

Good Rostering Guide Summary Brief

Introduction

A document in collaboration with NHS Employers and the BMA has been produced to provide guidance to set out ways in which good rostering practice can be developed for rota template design (template working pattern) and management of rosters (includes staff names, dates and day to day activities).

The purpose of the guide is to promote and support:

- ✓ Creative and effective training environment that also meets the needs of the service
- ✓ Flexibility for doctors and employers
- ✓ Organising resource effectively and efficiently in a way which brings mutual benefits to organisations
- ✓ The planning and delivery of high quality patient care

Please find a link to the full document enclosed for full details:

<http://www.nhsemployers.org/case-studies-and-resources/2018/05/good-rostering-guide>

Key Principles

These principles and rostering guidance is aimed at doctors in training but may be relevant for other staff groups with rostering challenges and who work from the same rota templates. Rostering should take into account work/life balance which has an impact on the overall quality of life for doctors and patient safety. A standardised rostering process should be adopted across the organisation to promote fairness and consistency for all. Both rotas and rosters should have/be:

- ✓ Managed in a way that enables juniors to receive breaks in accordance with 2016 Terms and Conditions (TCS)
- ✓ Views of doctors should be taken into account developing shift patterns locally through open and transparent consultation
- ✓ Clear processes in place for managing live rosters
- ✓ Ensure full leave allowance can be taken (study leave, annual leave) with sufficient capacity to prepare for unexpected absences such as sick leave
- ✓ Ensure training time is protected
- ✓ Rota design is clear and transparent
- ✓ Rotas comply with both the letter and spirit of the 2016 TCS
- ✓ Consideration to the intensity of the rota and avoidance of excessive variability of shifts (to avoid fatigue)

Managing a Live Roster

A recommendation for Trust policy when implementing changes to the rosters has been made to ensure a transparent and clear process across the Trust. Adherence to this policy will be key for Rota Coordinators and it should be accessible to all doctors. Changes should consider factors such as patient needs, staff needs, Trust needs, staffing levels, skill mix, quality improvement, rota gaps and the provision of training.

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1. Regular Review

Rotas and rosters once designed should be reviewed regularly to ensure they continue to support the service need (forecasting staff levels and duties required for the safe running of the service) and facilitate the training and professional development of staff. If repeated exception reports are received this can lead to a work schedule review and ultimately a change in rota template and roster.

Input from the Guardian of Safe Working Hours (GOSW) or Director of Medical Education (DME) should be sought in situations where there is disagreement over changes to a live roster.

2. Training is work for doctors

Rosters should be structured around training needs as well as service need to ensure there is sufficient time for training and access to Study Leave, this includes Less than Full Time Doctors (LTFT). Better management and oversight of educational opportunities will support doctors to meet their outcomes and required progression via Annual Review of Competence Progression (ARCP).

3. Handover

It is necessary to ensure that shifts reflect adequate time for handover and that handover is a requirement within rosters. This is critical for the safe transfer of patient information to deliver continuity of care and good quality patient management. Most services will require a minimum of 15 to 30 minutes, coming in specifically to attend handover and telephone handover is classed as the duty period.

4. Rota/Roster Design and Contractual Requirements

All rota templates must be compliant with the relevant TCS; either 2002 or 2016 ensuring hours of work, consecutive shifts and rest periods etc. Any rosters should be assessed against the contractual safety and pay requirements, rosters should be set below this limit to provide a safety margin for doctors working close to any limits.

Indicators that a rota requires redesign may be:

- ✓ The average number of hours is close to or above the 48 average hour limit (recommended to be below 46 hours)
- ✓ Inability to access training and educational opportunities in line with their curriculum requirements
- ✓ High number of exception reports
- ✓ Request for a Work Schedule Review
- ✓ The GOSW raises concerns in regard to the viability of a rota/roster
- ✓ Insufficient capability to accommodate full leave
- ✓ Significant changes in demand on the service, which require a different level of staffing
- ✓ Inability to meet rest requirements or natural breaks
- ✓ Ensure compliance with contractual limits and EWTD, for example; 72 hours is the maximum number of hours in a consecutive 168 hour (7 day period) and not a benchmark

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5. SWAPS

Changes to the roster must be managed and not result in any breaches of contractual hours or safety limits. Any rosters that do not provide enough flexibility for swaps without breaching safety limits should be reviewed to ensure adequate numbers of doctors are present within the rota.

It is ideal if rota templates are designed with out of hours duties in a small number of weeks to enable more flexibility around leave requests (this can only be accommodated if it is safe to do so).

6. Changes to Rosters

There should be a minimum of 6 weeks' notice in accordance with the Code of Practice for the implementation of a new roster or changes affecting existing doctors on the rota. Any concerns with a new roster may activate the Work Schedule Review process.

7. Validation and Approval of Rota's

Approval of Rotas should be undertaken at departmental level with the involvement of senior clinicians, staff working (or going to) work on the rota. This process would review any actual or potential unsafe shifts

8. Publication of Rosters

As a minimum; rosters must be made available to doctors no later than 6 weeks prior to commencement as per the Code of Practice.



Code of Practice
2016 England.pdf

Managing Leave Requests

The rules relating to all types of leave (annual, study etc.) should be adhered to, as set out in the Schedule 9 of the TCS. Guidance has been provided to establish principles of the management of leave:

- ✓ Employers are recommended to consider how to manage leave requests during peak periods; for example Christmas or School holidays
- ✓ Leave requests must be submitted sufficiently early for approval to be granted six weeks in advance
- ✓ No requirement to pay back shifts missed due to sickness
- ✓ A mechanism should be in place for the Trust to enable requests for annual leave prior to commencing in post
- ✓ Where a doctor has submitted no sufficient leave requests, a Manager may need to allocate leave to the individual to ensure leave allocation is taken in placement
- ✓ No fixed leave to be incorporated into a rota template or roster

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- ✓ In exceptional circumstances leave may be carried over between specialties (e.g. Foundation Doctors); any such request requires the agreement of both Heads of Department
- ✓ If there is not enough flexibility for annual leave to be taken, a WSR should be considered
- ✓ It is helpful for colleagues to understand when others are on leave, for example, a Clinical/Educational supervisor

Please refer to page 16 of the Good Rostering Guide for a flow of a placement

Bank Holidays

A day in lieu is provided for any doctor who works any part of a Bank Holiday, however, if a doctor works a night shift running into a Bank Holiday and a night shift on the Bank Holiday evening. Only one day in lieu is provided as only one Bank Holiday has been missed.

Further guidance for Non Resident On-Call (NROC) and Less than Full Time Trainees can be found within the document.

Key Recommendations of the Guidance

- To implement a Trust policy (or equivalent) clearly stating the requirements of both the rota coordinator (roster manager) and doctors working under the roster around roster changes, this includes annual leave and swaps. This policy to be agreed and signed off by the Joint Local Negotiation Committee (JLNC; refer to page 10) and sent to all doctors when they commence on a new rota.
- Technological solutions to improve both rostering and managing a live rota should be used wherever possible. Such solutions are recommended as a useful tool in handling issues linked with managing leave
- Each speciality or department should identify the maximum and minimum number of staffing levels and provisions for booking leave should be communicated in writing to staff
- All LTFT trainees require a bespoke rota template to be designed with Divisional input. Each rota template must be made up of the correct proportion of hours and shift times, included in with full time template for their LTFT percentage
- Each department identifies the maximum and minimum number of staff that can be away at any one time. These levels and provisions for booking leave should be communicated in writing.

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