the available number of study leave days in each roster.
- Prioritise mandatory training requirements for staff which may include induction, updates, etc.
- Produce rosters ensuring staff have the required mandatory training time.

3.17 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 the e-rostering system, the hard copy roster will be updated by hand until such time as the system is available and electronic rosters can be updated.

3.18 Suspicion of Fraudulent Activity

In order for the Trust's e-rostering and time management policy to be successful, there has to be an element of trust between Blackpool Teaching Hospitals NHS Foundation Trust and the member of staff.

However, any suspicion of fraudulent activity will be referred to the Trust's Counter Fraud Specialist for investigation, in accordance to the Trust's Counter Fraud and Corruption Policy.

4 ATTACHMENTS	
Appendix Number	Title
1	Annual Leave Algorithm
2	Equality Impact Assessment Form

5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	23/06/2015
2	Wards, Departments and Service	26/06/2015

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7 OTHER RELEVANT/ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
	e-Rostering intranet page http://fcsharepoint/divisions/corporateservices/clinicalquality/erostering/Pages/TheeRosteringTeam.aspx
CORP/GUID/445	Study Leave Guidelines for Non-Medical Staff http://fcsharepoint/trustdocuments/Documents/CORP-GUID-445.docx
CORP/POL/011	Attendance Management Policy http://fcsharepoint/trustdocuments/Documents/CORP-POL-011.docx
CORP/POL/128	e-Rostering and Time Management Policy http://fcsharepoint/trustdocuments/Documents/CORP-POL-128.docx
CORP/POL/219	Annual Leave Policy http://fcsharepoint/trustdocuments/Documents/CORP-POL-219.docx
CORP/POL/521	Work Life Balance http://fcsharepoint/trustdocuments/Documents/CORP-POL-521.docx
CORP/PROC/205	Agenda for Change Policy for Banding and Re-Banding Applications http://fcsharepoint/trustdocuments/Documents/CORP-PROC-205.doc

8 SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS	
References In Full	
Crown. (1998). The Working Time Regulations 1998. Available: http://www.legislation.gov.uk/ukxi/1998/1833/contents/made . Last accessed 26/08/2015.	
Crown. (2003). The Working Time (Amendment) Regulations 2003. Available: http://www.legislation.gov.uk/ukxi/2003/1684/contents/made . Last accessed 26/08/2015.	

9 CONSULTATION WITH STAFF AND PATIENTS	
Name	Designation
	HR Policy Group
	JNCC

10 DEFINITIONS/GLOSSARY OF TERMS	
Agreed Flexible Working Arrangement	Any formally agreed regular pattern a particular member of staff works, which is documented by the Human Resource Department in agreement with the Divisional Associate Director of Nursing or Divisional Assistant/Deputy Director for non-clinical areas.
EOL	Employee on Line
EWTD	European Working Time Directive
FAQ's	Frequently Asked Questions
Fixed Term contract	A time limited contract, usually less than 12 months.
Headroom Allowance	The % built into the establishment to cover planned absence.
KPI's	Key Performance Indicators
Level 1 approval	Approval of the roster by the Unit Manager.

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10 DEFINITIONS/GLOSSARY OF TERMS	
Level 2 approval	Approval of the roster by the Matron/Unit Managers Line Manager.
Long Days	Any daytime shift planned to be greater than 7.5 hrs. (usually a 12 hour shift before unpaid breaks).
Matron/ Line Manager	Matron or equivalent Line Manager of the Unit Manager.
md	midday
Night Shift	Any paid whole shift worked between the hours of 19.30 and 07.30.
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.
Permanent staff	Staff who have a permanent substantive contract. Not additional 'Zero Hours' or agency staff.
Planned roster	The roster produced 28 days prior to the roster start date.
PTE	Part time equivalent.
Roster Creator	The person creating the roster for the unit, where rostering in partnership is in place, this will be a member of the e-rostering team. For all other areas this will be a member of unit staff.
Shift request	One shift, including rostered days off (not annual leave).
Standard day shift	Maximum 7.5 hours paid work, spread over 8 hours with a 30 minute unpaid rest break.
Substantive	A permanent or fixed term contact.
Study leave	Includes mandatory and non-mandatory training and educational study days.
Temporary staff	Agency and Additional 'Zero Hours' staff.
Trade Union Duties/Training	As defined by the Statute and Trade Union Recognition Agreement.
Unit	Ward, Department or Team.
Unit Manager	Departmental Manager or Ward Manager responsible for review and validation of completed rosters
WTE	Whole time equivalent.
Zero Hours Contract	Additional post (second or more) that is held by an individual member of staff, where hours above their contracted hours are worked, but there is no contractual obligation on the Trust to provide hours.
Zero Hours Staff	Any member of staff who undertakes additional employment within the Trust based on a zero hour contract.

11 AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By	Glenda Hayes	Checked By	Tracy Burrell
Job Title	E-Rostering Lead Nurse	Job Title	Associate Director for Nursing and Quality
Date	June 2015	Date	June 2015

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Appendix 1: Annual Leave Algorithm

Unit 'X' has **21 WTE** staff in post.

The percentage of staff on annual leave at any time should always be 11-17%

Therefore:

$$21 \times 0.14 = 2.94 \text{ wte}$$

Rounded up to 3.00 wte on annual leave at all times

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Appendix 2: Equality Impact Assessment Form				
Department	Organisation Wide	Service or Policy	Procedure	Date Completed:
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.				
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.				
QUESTION	RESPONSE		IMPACT	
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified	
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	Not applicable to community safety or crime	N/A	N/A	
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A	
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A	
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.		
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A			
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A			
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A			
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified			

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Appendix 2: Equality Impact Assessment Form				
Does the policy/development promote access to services and facilities for any group in particular?	No			
Does the service, leaflet or policy/development impact on the environment • During development • At implementation?	No			
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:	Glenda Hayes	Date Signed:		June 2015
Signature of Author:				
Name of Lead Person:		Date Signed:		
Signature of Lead Person:				
Name of Manager:		Date Signed:		
Signature of Manager				

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