

Blackpool Teaching Hospitals 
NHS Foundation Trust

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<p>Blackpool Teaching Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that they are not placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy in the final Appendix.</p>		

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1 PURPOSE

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

- Ensuring that rosters are fair, consistent and fit for purpose, with the appropriate skill mix, in order to ensure safe, high quality standards of care.
- 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 and budget 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.
- Supporting the Trust meet the requirements of the Carter Report in respect of e-Rostering and efficient and effective allocation and use of staff.

2 TARGET AUDIENCE

This policy applies to all non-medical employees of Blackpool Teaching Hospitals NHS Foundation Trust currently using Allocate Health Roster system (e-Rostering).

3 POLICY

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 is readily available to all staff on the Trust intranet. All new starters will be signposted to this as part of their induction.

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3.2 Roles and Responsibilities

3.2.1 Matron / Departmental Manager - (Level 2 approvers)

Matron / Departmental Manager is accountable to the Associate / Assistant / Deputy Directors for implementing this policy at a local level and ensuring compliance with this policy

They are 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.
- Monitoring time owing accruals / deficit and approving allocation of additional shifts where required
- Reviewing KPI reports on staffing, expenditure, effectiveness and quality in their area of responsibility.
- Reviewing requests and approving all shifts where Bench / additional shifts are requested, escalating to Associate/Assistant/Deputy Director level as appropriate as per local and Trust policy (CORP/POL/565).
- 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.
- Ensuring their department has a clear escalation process in place for the temporary re-deployment of staff to ensure patient safety (Appendix 3).

3.2.2 Senior Roster Managers and Roster Managers (in the absence of the senior Roster Manager - (Level 1 approvers)

Senior Roster Managers are responsible at ward / departmental level for ensuring the roster is provided in line with this policy. Roster Managers are the deputy to the senior roster manager who will fulfil the senior roster manager role in their absence.

They are therefore both responsible for:-

- Promoting the use of e-Rostering and its benefits within their teams.
- Monitoring and approving their unit roster(s) on completion (level 1 approval) utilising Roster Analyser and ensuring effective use of the workforce.
- Ensuring they manage their unit expenditure so it does not exceed the allocated staffing budget.
- 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.

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- The fair and equitable allocation of annual leave and study leave in line with Trust Annual leave policy (CORP/POL/219)
- Ensuring that all their staff are aware of the Trust wide policy and any local directives for e-Rostering.
- 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 subject to six monthly review.
- Ensuring all changes to the original roster are updated in real time to ensure accuracy, a trust wide birds eye view and audit and counter fraud requirements are met.
- Ensuring time owing is identified and recorded for all their staff. Outstanding time owing levels to be reviewed on a weekly basis and reported to Matron / Departmental manager.
- Ensuring annual leave is allocated during any given week responsive to line management structure, departmental budget uplift, and size of team in line with service delivery. In the main this is usually between 11-17%.
- The creation of all rosters six weeks in advance, 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/Payroll 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).
- Discussing and requesting approval in advance of the requirement for any additional shifts to be added to the roster.
- Requesting the allocation of Bench staff to vacant shifts in line with the Bench policy CORP/POL/565.

In clinical areas specifically responsibility for:

- The safe staffing of the unit.
- 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.

3.2.3 Divisional Finance Manager

Divisional Finance Manager is responsible for:-

- Promoting the use of e-Rostering and its benefits within their teams.

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- 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 & Bench Manager of changes to establishments in writing via the submission of the establishment template. (Appendix 2 – Ward Staffing Template).

3.2.4 All employees

It is the responsibility of all staff to:-

- Be familiar with this policy and understand the expectations and implications.
- 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 Senior Roster Manager / Roster Manager.
- Notify the Senior Roster manager / Roster manager of changes to personal details, e.g. address, telephone.
- Request shifts (where applicable) and annual leave electronically through Employee Online.
- Ensure the roster is an accurate reflection of hours worked (and claimed) and notify the Senior Roster Manager / Roster Manager of any inaccuracies.

3.3 New Staff

New substantive staff (permanent and fixed term) may have a supernumerary period in clinical areas of work. 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.

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Supernumerary shifts also apply to new externally recruited bench only workers within the trust.

3.4 Skill Mix and Staffing on Clinical teams

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 relevant divisional line management.

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.

3.5 Requests

In clinical areas 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. . Although requests must be made in single days they can be made for consecutive periods of time. 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.

These agreements will be entered into the rules of the individual staff record on the e-rostering system.

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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.

For non-clinical areas requests include those made for any period of unavailability via Employee online.

3.6 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.

Any accumulation of un-worked hours will be allocated as a working shift as soon as they reach the hours required for a shift, i.e. if a member of staff is contracted to work 32.5 hours per week, but is rostered for 30 hours, the 2.5 hours owed will be accumulated until there are enough hours to allocate a full shift. The extra 2.5 hours should not be added onto an existing shift through extension of shift hours. All additional hours accumulated or accrued must be rostered / taken back within the next 4 weekly roster period or sooner.

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

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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 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 by the Level 2 approver (see Section 3.2), 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.

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Where an Opt Out agreement has been signed, it is expected that workers will not exceed 63 hours in any working week under any employment arrangement. Working hours will be monitored by the Senior roster manager/roster manager. Where excessive hours become a concern, the worker will be referred to the appropriate manager to discuss safe working (see European Working Time Directive – Section 7)

3.7 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 of 12 hours or over 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.

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. (See Time owing policy Section 7)

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).

3.8 Use of Bench (zero hours) staff

CORP/POL/565 - Corporate Bench Registration, Management and Use Policy – Non-Medical Workforce applies to all Bench (Zero Hours) staff across the organisation (See Section 7)

3.9 Options to consider before additional Bench 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 Bench or Agency staff.

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

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Depending on divisional protocol, the next option will be requesting the precise hours required from either additional 'Bench' 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 CORP/POL/566 - Policy for the Engagement and Use of Temporary Workers (see Section 7).

If demand or staffing changes, any shift which is no longer required to be filled by bench should be cancelled (or reset for ward / unit fulfilment) immediately.

3.10 Staff Temporary Redeployment

During staff shortages it is accepted that staff may be required to work in other clinical areas to provide a safe and efficient service. The Matron / Departmental Manager (Level 2 approver) or other designated person for each area is responsible for the appropriate redeployment of staff with the relevant competencies within the division to meet service requirements. This includes the movement of substantive staff and additional 'Bench' workers where appropriate as per Trust policy (CORP/POL/565 – see Section 7). Out of hours, this decision will follow local divisional protocol (Appendix 3). The divisional bleep holder will keep a daily log of staff movement and provide an update of such movement to Matrons / Assistant Director of Nursing (ADON) and Bench office via email. Senior roster managers (ward managers) are then responsible for updating the e-rostering system.

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.

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 in all cases of staff movement.

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.

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3.11 Escalation Process if staffing levels insufficient

In clinical areas the Matron / Departmental manager has responsibility for the relevant divisional escalation process (**Appendix 3**).

For clinical staff groups, in order to gain the most accurate picture census data should be collected and applied to rostering via a daily staffing tool at each shift handover and the live daily staffing data, including the live roster data should be used in handover meetings and the daily / twice daily staffing / bed meeting.

Rosters need to be kept up to date at the beginning of each shift so they are an accurate clinical governance record (including bank and agency, students, supernumerary and redeployed staff).

Once staff levels are known for the day, daily staffing and rostering will provide an objective rather than subjective view.

For all other staff groups – local departmental processes for the safe allocation of staffing must be followed.

3.12 Annual Leave

Annual leave will be allocated and booked as per Trust Policy CORP/POL/219 – see Section 7.

Roster managers will be required to calculate how many staff at each AFC band must be given annual leave in any one week. This will be 11-17% of staff currently in post. Staff must be made aware of the need to maintain this number constantly throughout the year. (See **Appendix 4** for the annual leave algorithm).

Each rostering unit will have agreed rules input into the system to ensure optimum levels of Annual Leave are identifiable and able to be monitored as a KPI.

3.13 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.

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3.14 Production of Rosters

The Trust template must be used in the production of all rosters (**Appendix 2**).

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

The production and publication of working rosters across all departments will take place as per the roster calendar timescales using the e-Rostering system.

All rosters will commence on a Monday.

Information is transferred from the e-Rostering system on a weekly and monthly basis to Electronic Staff Record (ESR) system. When electronically signing Health roster, roster managers must ensure the period shows a true and fair reflection of work done and all absence entries are correct.

The previous week's rosters must be finalised every Monday by 12 midday, unless prior notification is received in cases of a Bank Holiday falling on a Monday. If a roster manager appears on their own roster then their shifts must be finalised by a second roster manager within their department. Each unit must have a contingency plan in the case of the absence of the person who normally finalises.

Failure to comply fully with finalise action by each weekly / monthly cut-off time / period will result in no timesheet claims being submitted for any person on the unit in that week / month. If finalised / locked down after the cut-off date for finalisation all items will be submitted to payroll the subsequent month.

Rosters will be completed and receive level 2 approval at least six weeks 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 automatic rostering rules to ensure a safe and 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 (CORP/POL/566).

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

- Ward Managers (supervisory management shift)
- Students
- New starters (including Bench only workers)
- Preceptees in their supernumerary stage
- Work Experience
- Volunteers

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- Observers

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

3.15 Validation and Approval

3.15.1 Level 1 approval

The Senior Roster Manager / Roster manager undertakes the Level 1 validation and approval, checking the roster analysis information for safety, quality and effectiveness.

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

The Senior Roster manager / Roster manager then informs the Matron/Departmental Manager that it is ready for review and level 2 approval and validation.

3.15.2 Level 2 approval

The Matron / Departmental Manager undertakes the Level 2 validation and approval, checking the roster analysis information for safety, quality and effectiveness. This includes reviewing and approving any additional shift requests in line with approved reasons.

For non-clinical areas Level 1 and Level 2 approval must be completed in advance of rosters being available to staff to ensure an adequate audit trail is generated on the system.

3.16 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 Matron/Departmental Manager and immediately amended on the e-Rostering system.

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 to mentor, 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).

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Any request for unavailability such as Annual leave / time owing / flexi time must be inked in on the roster before finalising for payroll.

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

All Responsible Officers of the Trust shall comply with service condition 24 of the NHS Standard Contract.

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.

3.19 Key Performance Indicators (KPI's)

The table below sets out the KPIs and thresholds for The Trust. These will be reviewed by the ADoN / Deputy Director of Nursing (DDoN) / Divisional Finance Manager DFM / Matron / Departmental manager monthly at the Trust wide e-Rostering Meeting to ensure they are achievable and effective in measuring performance.

Comment [MF1]: Sorry you got me here. I have no idea.

They will also be reviewed monthly at Divisional Performance Boards to ensure divisional compliance.

Ref:	Group	Name	Value	Description	Target if applicable
1	Effectiveness	Additional Duties	Hours / Percentage	Number of hours requested v Number of hours filled	0
2	Effectiveness	Additional duties	Hours / percentage	Reasons for additional hour requests	0
3	Effectiveness	Supernumerary shifts	Total number	Total number of supernumerary shifts added to roster	n/a
4	Safety and Effectiveness	Staff Sickness absence	Percentage	% of hours lost due to staff sickness	4%

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Ref:	Group	Name	Value	Description	Target if applicable
5	Safety and Effectiveness	Staff on Leave	Percentage	% of hours allocated to staff leave (including annual leave)	11-17%
6	Safety and Effectiveness	Staff on Study Day	Percentage	% of hours allocated to training	3%
7	Safety and effectiveness	Approval of rosters	-	Rosters unapproved / partially approved / approved in line with roster calendar	100%
8	Effectiveness	Finalised / locked down rosters	-	Rosters finalised / locked down for payroll in line with roster/payroll calendar	100%
9	Fill Rate	Planned v actual fill rate % per calendar month (ward areas)	Percentage	Number of planned hours v actual hours of Qualified and unqualified nurse hours	-
10	Fill Rate	Bench Staff	Percentage	% of requested Bench Shifts filled by Corporate Bench non-medical workforce v number filled by Agency	100%
11	Effectiveness	Shift adjustments	Number of hours	Number of additional hours added to the planned template	-
12	Safety and Effectiveness	Time owing	Number of hours	Time owing accruals per roster period	0

3.20 Escalation of Non-Compliance of KPI's

- KPI's will be reviewed monthly by divisional management teams
- They will be discussed at the trust wide monthly e-Rostering meeting
- Action plans will be set where improvement is required

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- Following 3 consecutive months of monitoring if no improvement is evidenced or presented in subsequent KPI reports this will be escalated to the relevant Executive Director.

3.21 Training in the use of the e-rostering system

The e-Rostering facilitators act as system administrators and will advise re: the protocol for Data access to the system and the appropriate processes required to request access for specific wards / departments and training of individuals.

3.22 Audit Tool

Periodic reviews of rosters for each ward/unit will be conducted by the e-Rostering team – see **Appendix 5**.

The audit tool should be used to monitor compliance of the e-Rostering policy at least 6 monthly and should be completed by the appropriate roster manager. An action plan should be agreed for areas requiring improvement as recommended in the Carter Review.

Guides for producing rosters in both clinical and non-clinical settings can also be found in **Appendix 5**.

4 ATTACHMENTS	
Appendix Number	Title
1	Roles and Responsibilities
2	Ward Staffing Template
3	Divisional protocol for Nursing and AHP staff movement out of hours
4	Annual Leave Algorithm
5	Roster Audit Tool/ Guide to producing rosters
6	Equality Impact Assessment

5 PROCEDURAL DOCUMENT STORAGE (HARD AND ELECTRONIC COPIES)
Electronic Database for Procedural Documents
Held by Procedural Document and Leaflet Coordinator

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	20/12/2016
2	Wards, Departments and Service	20/12/2016

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7 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
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/219	Annual Leave Policy http://fcsharepoint/trustdocuments/Documents/CORP-POL-219.docx
CORP/POL/221	European Working Time Directive http://fcsharepoint/trustdocuments/Documents/CORP-POL-221.docx
CORP/POL/521	Work Life Balance http://fcsharepoint/trustdocuments/Documents/CORP-POL-521.docx
CORP/POL/548	Time owing/Time off in Lieu http://fcsharepoint/trustdocuments/Documents/CORP-POL-548.docx
CORP/POL/565	Corporate Bench Registration, Management and Use Policy – Non-Medical Workforce http://fcsharepoint/trustdocuments/Documents/CORP-POL-565.docx
CORP/POL/566	Policy for the Engagement and Use of Temporary Workers (including Medical Locums) http://fcsharepoint/trustdocuments/Documents/CORP-POL-566.docx

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.
European Commission. Working Conditions - Working Time Directive. Available: http://ec.europa.eu/social/main.jsp?catId=706&langId=en&intPagelId=205 . Last accessed 22/12/2016.

9 CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC		
Name	Designation	Date Response Received
Lisa Horkin	Associate Director of Nursing – Unscheduled Care	
Angela McKeane	Associate Director of Nursing – Scheduled Care	
Nicola Parry	Associate Director of Nursing – Midwifery	

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Name	Designation	Date Response Received
Tracy Burrell	Associate Director of Nursing – Clinical Quality	
Carole McCann	Associate Director of Nursing – Community Midwifery and Health	
Simone Anderton	Deputy Director of Nursing	
Marie Thompson	Director of Nursing	
David Kay	Community Health Services Manager	
Paul Cunday	Deputy Director of Finance	
Keith Dickinson	Deputy Director of Finance	
Steve Bloor	Head of Information	
Ann Conley	Deputy Director of Operations – Scheduled Care	
Neil Upson	Deputy Director of Operations – Clinical Support	
Liz Holt	Director of Adult Community Services	
Mark Wrigley	Pathology Lab Operations Manager	
Nigel Fort	Assistant Director of Facilities	
Rajan Sethi	Head of Procurement	
Maggy Heaton	Staff Side Representative	
	HR Policy Forum	
	JNCC	

10 DEFINITIONS / GLOSSARY OF TERMS

ADON	Assistant Director of Nursing
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.
DDoN	Deputy Director of Nursing
EOL	Employee on Line
ESR	Electronic Staff Record
DFM	Divisional Finance Manager
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 Senior Roster manager/roster manager
Level 2 approval	Approval of the roster by the Matron/Departmental 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

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10 DEFINITIONS / GLOSSARY OF TERMS	
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.
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.
Bench 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	Natalie Hill	Checked By	Tracy Burrell
Job Title	Non-Medical Workforce e-Rostering & Corporate Bench Manager	Job Title	Associate Director of Nursing and Quality
Date	December 2016	Date	December 2016

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APPENDIX 1: ROLES AND RESPONSIBILITIES – CHIEF EXECUTIVE AND SENIOR MANAGEMENT

Chief Executive

- Has overall responsibility for ensuring the implementation of this policy and ensuring there are adequate and effective processes within the organisation for providing effective and efficient rostering.

Director of Nursing and Quality – Executive Director for Non-Medical Workforce Rostering

The Director of Nursing and Quality is accountable to the Trust Board for ensuring Trust wide compliance with this rostering policy and the e-rostering system.

They are 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
- 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.

Associate / Assistant / Deputy Directors

Associate/Assistant/Deputy Directors are accountable for implementing this e-rostering policy within their areas and ensuring compliance with the policy.

They 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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APPENDIX 1: ROLES AND RESPONSIBILITIES – CHIEF EXECUTIVE AND SENIOR MANAGEMENT

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

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APPENDIX 2: WARD STAFFING TEMPLATE

Department / Ward:						
DAY	SHIFT	NUMBER OF QUALIFIED NURSES	NUMBER OF UNQUALIFIED STAFF	SHIFT START TIME	SHIFT END TIME	TOTAL SHIFT HOURS (MINUS BREAK)
MONDAY	EARLY					
	LATE					
	LATE HALF DAY					
	NIGHT					
	TWILIGHT					
	OTHER (SPECIFY – WARD MANAGER)					
	OTHER (SPECIFY – TRAINEE AP)					
	OTHER (SPECIFY)					
TUESDAY	EARLY					
	LATE					
	LATE HALF DAY					
	NIGHT					
	TWILIGHT					
	OTHER (SPECIFY – WARD MANAGER)					
	OTHER (SPECIFY – TRAINEE AP)					
	OTHER (SPECIFY)					
WEDNESDAY	EARLY					
	LATE					
	LATE HALF DAY					
	NIGHT					
	TWILIGHT					
	OTHER (SPECIFY – WARD MANAGER)					
	OTHER (SPECIFY – TRAINEE AP)					
	OTHER (SPECIFY)					
THURSDAY	EARLY					
	LATE					
	LATE HALF DAY					
	NIGHT					
	TWILIGHT					
	OTHER (SPECIFY – WARD MANAGER)					
	OTHER (SPECIFY – TRAINEE AP)					
	OTHER (SPECIFY)					

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APPENDIX 2: WARD STAFFING TEMPLATE

	OTHER (SPECIFY)					
FRIDAY	EARLY					
	LATE					
	LATE HALF DAY					
	NIGHT					
	TWILIGHT					
	OTHER (SPECIFY – WARD MANAGER)					
	OTHER (SPECIFY – TRAINEE AP)					
	OTHER (SPECIFY)					
SATURDAY	EARLY					
	LATE					
	LATE HALF DAY					
	NIGHT					
	TWILIGHT					
	OTHER (SPECIFY – WARD MANAGER)					
	OTHER (SPECIFY – TRAINEE AP)					
	OTHER (SPECIFY)					
SUNDAY	EARLY					
	LATE					
	LATE HALF DAY					
	NIGHT					
	TWILIGHT					
	OTHER (SPECIFY – WARD MANAGER)					
	OTHER (SPECIFY – TRAINEE AP)					
	OTHER (SPECIFY)					

We confirm that that template identified above is an accurate reflection of the staffing template and budgeted ward establishment.

	SIGNATURE	PRINT	DATE
Ward Manager			
Matron			
Associate Nurse Director			
Divisional Finance Manager			

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APPENDIX 3: DIVISIONAL PROTOCOL FOR NURSING AND AHP STAFF MOVEMENT OUT OF HOURS

Blackpool Teaching Hospitals 
NHS Foundation Trust

**COMMUNITY – ADULT – LONG TERM CONDITIONS- STAFFING ESCALATION PLAN
 BED BASED SERVICES**

Senior Nurse Level: **Ward Managers**

Check staffing to balance shifts (weekly on Mon, daily thereafter).

If shortfall identified, Ward Managers to contact own staff to cover this (request to swap shifts, pick up additional shifts as Extra Hours, check if staff will stay late, cancel study leave). Consider moving days off to later in week.

Escalate to BRONZE ALERT if cannot be covered by own team and staffing remains unsafe

BRONZE ALERT Senior Nurse Level: **Matron**

Daily (Mon - Fri):

8:30

Matrons to discuss staffing numbers at bed meeting, highlighting any staffing shortfalls to staffing matron. Matron to map out staffing plan for the day (all shifts), considering sickness, number and acuity of patients.

3pm

Matrons to finalise plan for late and night shifts, considering any changes to sickness, number and acuity of patients.



Escalate to SILVER ALERT if exhausted all options and staffing remains unsafe

SILVER ALERT Senior Level: **Head of Community Hospital and Matron**

Move staff from other Wards or areas within the Community - ALTC Division



Access "Bench" for staff listed for extra hours



Submit Agency requests should this be required



Non Ward based nurses to be drafted onto the wards

Escalate to GOLD ALERT if exhausted all options and staffing remains unsafe

GOLD ALERT Senior Nurse Level: **Associate Director of Nursing**

ADoN to check staffing risks corporately. Request assistance from other ADoNs/Divisions

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APPENDIX 3: DIVISIONAL PROTOCOL FOR NURSING AND AHP STAFF MOVEMENT OUT OF HOURS

Blackpool Teaching Hospitals 
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CORPORATE - STAFFING ESCALATION PLAN

Senior Nurse Level: **Ward Managers**

Check staffing to balance shifts (weekly on Mon, daily thereafter).

If shortfall identified, Ward Managers to contact own staff to cover this (request to swap shifts, pick up additional shifts as Extra Hours, check if staff will stay late, cancel study leave). Consider moving days off to later in week.

Escalate to BRONZE ALERT if cannot be covered by own team and staffing remains unsafe

BRONZE ALERT **ASSOCIATE DIRECTOR OF NURSING**

Review Divisional escalation plan and check that this has been fully implemented



Request assistance from other ADON's



Escalate to SILVER ALERT if exhausted all options and staffing remains unsafe

SILVER ALERT **ASSISTANT DIRECTOR OF NURSING/DEPUTY DIRECTOR OF NURSING / ADON's**

Review list of corporate registered nurses. Consider workloads. Risk assess appropriateness of transferable skills and consider release of corporate duties to support Divisions.



Non Ward based nurses to be drafted onto the wards



Formulation of plan to cohort beds/review flow and risk assess services to be considered for cancellation or temporary closure

Escalate to GOLD ALERT if exhausted all options and staffing remains unsafe

GOLD ALERT **DIRECTOR OF NURSING**

Obtain approval from Executive colleagues to execute proposed plan

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APPENDIX 3: DIVISIONAL PROTOCOL FOR NURSING AND AHP STAFF MOVEMENT OUT OF HOURS

Blackpool Teaching Hospitals 
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SCHEDULED CARE- STAFFING ESCALATION PLAN

Senior Nurse Level: **Ward Managers**

Check staffing to balance shifts (weekly on Mon, daily thereafter).

If shortfall identified, Ward Managers to contact own staff to cover this (request to swap shifts, pick up additional shifts as Extra Hours, check if staff will stay late, cancel study leave). Consider moving days off to later in week.

General Surgery: meet weekly with Matron and Bench office to look at staffing for the week.

Escalate to BRONZE ALERT if cannot be covered by own team and staffing remains unsafe

BRONZE ALERT Senior Nurse Level: **Matron /Directorate staff bleep holder**

Daily (Mon - Fri):

8:45

Matrons to discuss staffing numbers at bed meeting, highlighting any staffing shortfalls to staffing matron. Staffing Matron to map out staffing plan for the day (all shifts), considering sickness, number and acuity of patients.

3pm

Matrons to finalise plan for late and night shifts, considering any changes to sickness, number and acuity of patients.



Escalate to SILVER ALERT if exhausted all options and staffing remains unsafe

SILVER ALERT Senior Nurse Level: **Daily staffing Matron**

Move staff from other Wards within the Scheduled care Division



Access "Bench" for staff listed for extra hours



Submit Agency requests should this be required



Non Ward based nurses to be drafted onto the wards

Escalate to GOLD ALERT if exhausted all options and staffing remains unsafe

GOLD ALERT Senior Nurse Level: **Associate Director of Nursing**

ADoN to check staffing risks corporately. Request assistance from other ADoNs/Divisions (Corporate Bronze)

APPENDIX 3: DIVISIONAL PROTOCOL FOR NURSING AND AHP STAFF MOVEMENT OUT OF HOURS

STAFFING ESCALATION PLAN

Senior Nurse Level: Ward Managers

Each Mon, daily thereafter check staffing numbers per shift against;

- Nurse to patient ratio
- Safe Skill mix
- Concerns such as HR
- Long term sick
- Maternity leave
- Short term sick

Balance all shifts to give safe number across all days to ensure own staff cover on all shifts

If shortfall identified contact own staff to cover this;

- request to swap shifts
- pick up additional shifts as Bench
- check if staff will stay late etc.
-

Matrons – Approve rosters once all above actions taken and satisfied rosters safe

Escalate to BRONZE ALERT if cannot be covered by own team and staffing remains unsafe

BRONZE ALERT Senior Nurse Level: **Divisional Staffing Bleep holder 050**

Daily (Mon - Fri):

8:30am

Ward Managers to submit staffing numbers at huddle, highlighting any staffing shortfalls. Staffing Matron/ Divisional Staffing Bleep holder to map out staffing plan for the day (all shifts), considering sickness, number and acuity of patients.

3pm

Staffing Matron/ Divisional Staffing Bleep holder meet to finalise plan for late and night shifts, considering any changes to sickness, number and acuity of patients.

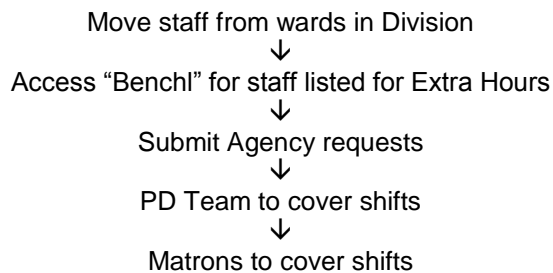
Escalate to SILVER ALERT if exhausted all options and staffing remains unsafe

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APPENDIX 3: DIVISIONAL PROTOCOL FOR NURSING AND AHP STAFF MOVEMENT OUT OF HOURS

SILVER ALERT | Senior Nurse Level: **Matron Team**

Action to be taken by Matron of the day/Divisional Staffing Bleep holder if staffing identified as unsafe:



Escalate to GOLD ALERT if exhausted all options and staffing remains unsafe

GOLD ALERT | Senior Nurse Level: **Associate Director of Nursing**

Matron of the day escalates to ADoN

↓
ADoN to check staffing risks;

- potential need to increase agency
- review number of open beds & potential to close beds
- requesting assistance from other ADoNs/Divisions

↓
Escalate to Corporate if exhausted all options and staffing remains unsafe

ADoN escalates to DDoN or DoN

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APPENDIX 4: 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 5: ROSTER AUDIT TOOL AND GUIDE TO PRODUCING ROSTERS

e-Rostering Audit Tool

6 Monthly Roster Health Check	Action Required	No Action required
1. Unavailability – managing Annual Leave (Approval process)		
2. Unused Hours		
3. Shifts		
4. Rules		
5. Patterns		
6. Templates		
7. Skills / Competencies		
8. Time Owing		
9. Roster Approval		
10. HR Agreements/ Restrictions / Sickness / Maternity		
11. Finalisation Process		
12. Overtime / Excess		
13. Supernumerary		
14. Additional Duties		
15. Bench / Agency (requesting and fill rates) Bench Co-ordinator to attend		
16. Auto roster settings		
17. Managing / cancelling shifts		
18. Adjusting shift times		
19. Take Charge / WM shifts covered		
20. Real time rostering (monitor and report)		
21. Fairness/ Warnings (Requested duties)		
22. Reports		
23. Training Requests		
24. Leavers (remove from Healthroster / Close EOL accounts)		
25. New Starters to the Trust – Inform e-Rostering so they can be added		
26. Transfers within the Trust – cannot amend until ACF received		
27. Discuss further developments within e-Rostering		
28. Future changes on roster and how e-Rostering can support		
Produce an Action Plan, get sign off from WM's / Matrons – follow up – Update training matrix		

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APPENDIX 5: ROSTER AUDIT TOOL AND GUIDE TO PRODUCING ROSTERS	
Guide to producing a roster (Clinical Areas)	
Process	Responsibility
Use the Trust standard roster calendar dates	Senior Roster Manager/Roster Manager
Produce a request period in order for staff to insert their requests	
Close the roster to requests, review requests and add/approve any unavailable periods	
Run the Auto roster first as discussed with e-Rostering facilitators	
Ensure there is a senior staff member (if required) for every shift/day and manually move shifts if necessary	
Fill remaining staff hours with vacant shifts, adjusting duty times where necessary	
Review roster analysis data, ensure good balance of staff across four week roster period, all staff hours are used, charge cover allocated for clinical areas Staff unavailability should be within the specified parameters of policy, if it is not the roster should be reviewed and amendments made before final review of the analysis data.	
Approve the roster and inform level 2 approver roster is ready for them to review	
If there are still gaps in the roster, plan to fill them with temporary workers or by using supernumerary staff (not pre-registration students in clinical areas) e.g. Prioritise workload or consider moving less urgent tasks to another shift and/or make best use of supernumerary staff available.	
Level 2 approvals – review analysis data ensuring this meets policy parameters. If alerts exist ensure reasons are acceptable and known. If acceptable, approve and publish roster	Matron/Departmental Manager
Allocate any required to be filled vacant shifts to bench immediately after roster has had level 2 approvals according to Corporate bench policy. Additional ad hoc requests can be made later following Corporate Bench policy and procedure.	Senior Roster Manager/Roster Manager
If temporary staff are necessary, ensure they are booked for the most efficient shift length and grade. Repeat any analysis prior to the roster starting to ensure it remains effective as per roster calendar stated timeframe.	

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APPENDIX 5: ROSTER AUDIT TOOL AND GUIDE TO PRODUCING ROSTERS

Guide to producing a roster (Non-clinical areas)

Process	Responsibility
Use the Trust standard roster calendar dates	Senior Roster Manager/Roster Manager
Produce a request period in order for staff to insert their requests for unavailability periods – study, annual leave etc.	
Close the roster to requests, review requests and add/approve any unavailable periods	
Run the Auto roster first (where timesheet rostering is not in place) as discussed with e-Rostering facilitators	
Review roster analysis data, ensure good balance of staff across four week roster period ensuring annual leave rules are not breached Staff unavailability should be within the specified parameters of policy, if it is not the roster should be reviewed and amendments made before final review of the analysis data.	
Approve the roster and inform level 2 approver roster is ready for them to review	
If there are still gaps in the roster, plan to fill them with temporary bench workers	Matron/Departmental Manager
Level 2 approval – review analysis data ensuring this meets policy parameters. If alerts exist ensure reasons are acceptable and known. If acceptable, approve and publish roster	
Allocate any required to be filled vacant shifts to bench immediately after roster has had level 2 approvals according to Corporate bench policy. Additional ad hoc requests can be made later following Corporate Bench policy and procedure.	Senior Roster Manager/Roster Manager
If temporary staff are necessary, ensure they are booked for the most efficient shift length and grade. Repeat any analysis prior to the roster starting to ensure it remains effective as per roster calendar stated timeframe.	

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APPENDIX 6: 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 6: 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	No			
<ul style="list-style-type: none"> • During development • At implementation? 				

ACTION:

Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:	Natalie Hill	Date Signed:		
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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