

OP103

Electronic Rostering Policy

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1.0 Policy Statement (Purpose / Objectives of the policy)

- 1.1** The purpose of this policy is to assist staff in the production of rosters and ensure that rosters are produced to an agreed standard. This will enable the effective utilisation and management of the Trust's workforce through electronic rostering.
- 1.2** The scope of the policy is for both medical and non-medical staffing groups and must be followed by all rostered staff.
- 1.3** Departments that are not rostered will continue to follow the trust's policy and guidelines to ensure that staff are managed effectively through local processes.
- 1.4** This policy must not be used in isolation but must be read alongside other applicable trust policy and any attachments to the main rostering policy.
- 1.5** Effective utilisation of staff and resources within the Trust is crucial to the quality of care delivered. To achieve this, the Trust needs the right people, with the right skills, in the right place, at the right time.
- 1.6** Well organised rostering is fundamental in achieving safe staff scheduling. All managers have a responsibility to ensure their resources are deployed effectively.
- 1.7** This policy has been produced to ensure staffing is planned and organised in a way which best meets the needs of our service users and the Trust.
- 1.8** The Trust recognises the value of its workforce and is committed to supporting staff in providing high quality patient care and the need to balance the effective provision of service. Additionally, the Trust recognises the importance of supporting staff to achieve an appropriate work-life balance and the need to be responsive to changing service requirements – a flexible, efficient and robust electronic rostering system is key to achieving this objective.
- 1.9** The objectives of the policy are as follows:
- 1.9.1** To define the standards of roster practice within the Trust.
 - 1.9.2** To ensure rosters are based on agreed funded establishments.
 - 1.9.3** To ensure that rosters are fit for purpose, with the correct skills mix, to deliver safe, high-quality standards of care on every shift/activity.
 - 1.9.4** To define the role and responsibilities of all staff in the delivery of safe, equitable and cost-effective rosters.
 - 1.9.5** To define the escalation process for staff to follow if a shift/activity is understaffed.
 - 1.9.6** To avoid or minimise where possible the additional usage of a contingent workforce.
 - 1.9.7** To ensure compliance with NHS Terms and Conditions, statutory working time directive and related Trust policies.
 - 1.9.8** To support and promote positive work-life balance through the advanced

production of rosters.

- 1.9.9** To improve the planning and management of absence days e.g. annual leave, sickness and study leave.
- 1.9.10** To facilitate the accurate and timely payment of staff.
- 1.9.11** To enable transparent and accessible information regarding staffing levels, attendance and skill mix.
- 1.9.12** To provide a mechanism for reporting against set Key Performance Indicators (KPIs).

REQUESTS (9+ Weeks before roster is LIVE)		
<ul style="list-style-type: none"> • If not set up to be automated, templates must be added at least 12 weeks in advance to allow sufficient time for requests. Unless otherwise agreed with the rostering team, no more than 6 rosters ahead of the live roster can be added. • Annual leave is available to request as soon as a member of staff is set up. • Duty requests are open 22 weeks before the roster is live and close 9 weeks before it goes live. • Staff can cancel their requests at any time if they are on an unapproved roster. • Leave and Duty requests must be requested through the Allocate Loop app or on the Allocate Loop website. If required, EOL/MOL can be used until it is sunset in 2025. • Annual and study leave should be booked or cancelled prior to roster approval. • Any issues with entitlement, booking leave or the Loop app must be raised to relevant E-Rostering team (either medical or non-medical). 		
PLANNING & COMPLIANCE (6+ Weeks before roster is LIVE)		
Non-Medical (Shift-based)	Non-Medical (Activity-based)	Medical
<ul style="list-style-type: none"> • Once the template has been added, (if not automated) the autoroster must be run – this ensures priority is given to those with agreed or flexible working arrangements. • If applicable, other types of autoroster must be ran in order of nights, days and then individual. • Remaining shifts assigned, net hours columns and roster analyser must be utilised to ensure no gaps or hours remain. • Duty and leave requests must be catered for where possible in line with service demands and safe staffing. <p>If applicable, unfilled duties that require cover can be sent to bank for filling.</p>	<ul style="list-style-type: none"> • Once the template has been added, (if not automated) the autoroster must be run – this ensures priority is given to those with agreed or flexible working arrangements. • If applicable, other types of autoroster must be ran in order of nights, days and then individual. • Activity view and roster view must be utilised to ensure no service gaps and all staff have been assigned contracted hours. Net hours columns and roster analyser tool can help with this. • Leave requests must be reviewed and catered for in line with service demands and safe staffing. <p>If applicable unfilled activity can be sent to bank for filling.</p>	<ul style="list-style-type: none"> • Compliant E-Rotas must be created in collaboration with departments and kept up to date with any additions from the deanery. Once rotas are complete, this information is pulled into Optima as demand or shared working patterns. • E-Job plan software must be utilised to create compliant job plans that plan consultants and SAS doctors for the next 12 months. This information is pulled into Optima as activity, service plans and demand patterns. • Leave requests are reviewed and catered to in line with service demands and safe staffing. <p>Activity and roster view must be utilised to identify gaps and arrange cover.</p>

APPROVAL (6+ Weeks before roster is LIVE)

- Before approval takes place, all leave and duty requests must be approved or rejected and the final planned roster must be in place.
- The roster analyser must be used to identify anything missed in the planning stage such as: Warnings, unfilled shifts, unnecessary additional duties, staff that have been given too many shifts by mistake, wrong shifts assigned and any other areas that flag up.
- Net hours must be checked in conjunction with the roster analyser to ensure that the final planned roster is utilising all the shifts and no hours are missing due to errors with break times, unavailability or too many/too little hours assigned.
- Approval deadline for first approver is 7 weeks before roster is live. Failure to approve on time will be escalated to the second approver.
- Approval deadline for second approver is 6 week before roster is live. Failure to approve on time will be escalated as per authorised signatory or divisional management structure.
- Once fully approved, the roster is published and visible to staff in Loop/EOL.

LIVE

- Once a roster is live, changes may be needed to safely staff the service or to provide cover – however this must be kept to a minimum.
- Any swaps must be recorded on the roster and a note added for additional information. Once functionality is released, swaps will be carried out through the Loop app. Swaps must be considered prior to releasing shifts to bank.
- Sickness, maternity, and any other ad-hoc unavailability must be added to the roster as soon as possible after being informed. Emergency leave and short notice annual leave must be requested through a manager, taking into account safe staffing. This enables better planning, identification of gaps and for Nursing and E-community rosters enables live updates to patient care, acuity and workload.
- Unavailability extensions such as sickness and other leave must also be extended or adjusted at the first available opportunity after being notified.
- Where a member of staff's return date is uncertain but not imminent, it is beneficial to extend the unavailability past the trust's payroll date (as per payroll calendar on the intranet) to avoid accidental submission of the episode before the member of staff returns.
- Net hours and the roster analyser must be checked regularly for any anomalies.
- Overtime must be added and adjusted promptly to ensure paid hours are not missed. Once added, net hours must be checked to ensure the correct overtime is on the shift.
- Call-outs must be added to the roster at the first available opportunity following the on-call

FINALISATION (Due the 1st and 2nd working day of the following month)

- Bank duties must be locked at the end of the day or the following morning after a shift.
- Before finalising, net hours and the roster analyser must be checked for any anomalies.
- When finalising the roster, the finalisation summary must be carefully checked to ensure all pay impacting shifts (nights, weekends, public holidays) are accounted for and that unavailability hours are not unexpectedly high. The overtime and call out section must also be checked for accuracy and anomalies.
- Best practice is to finalise at least weekly. This enables less work at the end of the month and helps to address inaccuracies and errors quickly.

SUBMISSION

- The payroll submission can only take place once all rosters have finalised and all shifts/activity/unavailability is locked.
- If a first approver has not locked down the roster, this will be escalated to the second approver on the day after the deadline.
- If a second approver has not locked down the roster, this will be escalated to the Head of Department/Deputy COO/Group manager on the day after the deadline.
- If the deadline has not been met, non-pay impacting and cancelled shifts may be locked on behalf of the department by the E-Rostering team to facilitate the payroll submission.

3.0 Definitions

3.1 Software

The RLDatix/Allocate suite of applications used for, or in conjunction with rostering Include: Allocate Loop, Activity Manager, BankStaff, E-Community, E-Job Plan, E-Rota, Employee Online and Medic Online, HealthMedic, Optima, RosterPerform and SafeCare.

Allocate Loop Provides complete visibility of personal and team rosters, annual leave, time sheets and where applicable requested duties. The app also functions as a communications tool. Allocate Loop is available as a mobile app or as a desktop web browser.

ActivityManager Application used within Optima to plan, manage and integrate the activity of medics and entire multi-disciplinary teams, including nurses and AHPs, to deploy correctly skilled people and physical locations. It is also enables the tracking of Direct Clinical Care time against Supporting Professional Activities and Additional NHS Responsibilities for Medics and AHPs.

Allocate Optima The Trust's cloud-based electronic roster management system and workforce tool to enable the effective, safe and equitable utilisation of staff and resources across Trust.

BankStaff Application links with Electronic Rostering System and Employee Online to support an efficient and safe process to monitor and fill vacant shifts.

E-Community A workforce scheduling tool for community health care providers.

E-Job Plan An electronic application for job planning and signing off job plans. This system has interoperability with Allocate Optima and is part of the HealthMedic suite of products.

E-Rota An electronic application for creating and monitoring compliant electronic rotas. The system is also used to create work schedules from these rotas for the pay of junior doctors. This system is interoperable with Optima and is part of the HealthMedic suite of products.

Employee Online (EOL) Optima system module available to all staff to view their rosters, request duties and leave and where appropriate, update timesheets. This will be succeeded by Loop and will be sunset in 2025.

RosterPerform A management analysis and metrics dashboard focused on highlighting operational issues.

SafeCare Optima module that determines safe nursing staff levels in adult acute inpatient wards in real time and as part of planning and establishment setting.

3.2 Rostering Terminology

AutoRoster The process by which Electronic Rostering System automatically assigns

shifts to staff on a roster. This is dependent on the number of patterns, rules and working restrictions within the roster.

Second Approver

Second Approvers have the overall responsibility for that roster. They may not be doing the day-to-day maintenance for it, however they are responsible for checking and ensuring that the roster is compliant with KPIs and challenging bad practice before approving. They also MUST be an authorised signatory for that area. Examples of staff with this access are: Matrons, Heads of Nursing/Midwifery, Chief AHP, Head BMS, Heads of Service, Directorate/Group managers and Clinical Leads.

First Approver

First approver refers to a member of staff that has the primary responsibility of monitoring or maintaining the roster. They are given access to be the first line of approval for that unit and MUST be an authorised signatory to that area. Examples of people with this access may be: Ward managers, department managers, Senior AHP's, Clinical Leads, Operational Managers and Deputy Heads.

Roster Creator

Roster Creators have the ability to maintain, create and make changes to the shifts and unavailabilities on the roster. We use the term generically, however access can be further broken down to restrict access to sensitive reasons, what they can adjust on the roster and which staff they have access to. Examples of roster creators with full access are: Managers that are not authorised signatories, team leaders, Sisters and Charge Nurses, Senior Administrators and PA's.

Working Time Directive Legislation intended to support the health and safety of workers by setting minimum requirements in relation to working hours, rest periods and annual leave

4.0 Accountabilities

4.1 The Chief Executive and Trust Board The Chief Executive is responsible for ensuring that the systems and processes necessary to achieve the above governance framework are in place and functioning effectively. The Trust Board is responsible for ensuring that good governance is in place to assure the Trust Board of the following:

- 4.1.1** The Trust has in place a fair and transparent process for managing all clinicians who are employed under the terms and conditions of a national contract;
- 4.1.2** Clinicians are consistently managed across the Trust to provide the most productive, efficient and effective clinical care pathways for patients each speciality;
- 4.1.3** The Trust rostering process results in rosters that are designed to meet clinical demand and are affordable in line with Trust income;
- 4.1.4** The Trust rostering policy, systems and procedures follow NHSE, NHS Employers and BMA best practice guidance;
- 4.1.5** The Trust rostering policy, systems and processes include timely and accurate management reports that assure the Trust Board that the above are in place and well managed.

4.2 Chief Operating Officers Whilst Chief Operating Officers may not have a direct responsibility for delivering safe rotas, there will be an expectation from COO's and other non-clinical leadership roles that rotas will be built to deliver safe staffing and remain within the projected budget.

4.3 Chief Professional Leads (Chief Nurse/Pharmacist/AHP/People Officer) The Chief Nurse, Chief Medical Officer, Chief AHP, Chief Pharmacist and other professional leads are each responsible and accountable for ensuring:

- 4.2.1 Each clinician is rostered effectively e.g. via divisional directors, heads of nursing, clinical professional leads.
- 4.2.2 Trust policy, consistency committees and related processes and standards are relevant for their profession.

4.3 Director of Operational HR and OD The Director of HR & OD is responsible for ensuring that each employee is managed fairly and transparently in accordance with employment law, their individual employment contract and good practice guidance from NHS Employers and individual Royal Colleges. This includes:

- 4.3.1 Trust policies, consistency standards and payroll reconciliation.
- 4.3.2 Employee contract queries and support
- 4.3.3 Rostering software licencing, configuration, maintenance, guidance and training
- 4.3.4 Strategic workforce planning and individual and team development e.g. training in difficult conversations

4.4 Heads of Department are responsible for:

- 4.4.1 Leading the performance management of rostering, against the agreed KPIs, to improve staff utilisation, reporting through performance mechanisms to the Board and providing assurance to the Board that benefits are being realised from the use of Optima.
- 4.4.2 Reviewing key performance indicators (KPIs) and ensuring the development and implementation of appropriate action plans.
- 4.4.3 Ensuring the implementation of intervention and recovery plans for wards, units or departments failing to meet KPIs; escalating to the wider management team if required.
- 4.4.4 Monitoring staff demand and temporary staffing usage against unit establishment.
- 4.4.5 Escalating Net hours issues to heads of departments for a decision where there are questions around the validation or the need to reset hours.

4.5 Directorate Teams (Group Operational Manager, Directorate Managers) are second approvers, responsible for implementing the electronic rostering policy within their areas and ensuring compliance with the policy.

4.6 Matrons and Service Managers (hereafter referred to as Second Approvers) are responsible for:

- 4.6.1 Final approval or rejection of the roster.
- 4.6.2 Providing guidance and support to the Roster Creator and First Approver in the creation of duty rosters using the KPIs as a reference.
- 4.6.3 Responsible to the Heads of Department for compliance and implementation of this policy at local level.
- 4.6.4 Using Roster Analyser to monitor or identify required action as necessary in the following areas:

- Budget

- Unavailability
- Safety
- Effectiveness
- Annual Leave
- Fairness.

4.6.5 Implementation of intervention and recovery plans for wards, units or departments failing to meet KPIs.

4.6.6 Ensuring that the demand template reflects the current needs of the service and is aligned with the budget.

4.6.7 The bi-annual review of nursing establishment and skill mix (Matrons).

4.6.8 The quarterly review of fixed working arrangements.

4.6.9 Adherence to the Roster Timetable (available on the Intranet)

4.6.10 Completion of [Attachment 3 – Second Approver Roster Checklist \(Nursing\)](#).

4.6.11 The management of net hours for their relevant departments. This may be escalated to the Head of Department for certain actions such as hours resetting or if the net hours will have a potential pay impact.

4.6.12 Ensuring all contracted hours have been allocated prior to sending shifts out to bank.

4.7 Senior Sisters/Charge Nurses and Unit Managers (referred to hereafter as First Approvers) are responsible for:

4.7.1 The creation and partial approval of the roster.

4.7.2 Ensuring sufficient staff are appropriately trained and have access to Optima to assist in roster production. For nursing areas, this would be all Band 6 and above Registered Nurses.

4.7.3 Safe staffing must be ensured, there must be enough staff in the right place, at the right time, based on a safe skill mix and competencies that meet the needs of the service.

4.7.4 Using Roster Analyser to monitor or identify required action as necessary in the following areas:

- Budget
- Unavailability
- Safety
- Effectiveness
- Annual Leave
- Fairness.

4.7.5 Ensuring compliance with Agenda for Change Terms and Conditions of Service, e-rostering KPIs and Working Time Directive.

4.7.6 Ensuring that sufficient rest is adhered to and breaks are taken. If breaks are unable to be taken at an agreed time due to clinical need, they must be taken as soon after this point as possible. Breaks must not be taken at the end of a shift, as their purpose is to provide rest time during the shift.

4.7.7 Reviewing unfilled duty requirement to establish whether to cancel, utilise substantive redeployment or no take no action (e.g. unable to fill either through bank or substantive cover; however, the inclusion of planned hours is still required for reporting purposes so to the shift would not be cancelled)

- 4.7.8 Managing overtime in line with divisional management approval.
- 4.7.9 Ensuring that expenditure does not exceed budgeted establishment.
- 4.7.10 Checking the uploaded annual leave entitlement for discrepancies and raising with the E-Rostering team or ESR team as applicable.
- 4.7.11 Considering all roster requests from staff and ensuring fairness and equity of working patterns before partially approving.
- 4.7.12 Facilitate fair and equitable allocation of all leave.
- 4.7.13 Keeping skills regularly updated e.g. take charge, linear accelerator
- 4.7.14 Ensuring shift changes are kept to a minimum. Staff will be responsible for negotiating their own changes once the roster is published, ensuring that the change in shift is like-for-like (grade and skill).
- 4.7.15 Shifts should be kept without overlap or conflict. (this is currently turned on as a violation within the rostering system and so is prevented)
- 4.7.16 If staffing shortfall occurs, rostered shifts/activities cannot be changed without discussion and agreement with the staff member.
- 4.7.17 Ensuring that changes to rosters are entered accurately on a real-time basis and that the roster is finalised in preparation for submission to Payroll in accordance with the Roster Timetable (available on the Intranet).
- 4.7.18 Accurately manage the net hours of the department by checking both planned rosters before approval. Current rosters must also be monitored heavily ensuring that any changes from the planned roster do not negatively impact net hours.
- 4.7.19 Unless an agreed alternative process is being utilised, managers must provide notification of staff appointments, terminations or changes in contract by completion of the relevant HR documentation e.g. appointment, change form.
- 4.7.20 Ensuring that changes to the approved roster do not impact negatively on safety, efficiency and cost effectiveness.
- 4.7.21 Actively promote this policy to all staff.
- 4.7.22 Arranging and attending roster system training as required.
- 4.7.23 Adherence to the Roster Timetable.
- 4.7.24 Promoting the rostering resources available to rostered staff e.g. Employee Online/Allocate Loop, training videos

4.8 Sisters/Charge Nurses, Team Leaders and Managers are responsible for:

- 4.8.1 The creation of the roster.
- 4.8.2 Ensuring that a safe, equitable and cost-effective roster is produced and maintained on every shift based on the agreed and funded establishment.
- 4.8.3 Allocating leave requests from staff equitably to ensure balanced staffing throughout the year. At all times service needs will take precedence over staff requests.
- 4.8.4 Ensuring compliance with Agenda for Change Terms and Conditions of Service, e-rostering KPIs and Working Time Directive.
- 4.8.5 Keeping skills regularly updated e.g. take charge, linear accelerator
- 4.8.6 Providing notification of staff appointments, terminations or changes in contract by completion of the relevant HR documentation e.g. appointment, change form.
- 4.8.7 Ensuring that changes to rosters are entered accurately on a real-time basis.
- 4.8.8 Notifying the Senior Sister/Charge Nurse/Unit Manager of any changes to the roster when entered at the end of the month as each duty or absence must be finalised on an individual basis in preparation for submission to Employee Services in accordance with the Roster Timetable (available on the Intranet).
- 4.8.9 Ensuring shift changes are kept to a minimum. Staff will be responsible for

negotiating their own changes once the roster is published, ensuring that the change in shift is like-for-like (grade and skill).

- 4.8.10 If staffing shortfall occurs, rostered shifts/activities cannot be changed without discussion and agreement with the staff member.
- 4.8.11 Raising concerns regarding staffing or the quality of clinical care or service to the Senior Sister/Charge Nurse/Unit Manager when they arise.
- 4.8.12 Ensuring that the created roster does not exceed the budgeted establishment.
- 4.8.13 Actively promoting this policy to all staff.
- 4.8.14 Arranging and attending roster system training as required.
- 4.8.15 Adhering to the Roster Timetable (available on the Intranet).
- 4.8.16 For in-patient areas, the Nurse in Charge must ensure that patient acuity totals and staff attendance data is entered in SafeCare daily, as per the agreed timeframes (detail can be found in [attachment 5](#)).
- 4.8.17 Promoting the rostering resources available to rostered staff e.g. Employee Online/Allocate Loop, training videos

4.9 Administrators

- 4.9.1 Ensuring that changes to rosters are entered accurately on a real time basis.
- 4.9.2 Bringing any areas of concern to the Roster Creator.
- 4.9.3 Arranging and attending roster system training as required.

4.10 Rostered Staff

- 4.10.1 Ensuring that they are familiar with and adhere to the requirements set out in this policy.
- 4.10.2 Ensuring compliance with the Working Time Directive as supported through [HR17 Implementation of the Working Time Regulations](#)
- 4.10.3 Attending work as per their approved/published roster.
- 4.10.4 Ensuring all roster duty and leave requests are submitted via Loop (or EOL/MOL prior to sunset) in a timely manner and in line with the Roster Timetable.
- 4.10.5 Ensuring that breaks are taken. If breaks are unable to be taken at an agreed time due to clinical need, they must be taken as soon after this point as possible. Breaks must not be taken at the end of a shift, as their purpose is to provide rest time during the shift.
- 4.10.6 Being reasonable and flexible with roster duty and leave requests and being considerate to their colleagues within the rules set out by the organisation.
- 4.10.7 Keeping shift changes to a minimum. Staff will be responsible for negotiating their own changes once the roster is published, ensuring that the change in shift is like-for-like (grade and skill) and agreed first with a colleague. These changes must be approved by management.
- 4.10.8 Notifying the Senior Sister, Charge Nurse or Team Manager of changes to a planned or worked shift. If staffing shortfall occurs, rostered shifts/activities cannot be changed by a manager without discussion with a staff member.
- 4.10.9 Notifying the Senior Sister, Charge Nurse or Team Manager of changes to personal details, e.g. address, telephone number and update in line with ESR process ([Employee Self Service](#)).
- 4.10.10 All staff are responsible for reporting any suspicions of fraud or bribery to the Local Counter Fraud Specialist (LCFS) (see section 4.1).

4.11 E-Roster Manager/Team Leader/System Administrators

- 4.11.1 Ensuring the rostering platform is fit for purpose and operational at all times.
- 4.11.2 Ensuring system functionality and that the system is utilised to its full potential.
- 4.11.3 Providing technical (not clinical) support in relation to roster management.
- 4.11.4 Supporting to develop intervention and recovery plans for rostered areas failing to meet KPIs.
- 4.11.5 Provide training, support and guidance for all members of staff using Allocate applications.
- 4.11.6 Ensuring that staff remain informed about all the latest developments in relation to the Allocate software.
- 4.11.7 Ensuring that important information about Optima is communicated effectively to Trust staff.
- 4.11.8 Updating core reference information in Optima.
- 4.11.9 Ensuring payroll submission is completed on time once rosters have been finalised.
- 4.11.10 Configuration, review and maintenance of rostered structures, establishments, templates, working patterns and rules/restrictions
- 4.11.11 Configuration, review and maintenance of payroll award rules
- 4.11.12 Producing and communicating the Rostering Timetable (available on the Intranet).
- 4.11.13 Ensuring the accuracy of resources available on the Trust Intranet.
- 4.11.14 Ensuring local processes are followed for the approval of rosters and escalating when not (local procedure followed).
- 4.11.15 Providing system access to required Allocate applications and ensuring that the relevant authorisation has been obtained and, or permission levels agreed.
- 4.11.16 Ensuring that KPIs are reported in an agreed format and frequency.
- 4.11.17 Ensuring the Trust complies with Agenda for Change Terms and Conditions of Service and Working Time Directive, providing technical advice and escalating where appropriate.
- 4.11.18 Providing Helpdesk provision for all staff 5 days a week (Monday to Friday) opening hours available on [Contact the Team \(xrwh.nhs.uk\)](http://Contact the Team (xrwh.nhs.uk)) internet page.
- 4.11.19 Monitor compliance against Authorised Signatory List
- 4.11.20 Management and monitoring of Allocate Loop.
- 4.11.21 Conducting an Annual upload of Annual Leave and Bank Holiday entitlement.
- 4.11.22 Updating temporary staff number and accrual plans to ensure smooth payroll submission.
- 4.11.23 Usage of the change of circumstances process to ensure data integrity and automation of certain change processes.

4.12 Human Resources (Advisory)

- 4.12.1 Monitoring divisional compliance with the Trust's KPIs
- 4.12.2 Ensuring the Trust complies with Agenda for Change Terms and Conditions of Service and Working Time Directive; providing appropriate technical advice and support to the E-Roster Manager/System Administrators and escalating where appropriate.

4.13 Directorate Management Accountant

- 4.13.1 Monitoring compliance with the Trust’s headroom allowance.
- 4.13.2 Agreeing and signing off the staffing requirement for each ward, unit or department.
- 4.13.3 The provision of yearly budgetary information for rostered wards and units to the E-Roster Manager/System Administrators
- 4.13.4 Reviewing the KPIs that affect the use of resources with the budget managers to ensure that the staffing resource is managed efficiently.
- 4.13.5 Escalation of pay issues to the E-Rostering manager when related to incorrect cost codes or issues on financial reports from rostered areas.

4.14 Payroll

- 4.14.1 Receiving and processing the monthly pay batch files.
- 4.14.2 Raising any pay queries with the E-Rostering team to ensure pay impacting roster errors are dealt with in a timely manner.
- 4.14.3 Sending fails to the E-Rostering team to ensure that information is updated where possible to avoid future fails.
- 4.14.4 Communicating any changes that need to be made with award rules, reference data settings or wrongly inputted roster data.
- 4.14.5 Assisting newly rostered areas in checking their first submission against the submitted timesheets.
- 4.14.6 Collaboration in the set-up of new processes that impact pay such as AfC average payments in annual leave and set up of new staffing contracts.

4.15 Workforce Information

- 4.15.1 To use data reported by the E-Rostering team in completing national or locally required reports.
- 4.15.2 Assisting when incorrect ESR information is identified by rostered staff or the E-Rostering team.
- 4.15.3 Assistance with annual leave entitlement queries relating to continuous service or incorrect base hours.
- 4.15.4 Collaborating on ad hoc reports and process improvement across corporate services.

5.0 Policy Detail

The purpose of this policy is to ensure the effective utilisation of the workforce through efficient electronic rostering (detail can be found in Attachments 1-8). The key elements of the policy are:

Key Element	Associated resources
Demand templates and budgeted establishment alignment	Attachment 1 and Safe Staffing Policy
Staffing availability – (including headroom, working restrictions, flexible working, sickness and leave management)	Attachment 1 , 7 , 8 and HR01/HR13/HR17 & for Medics SOP01

Roster creation	Attachment 1 , 3 and the above Operational Summary
Approval and publishing of the roster	Operational Summary above and Roster Timetable
Utilisation of contracted hours	Attachments 1 , 6 and the net hours guidance video here
Monitoring, maintenance and audit	Attachments 1 , 3 , 4 and the operational summary) audit process is detailed in section 10

5.1 All employees and workers must adhere to the Trust Anti-Fraud and Anti-Bribery Policy [GP_02_policy_printable_version.pdf \(xrwh.nhs.uk\)](#); and guard against fraud and bribery, any suspicions of fraud/ bribery must be reported in line with the policy. Where an objective investigation has found evidence of fraud, bribery or corruptions; the range of available sanctions that may be pursued includes:

- criminal prosecution. The LCFS will work in partnership with the Trust, the police and/or the Crown Prosecution Service to bring a case to court. Outcomes can range from a criminal conviction to fines and imprisonment;
- civil action can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs. including action to freeze assets and recover losses;
- disciplinary action by the Trust where an employee is suspected of being involved in a fraudulent or illegal act; and warranted, staff may be reported to their professional body as a result of a successful investigation/ prosecution.

6.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

7.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
x	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include: <ul style="list-style-type: none"> • • •

8.0 Maintenance

The policy will be maintained by the E Rostering Manager in conjunction with stakeholders for relevant staff groups.

9.0 Communication and Training

Staff with specific roles and responsibilities associated with this policy will receive training as part of their local induction.

Ongoing training, advice and support will be provided by the E-Roster Manager and Support Team as appropriate.

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
<p>Key performance indicators:</p> <ol style="list-style-type: none"> 1. Percentage of clinical staff on Optima (90%) 2. Percentage of Rosters approved 6 weeks in advance (80%) 3. Percentage of system generated Rosters 4. Number of planned verses delivered hours (2% pro rata basis) 5. % staff unavailability 	Head of Resourcing	<p>Reports are run from raw data in Allocate Optima, Allocate rosterperform and ESR BI reports. Data is validated and used for the rostering teams Key Metrics Report. This data is used for auditing, information and trust reports such as People and Operation Workforce Group/People Committee and The</p>	Quarterly	Data will be provided as part of the People and Operation Workforce Group/People Committee

<p>(Annual leave 15%, sickness 3%, study days, 2%)</p> <p>6. Number of additional duty hours created (avoidable costs)</p> <p>7. % of roster unfilled</p> <p>8. % of bank hours used</p> <p>Payroll accurately reflects hours staff have worked</p>		<p>Management Committee.</p> <p>Reports with less change such as % of staff on Optima are ran in line with roll out milestones.</p> <p>This is because there should not be a large fluctuation in this figure unless a roll out is in progress. The E-Rostering Key metrics report is available on request.</p>		
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11.0 References

- 10.1 [Agenda for Change Terms and Conditions of Service Handbook](#)
- 10.2 The Working Time Regulations 1998 – www.legislation.gov.uk
- 10.3 Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (Lord Carter Review, 2016) – <https://www.gov.uk/government/publications/productivity-in-nhs-hospitals>
- 10.4 NHS Improvement Good Practice Guide: Rostering – <https://improvement.nhs.uk/resources/rostering-good-practice/>
- 10.5 National Quality Board (NQB) Publication 'How to ensure the right people, with the right skills, are in the right place at the right time A guide to nursing, midwifery and care staffing capacity and capability' – <https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>
- 10.6 Levels of attainment and meaningful use standards for e-rostering and e-job planning <https://improvement.nhs.uk/resources/levels-attainment-and-meaningful-use-standards-e-rostering-and-e-job-planning/>
- 10.7 [Job planning the clinical workforce – allied health professionals](#) <https://www.england.nhs.uk/wp-content/uploads/2021/05/aps-job-planning-best-practice-guide-2019.pdf>
- 10.8 [FutureNHS – E-Rostering Toolkit Agenda for Change \(non medical\) staff](#)
- 10.9 [FutureNHS – Medical rostering toolkit](#)
- 10.10 <https://www.cqc.org.uk/guidance-providers/regulations/regulation-18-staffing>

Part A - Document Control

Policy number and Policy version: OP103 Version 4.0	Policy Title: Electronic Rostering Policy	Status: Final		Author: E Rostering Manager Chief Officer Sponsor: Chief People Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	Jan 14	J Oldbury	New policy to support electronic rostering
	2.0	Dec 16	E-Roster Manager	Policy review date. Amendments made.
	2.1	Oct 19	E-Roster Manager	Reviewed by Chief Nurse extended to March 2020 pending full review
	3.0	July 2020	E-Rostering Manager/ Resourcing Manager	Policy review date
	3.1	April 2022	E-Rostering Manager/ Resourcing Manager	Inclusion of Attachment 5.1 – SafeCare Red Flags
	3.2	May 2024	E-Rostering Manager	Extension
	4.0	Aug 2024	E-Rostering Manager	Full review - Amendments in line with ICB review and NHSE Toolkit
Intended Recipients: All staff utilising electronic rostering				
Consultation Group / Role Titles and Date: Heads of Nursing, Chief AHP, Chief Nurse RWT Nursing Midwifery and AHP workforce Group 23rd July 2024 Staff-Side – September 2024				
Name and date of Trust level group where reviewed		Trust Policy Group – September 2024		
Name and date of final approval committee		Trust Management Committee – September 2024		
Date of Policy issue		October 2024		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		Every 3 years – September 2027		
Training and Dissemination: All rostered areas are supported through the delivery of new user, bespoke and ongoing training sessions and materials.				

To be read in conjunction with:

[HR01 Work life Balance / Family Friendly Policy](#)

[HR03 Disciplinary Policy](#)

[HR05 Equality of Opportunity Policy](#)

[HR09 Employee Records Policy](#)

[HR13 Supporting and Managing Staff Attendance at Work Policy](#)

[HR16 Freedom to Speak Up Policy](#)

[HR17 Implementation of the Working Time Regulations](#)

[HR25 Expenses Policy](#)

[HR29 On-call Arrangements](#)

[HR31: Safe Staffing Policy](#)

[HR50 Study Leave Policy](#)

[HR51 Pay Policy \(AfC Staff\)](#)

[SOP01 Annual Leave Procedure for Medical and Dental Staff](#)

[SOP07 Engagement of Bank or Agency Nurses / Health Care Support Workers Standard Operating Procedure](#)

[SOP08 Engagement of Temporary Workers Procedure](#)

[SOP12 Job Planning Procedure](#)

[SOP27 Procedure for Work Schedule Reviews and Exception Reporting for Doctors and Dentists in Training](#)

[OP41 Induction and Mandatory Training Policy](#)

[OP109 Conflicts of Interest Policy](#)

[GP02 Local Anti-Fraud, Bribery and Corruption Policy](#)

Initial Equality Impact Assessment (all policies): Completed Yes No Full Equality Impact assessment (as required): Completed NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904

Monitoring arrangements and Committee

Monthly KPIs through People and Organisational Development Committee

Document summary/key issues covered. This policy covers the standards required for the effective utilisation and management of the Trust's workforce through efficient electronic rostering.

Key words for intranet searching purposes

Rota, roster, allocate, optima, health roster, safecare, electronic rostering

OP103 Attachment 1 – General Roster Principles (non-medical)

1.0 Unit Establishment and Skill Mix

- 1.1 An agreed and funded staffing establishment is essential to delivering high-quality care.
- 1.2 Each unit must have an agreed total number of staff and skill mix for each shift, approved by the appropriate budget manager.
- 1.3 It is recommended that for each unit a headroom allowance is included in the unit budget to cover expected absence. This is 20% of the unit's staffing budget, for example:
 - Annual Leave 11-17% (ideal 15%)
 - Sickness 3.0%
 - Study Days 2%
 - Maternity, paternity leave, other leave and working day – headroom allowance not included
- 1.4 Capacity and demand must be reviewed at least every six months to align with the budget setting and workforce planning process. Establishment reviews may happen more frequently if a service need or risk is identified Any establishment changes require approval at the appropriate Chief Officer level.
- 1.5 In areas where the workload is known to vary according to the day of the week or other factors the planned staff numbers and skill mix must reflect this.
- 1.6 Each area must have an agreed level of staff with specific competencies on each shift/activity, to enable appropriate cover. For example:
 - IV administration
 - Taking charge of the shift
 - Ability to perform assessments and observations
 - Discharge competency
 - ACPT
- 1.7 Flexible working arrangements must be openly acknowledged, documented and reviewed at least annually in accordance with the [Trust's Flexible Working Procedure \(HR01 Work life Balance / Family Friendly \(Leave\) Policy\)](#).

2.0 Roster Ownership

- 2.1 All rosters must have a designated First and Second Approver who have collective responsibility for the ward, team, department or service roster.
- 2.2 The Roster Creator and First Approver must ensure that all contracted hours are utilised and that all staff are rostered for all of their working hours. The percentage of planned verses delivered hours must be within 8% of all employees contracted hours.

3.0 Roster Production

- 3.1 All rosters must commence on a Monday And be added in line with the [Rostering Timetable](#).
- 3.2 Shifts given a high priority on Optima must be filled first e.g. nights and weekends.
- 3.3 Rosters must be approved and published at least six weeks in advance of the roster start date.
- 3.4 All rosters must ensure that staff are rostered evenly throughout the week, across all shifts, keeping the need for temporary flexible workers to a minimum.
- 3.5 If all applicable shifts been assigned, but staff are still under their contracted hours, consideration should be given to annual leave and study leave levels.
- 3.6 Additional duties must not be created unless authorisation has been given by the matron or second approver, and should only be done as an interim measure prior to a template update. Alternatively, if a requirement has arisen that is outside of the department's budget, such as a one-off extra clinic then this may also need to be recorded as an additional duty.
- 3.7 All duties that are applicable to the member of staff (correct grade and skill) can be utilised if suitable. For example: An Early and a Late shift may be used instead of a Long Day if there are no LD shifts remaining.
- 3.8 Service needs take priority when creating a roster. Staff must be considerate of their colleagues and be aware of their contracted requirement.
- 3.9 There must always be at least two members of staff trained within the team to use Optima.
- 3.10 Duty and leave request must be submitted through Loop or EOL and approved electronically through Optima.
- 3.11 A maximum of 4 requests per individual per roster period is permitted (pro rata).
- 3.12 All rosters must be created in accordance with the Working Time Directive [HR17 Implementation of the Working Time Regulations](#)
- 3.13 All shifts/activity of over 6 hours in duration must include a minimum of 20 minutes unpaid break which must not be taken at the end of a shift, in line with Agenda for Change Terms and Conditions.
- 3.14 All shifts/activity over 8 hours and up to 12 hours must include a 30-minute break, which must not be taken at the end of a shift.
- 3.15 Night shifts/activity must include a 60-minute unpaid break if over 12 hours. –
- 3.16 All rosters must be finalised by the first approver on the first working day of the following month and the second approver on the second working day of the following month.
- 3.17 Changes to approved and published rosters must be kept to a minimum.

4.0 Approval and Publishing

- 4.1 The Roster Creator and, or First Approver are responsible for ensuring the roster is created in accordance with this policy.
- 4.2 The First Approver is responsible for partially approving the roster
- 4.3 The Second Approver is responsible for reviewing and either finally approving or rejecting the proposed roster.
- 4.4 If the Second Approver rejects the proposed roster the First Approver must review and amend the roster in conjunction with the Second Approver until agreement is

reached.

- 4.5 Once a proposed roster has been fully approved by the Second Approver the roster is published and available via Allocate Loop/EOL.
- 4.6 All rosters must be published at least 6 weeks in advance of the roster start date.
- 4.7 Escalation and adherence monitoring is done through the rostering team as per SOP Roster Approval Adherence attached.

5.0 Changes to Published Rosters

- 5.1 Prior to any changes to published rosters, agreement must be reached with the individual concerned.
- 5.2 If timesheets functionality is enabled, this must be monitored by management to ensure no misuse takes place and that the member of staff's working hours are not accruing too much toil.
- 5.3 All changes made after the roster has been approved are automatically marked for audit purposes with the sun icon.
- 5.4 Shift changes must be kept to a minimum. Staff will be responsible for negotiating their own changes once the roster is published, ensuring that the change in shift is like for like (grade and skill). These changes must be approved by the Roster Creator or First Approver.
- 5.5 All changes must be made with an equal grade and with consideration for the overall skill mix of all shifts being changed. The skill mix and patient dependency factors must be taken into consideration. If an equivalent pay band is not available then the shift change must be agreed with the Matron prior to its approval.
- 5.6 Where staff are allocated to a nursing student, shift changes must not occur without ensuring the student either changes with the staff member or is allocated to another suitable member of staff, that the student is aware of the change and that this change is recorded on the roster.
- 5.7 All updates to the roster must be made as soon as practically possible after occurrence or before the end of the shift, taking into consideration Payroll deadlines (this includes changes to shifts, times of attendance, late finishes, sickness and holiday).
- 5.8 The actual worked roster must be verified and locked down by the First Approver weekly ideally every Monday for the previous week.
- 5.9 Shifts added after roster approval will display an icon to identify this as a new change. Individual checks can be done on a shift-by-shift basis via the audit trail section of the information panel. Any duties cancelled are also visible on the roster.

6.0 Shift Patterns

- 6.1 Shift patterns and rules are entered into Optima and are unit specific. Generic guidelines are used where the unit does not have specified names. Some generic examples are: LD (Long Day), LN (Long Night), D (Day shift), N (Night Shift), E (Early Shift), L (Late shift), DO (Day Off) and OC (On-Call).
- 6.2 Where possible, personal patterns and service plans are used to automate the shift allocation process. This is done by having a pre-set pattern of shifts and/or activities attached to a unit or person. In some cases rotational and global patterns may also be used where appropriate. On Activity based rosters, standby shifts may also be used to pre-allocate a member of staff to be able to work. Add more?

7.0 Roster Unavailability

- 7.1 For each unit a headroom allowance of 20% is included in the budgeted establishment to cover total unavailability e.g. annual leave, sickness, study leave, other leave.
- 7.2 All requests for specific duties must be made using Allocate Loop (or employee online until it is sunset) and will be taken into consideration during the roster planning process.
- 7.3 All requests for leave must be made using Allocate Loop or Employee Online.
- 7.4 Service requirements must be prioritised over any duty or leave requests and should be taken into consideration when agreeing a flexible working pattern.

7.5 Annual Leave

- 7.5.1 For detailed information regarding Annual Leave Entitlements and calculation of leave please refer to the [Trust's HR01 Work life Balance / Family Friendly \(Leave\) Policy](#).
- 7.5.2 Where appropriate the annual leave allocation will not exceed or drop below the agreed weekly quota for each individual area of 11-17%.
- 7.5.3 Annual leave is to be requested electronically through Loop or Employee Online. Requests are to be made in line with the approval timetable as mentioned in the approval and publishing section. Department percentages of taken leave are displayed on the requests page and so staff should take this into consideration when making requests.
- 7.5.4 Emergency annual leave and short notice leave is to be requested as per the HR01 policy and in line with the department's local processes. The leave is then added manually to the roster. Each department may also choose to have its own locally agreed rules and restrictions for booking leave. This is not an exhaustive list, but some examples are: Maximum amount of leave booked/requested, Max leave booking per team or staffing group and restricting booking leave at certain times of year.
- 7.5.5 Annual Leave requests must be made via Allocate Loop or Employee Online. Paper or other electronic systems must not be used e.g. leave cards or Excel spreadsheets.
- 7.5.6 The Roster Creator must review leave requests on at least a weekly basis to ensure that they are approved in a timely manner e.g. not wait to approve annual leave until a new roster template is added.
- 7.5.7 When booking annual leave requests via Allocate Loop or Employee Online, staff must use the Annual Leave Calendar to view annual leave requests already submitted in the system to enable them to plan their leave accordingly.
- 7.5.8 Occasionally staff might have to request changes to their planned annual leave allocations. The Roster Creator and, or First Approver must be reasonable and accommodating when considering such requests providing they are within allocated resources and service delivery can be maintained.
- 7.5.9 Annual leave must be approved by the Roster Creator before any firm

holiday arrangements or payments are made. Staff are recommended to plan their annual leave in accordance with the [HR01 Work life Balance/ Family Friendly \(Leave\) Policy](#).

- 7.5.10 The Roster Creator and First Approver are responsible for the following processes relating to annual leave management.
- a. Approving annual leave in a reasonable and equitable manner, taking into consideration both planned and ad hoc staff requests and, or public holidays.
 - b. Calculating how many qualified and unqualified staff must be given annual leave in any one week with a defined limit for each band. An agreed number will be set and must be adhered to (detail given in [Attachment 2 – Leave Algorithm](#) and visible within the roster analyser). Staff must be made aware of the need to maintain this number constantly throughout the year.
 - c. It is recommended that an agreed annual leave threshold by band or role for their department is in place to ensure that adequate staffing is maintained and appropriate levels of annual leave are taken by staff throughout the leave year. Where necessary this may require the Roster Creator or First Approver to allocate annual leave, following discussion with the staff concerned.
 - d. Managers must Liaise with the E-Roster team and where applicable the ESR team to ensure that annual leave balances are updated with any changes to contracts, carry forward hours and continuous service. Uploaded balances can be checked using the HR Advisory Toolkit [HR Advisory Toolkit](#).
 - e. Bank holiday leave as per HR01 Attachment 10 must be used by the end of the annual leave year. If a member of staff works on a bank holiday, they are entitled to use that bank holiday leave for their next available annual leave episode. When staff have not rebooked their owed bank holiday allowance, managers may agree dates for this to be booked as per 5.10c for annual leave.
 - f. Managers must monitor bank holiday leave entitlement to ensure that it is adjusted when staff are off sick on a public holiday.
 - g. Discussing and agreeing with staff member prior to commencing maternity leave how leave will be taken e.g. before and, or after the maternity leave period. This annual leave and bank holiday leave must then be entered into the roster in advance so that this unavailability can be accounted for, in addition to the period of maternity leave.
 - h. Pre-arranged annual leave for new starters must be determined during the recruitment process and considered in line with service needs and existing requests and individual requirements.

7.6 Study / Training Days

7.6.1 Leave to attend training days must be assigned in accordance with the Trust's Study Leave Procedure ([HR50 Study Leave Policy](#)) and take account of mandatory and statutory requirements.

7.6.2 Rosters must be planned to ensure all staff attend the required mandatory

training.

- 7.6.3 Where study leave is less than daily contracted hours, staff must return to their rostered duty.
- 7.6.4 Where appropriate the study leave allocation will not exceed or drop below the agreed weekly quota for each individual area of 2% (detail given in [Attachment 2 – Leave Algorithm](#)).

7.7 Sickness

- 7.7.1 Sickness will be managed and reported in line with the Trust's Sickness Absence Management Policy [HR13 Supporting and Managing Staff Attendance at Work Policy](#)
- 7.7.2 Sickness absence will be recorded on the staff roster and at the time of notification.
- 7.7.3 Only one period of sickness must be entered for each episode of sickness.
- 7.7.4 On return from sickness, managers in line with the HR13 policy update sickness on the roster with the Return To Work date as well as the occupational health referral date if applicable.
- 7.7.5 Staff on returning from sickness must not have any overtime booked on the roster OR be booked on to any bank shifts for seven days.

7.8 Time Off in Lieu (TOIL)

- 7.8.1 Any time worked over and above their contracted hours must be sanctioned by the First Approver
- 7.8.2 Any time claimed back via time owing must be recorded and approved by the Line Manager.
- 7.8.3 TOIL must be agreed in line with the Trust's Time Off In Lieu Procedure ([HR01 Work life Balance / Family Friendly \(Leave\) Policy](#))
- 7.8.4 If a department has made the decision to pay a member of staff for accumulated toil. This must follow procedures through payroll and the E-rostering team must be informed.

7.9 Other Leave

- 7.9.1 For the specific types and durations and approval processes for special leave, please refer to the Trust's ([HR01 Work life Balance / Family Friendly \(Leave\) Policy](#))
- 7.9.2 All special leave requests must be recorded on Optima.

8.0 Flexible Working

- 8.1 Consideration will be given to requests for flexible working as per the Trust's Flexible Working Procedure ([HR08 Recruitment, Retention and Retirement](#)).
- 8.2 Any approved flexible working agreement must be formally documented and the E-Roster Manager and Support Team notified so that the arrangement can be built

into the roster. Where arrangements are agreed on a temporary basis, the rostering team must be informed of when this arrangement has ended.

- 8.3** The impact of flexible working arrangements on service delivery must be monitored and kept under regular review by the First Approver.

9.0 Overtime

9.1 Defined by Agenda for Change Terms and Condition of Service.

9.2 When an employee opts to work a shift that is surplus to their Trust contract there are factors that must be considered so that the correct overtime is assigned to the shift. Guidance for assigning overtime in Optima can be obtained via the E- Roster Manager and, or Support Team.

9.3 Before overtime is assigned to a shift the First Approver or Roster Creator must check to see if the member of staff owes the Trust any hours as this must be accounted for before assigning excess hours or overtime.

9.4 Overtime must be approved in line with the [Trust's \(HR01 Work life Balance / Family Friendly \(Leave\) Policy\)](#) and be the most cost effective option.

10.0 Starters, Leavers and Change of Circumstances

10.1 No changes will be made on Optima until the relevant HR documentation has been completed e.g. appointment, change form.

10.2 The E-Roster Manager will make relevant changes upon receipt of a Change of Circumstances form (located on the Intranet).

11.0 Staff Redeployment

11.1 During staff shortages it is accepted that staff will be required to work in other clinical areas to provide a safe and efficient service. It is recognised that staffing needs to be viewed as a whole e.g. cross directorate when staffing redeployment in a directorate is not possible. In inpatient areas this is undertaken via Safecare.

11.2 First and Second Approvers are responsible for the redeployment of staff at ward and directorate level to meet service requirements. Out of hours, the decision to redeploy staff will be made in conjunction with the Clinical Site / Duty Manager and will take into consideration staffing cross directorate, or unit dependencies and bed occupancy.

11.3 It is accepted that in the event of a major incident staff will be redeployed, taking into consideration their skills, to provide the best patient care. The Optima system will be used to manage workforce redeployment in the event of a major incident.

12.0 Use of Temporary Staff (Bank & Agency)

12.1 Units using the electronic roster system are able to identify substantive staff with unused contracted hours and must utilise these hours before booking temporary staff.

- 12.2 Temporary staff must only be used to cover unplanned absences, staff vacancies or unexpected service needs on a very short-term basis, unless prior approval is obtained.
- 12.3 Temporary staff must not be used for annual leave cover unless prior approval is obtained.
- 12.4 The redeployment of staff from other wards or units must be considered before assigning to Bank.
- 12.5 The use of temporary staff must be avoided on Bank Holidays unless prior approval is obtained from Matron, Lead Clinician or Head of Department.
- 12.6 All requests must be made with consideration for the overall competence and skill mix of the shift being covered.
- 12.7 The hours worked by temporary staff must be recorded and reported accurately within the electronic roster system via Temporary Staffing Team bookings.
- 12.8 Second approvers are responsible for ensuring that temporary cover is organised in the most timely, efficient and economical manner.

13 Useful Documents

[Rostering Timetable](#)

[Finalisation for First and Second Approvers](#)

[Units Not Finalised Report](#)

14. Useful Links

[Training Videos](#)

[Useful Documents and QRG](#)

[FAQ's](#)

OP103 Attachment 2 – General Roster Definitions

Contents

1. Roster Planning.....	1
2. Shift Types	3
3. Activity Types	4
4. Overtime and On-Call/Call-Out	4
5. Unavailability	5

1. Roster Planning

1.1 Establishment

Establishment is the budgeted staffing allocation for that department. The establishment should be assessed at least annually in line with the department’s financial review (annual staffing budget and Whole Time Equivalent).

1.2 Roster Templates

Roster templates contain the shift allocation for a department based on the previously entered budget and establishment information. The template is made up of various amounts of shifts and will need to be updated in line with departmental changes. For nursing areas this is updated at least twice a year in line with skill mix reviews. Once a template has been laid down, that template can be adjusted to reflect any adjustments within that (normally four week) period and this will not affect the master copy in the background. However, the opposite also applies in that any changes made to the master template will not impact roster templates already added. For that reason, it is best practice not to add more than four roster periods worth of templates unless that same template is guaranteed not to change.

1.3 Service Plans

Service plans are built for activity-based rosters. These plans are made up of various activity profiles which are reflective of the needs of the service. Service plans unlike templates are not added to the roster, instead any updated override the service plan that is already down. Unlike shift-based rosters which are looking at allocations directly to staff, activity-based rosters look at more of a service view. This means that you can have one requirement or activity that requires multiple people assigned to it to be safely staffed. Due to this, activity-based rosters are excellent in showing gaps in activity view as they have a traffic light system to show you when an activity is filled or still doesn’t meet its minimum requirement. Currently Service plans are used by some of our AHP and Pharmacy rosters, these will also be used by medics in the near future.

1.4 E-Rotas

E-Rotas are the planned requirements for junior doctors as part of their rotation. These are normally set in a format of multiple slots, which would reflect how many full-time doctors will be part of a rotation. For Less Than Full-Time doctors, they may require their own bespoke rota. Rotations vary in length but are often around three months. In some cases, a doctors' rotations will be planned over twelve months which enables smoother planning. E-Rotas only contain the planned work time, including any shifts that will enhance their pay such as unsocial shifts and on-call work. From the trust's E-Rota software, they can get their doctors work schedule which informs the doctor of their planned work pattern and pay. The E-Rota software also imports into Allocate Optima so that the doctors rotations can be put directly onto a live roster. This enables better planning, more visibility and far superior attendance and absence management.

1.5 E-Job Plan

Job plans are a document agreed by both the consultant/doctor and the department that details the medic's planned activity for the next 12 months. Unlike an E-Rota, this document is more detailed and goes over a number of areas other than Direct Clinical Care activity. It will also give information on planned Supporting Professional Activity and Additional NHS Responsibilities. Even areas such as private practice and activity at other trusts can be included within the plan. Job plans are signed off at three levels, these are normally by:

1. The Clinical Director
2. The Directorate/Group manager
3. The Chief Medical Officer.

The first two levels are mandatory, the third level isn't enforced, but greatly assists in improvement and best practice. While Job Plans are done at an individual level, they can also be used to link in to team or department-based job planning for more detail. Job plans can also give other information such as personal and organisation objectives and any requirements that the medic feels is needed for them to carry out their work.

Job plans, as with E-Rota can be imported into Allocate Optima. Combining job plans with rostering can be a fantastic planning tool and a big step towards improving processes.

1.6 Other types of rostering (Team based/self-rostering)

Over the years, rostering has been implemented in several unique ways across many trusts. To meet the demanding requirements of the many different departments that need rostering, sometimes a custom approach must be given to rostering. One of the popular forms of rostering being used today is team-based or self-rostering as it is sometimes known. This is a type of rostering that is similar to a regular shift based/roster template type roster. However, rather than being filled by management; the roster is filled by the department's own staff. This is done by allowing the staff to request their own shifts. Other protections can be put in place to ensure that these requests are balanced and don't cater purely to certain staff members.

2. Shift Types

2.1 Day shifts

Day shifts are shifts that start and end during daytime hours. These appear as a green box on the roster. Typical examples of this include D (Day) shifts, LD (Long Day) Shifts and E (Early) shifts. Shifts outside of these examples can be created and named according to the departments local naming conventions.

2.2 Evening Shifts

Evening shifts are shifts during the evening or twilight hours. These appear in the same green as day shifts. Common examples are L (Late) shifts or less commonly used T (Twilight) shifts. These can also be customised for local naming conventions.

2.3 Night shifts

Night shifts are a shift that can be used to define night hours or overnight shifts. These shifts are clearly visible as they are displayed in a dark green. These shifts normally incur enhancements and so are pay impacting. Most common examples are N (Night Shift) and LN (Long Night). These may also be adjusted for local naming conventions.

2.4 Rest shifts

Rest shifts are created to signify a day off from working and can be requested in Loop to request absence. These shifts are a dark grey and so are a clear indication that the member of staff is not working. Common examples are DO (Day Off) shifts OD (Off Day and Rest shifts).

2.5 Other shift types (not used as standard)

There are also a number of other shifts that may be commonly used in some areas, but very little in other areas. Some examples of these are:

- Combined shifts: These are a special type of shift that appear after combining two regular shifts. For example, on some rosters if you allocate an Early and a Late shift to a member of staff, this will combine into a Long Day.
- Responsibility shifts: Responsibility shifts are very different to a regular working shift. These shifts do not add to work time or net hours and function as purely a visual cue to say what a person is doing.
- Standby shifts: Standby shifts are placeholders that show someone is available to work a shift or activity. The standby hours do contribute to their net hours and work time, but the standby function allows it to be overridden by a shift or activity to show what was actually worked.
- Supernumerary shifts: Supernumerary shifts can be used for students, new nurses and other clinical members of staff that are not yet included in the established numbers of registered staff. Once the member of staff is deemed competent then regular shifts would be used to include them.

3. Activity Types

3.1 Direct Clinical Care

Direct Clinical Care (DCC) activity is any activity relating to the direct care of patients. Such activity may be used across different staffing groups, however certain staffing groups may have specific guidance or guidelines relating to its use. Allied Health Professionals for example may have (depending on their role) almost all of their contracted hours as DCC time. Whereas a consultant normally has around 75% of their sessions booked as DCC and 25% Supporting Professional Activities (SPA). This may differ for Less Than Full Time consultants and SAS doctors may have significantly less SPA than that. DCC activities are set up either through the job planning software or the reference data in Optima.

3.2 Non-Clinical Activity

Non-clinical activity is any activity not directly related to the clinical care of patients. This can be broken down further into the following categories:

- **Supporting Professional Activities**
SPA activity is defined by the BMA as “SPAs underpin clinical care and contribute to ongoing professional development as a clinician.” These activities may include things like teaching and training, appraisals and mentoring.
- **Additional NHS Responsibilities**
These are non-clinical activities that are linked to an additional role for that member of staff. For example, they could also be a Caldicott guardian, Clinical Director, Governance lead or have some other responsibility that requires significant time.
- **Other**
There are other non-clinical and clinical activities that may not fall under the above categories. Some examples are private practice and external duties. These should still be on the job plan, even if that person does not work for the trust during these activities.

4. Overtime and On-Call/Call-Out

4.1 Overtime

Overtime in rostering is any paid rostered time outside of that member of staff’s contracted hours. For part-time staff, this is paid at standard hourly rate up until the member of staff reaches full-time hours. Overtime for full time hours and above is paid at the enhanced overtime rate. In Optima, this is allocated by adding overtime to an individual shift, to differentiate how much of that shift is standard work time and how much of it is overtime. Please note that shifts hours over the contracted hours are not automatically paid and are treated as toil by default.

4.2 On-call/Call out

On-call shifts are a shift that represents a member of staff that must be available to be called into work. If they are called into work, then this is referred to as a call out. In non-medical a fee is paid for being on call and then the member of staff is paid if they are called out. In medical, call outs are divided into two categories, Level 1 is high urgency and will likely require the person to be on-site quickly. Level 2 is lower urgency and may require the Doctor to be available for a consult or advice.

5. Unavailability

5.1 Annual Leave & Bank Holiday

Annual leave is split into two pots, Annual leave and Bank holiday leave. This has been arranged due to the agenda for change average payments that only impact annual leave. Annual leave can be requested through Loop and EOL or it can be added to the roster manually. Annual leave allowances are either imported from ESR (Non-medical) or worked out locally with the department (Medical).

5.2 Sickness

Sickness is recorded through Optima. When selecting sickness you get the option to choose which S reason the sickness comes under, the return to work interview date and if a referral to occupational health is required. Sickness should always be recorded and updated live.

5.3 Study Leave

Study leave like annual leave can be requested through Loop and Employee Online. All mandatory training has its own individual sub reason, however there are also more generic options such as statutory or non-statutory sickness which can be recorded. It is advised to add a note to any generic reason so that this can be reported on and be tracked.

5.4 Parenting

Parenting contains maternity leave, paternity leave and adoption leave. All of these processes would be agreed foremost by local management and HR processes and then recorded on the roster once dates have been confirmed.

5.5 Working Day

Working day unavailability contains unavailability reasons that are related to being at work, but in some capacity different to your normal role. For example, you have 'admin day', this would not be relevant to an admin member of staff as all of their days are admin days. However, if you were a clinical member of staff, this would help you to roster time where you are unable to work clinically and have set aside time for administrative purposes. Another example is trust induction, this is used as an

unavailability rather than a shift because it is essentially a form of training. During this time you would not be available to work your normal job role (or work at the capacity of an experienced member of staff) and so using an unavailability negates that person from being counted in the numbers.

5.6 Other Leave

These reasons are used for a member of staff that is away from the workplace for reasons other than annual leave, sickness, parenting or study leave. Some of these examples include carers leave, medical and dental appointments, Phased Return and Time Off In Lieu. All of these should be used in line with HR policy and processes.

5.7 Unknown

The unknown section displays temporary placeholder reasons such as “Await Info and Potential Long-Term Sickness”. These should be updated as soon as the correct reason has been identified and these reasons should never be submitted to payroll.



OP103 Attachment 3 – Second Approver Roster Checklist (Nursing)

ROSTER PERIOD:	
WARD:	

	Week 1		Week 2		Week 3		Week 4	
Band 7 management time allocation based on budget allowance								
	Reg	Unreg	Reg	Unreg	Reg	Unreg	Reg	Unreg
Annual Leave 11-17%								
Study Leave 2%								
Sickness 3.24%								
Nights								
Skill Mix								

Comments / Actions:

Comments / Actions:	
First Approver Sign Off	Second Approver Sign Off
Signature:	Signature:
Date:	Date:

OP_103 Attachment 4 - Roster Creator Checklist

1.0 Checklist. The following checklist must be completed in line with the Roster Timetable. This checklist is a guidance document for departments and is not a compulsory requirement, but will support best rostering practice. This can be retained by the department as a monitoring and improvement aid.

	Action	Roster Creator	First Approver	Second Approver
Planning	Duty and leave requests are considered and approved in line with service requirements			
	Annual leave is evenly distributed and in line with headroom (15.0%)			
	Study leave is evenly distributed and in line with headroom (2.0%)			
	Review total unavailability in line with headroom (20.0%)			
	Review unavailability is reflecting correct daily and weekly hours			
Roster Build	Run Auto Roster: Personal and Shared Patterns			
	Run Auto Roster: Nights (if applicable)			
	Run Auto Roster: Days (if applicable)			
	Run Auto Roster: Individual Pass and Final Individual Pass (If required)			
	Manually assign remaining vacant duties			
Review & Compliance	Review staff's Hours Left column (over/under hours for current roster period)			
	Review staff's Net Hrs Left column (cumulative over/under hours)			
	Check required skills covered (if required)			
	Check there is a Nurse in Charge on each shift (if applicable)			
	Review warnings and adjust duties accordingly			
Analyse & Approve	Review Roster Analyser and re-work as/if required to ensure compliance against the metrics; Budget, Unavailability, Safety, Effectiveness, Annual Leave and Fairness			
	Where compliance is not achievable, roster note(s) added			
	Unfilled duties reviewed and sent to Bank (Band 8/Second Approver for nursing/midwifery areas) if unable to assign to substantive staff			
	Roster is partially approved by the First Approver			
	Roster is fully approved by the Second Approver			

Daily / Weekly Checklist for Roster Creators

Action	Daily	Weekly
Monitor shifts rostered versus staff attendance		
Adjust times if altered		
Add unavailability in real-time and check correct hours reflected in 'work time'		
Assign overtime as agreed and worked to the applicable shift		
Assign call-out after completion		
Extend sickness absence on receipt of doctors note		
Cancel unfilled duties		

OP_103 Attachment 5 SafeCare

Key Messages

1. Ensure wards are adequately staffed according to approved shift plans.
2. Ensure skilled staff are in place on each inpatient ward area to ensure optimum care.
3. Escalate shortfalls by liaising with matrons or the on-call out of hours.
4. Ensure all inpatient wards update SafeCare within appropriate time-scales.
5. Directorate/Divisional representation at staffing and safety meetings to look ahead to ensure organisational overview.

Scope

This addendum to policy OP103 is to be applied to all inpatient areas within adult settings (except ICCU).

Purpose

The purpose of this addendum to policy OP103 is to provide effective support to those staff who have responsibility for ensuring safe staff decision making on a shift-by-shift basis. It addresses the following questions:

1. What to do when there is not enough staff on shift to maintain patient safety?
2. How to escalate when there are concerns?
3. How can we make decisions to move staff appropriately?

Definitions

1. **HON – Heads of Nursing**
2. **RN – Registered Nurse**
3. **SNCT – Safer Nursing Care Tool**
4. **NIC – Nurse in Charge.**

Duties and Responsibilities.

All Staff

Patient acuity totals and staff attendance data for inpatient areas will be entered into SafeCare, which is a module of Allocate Optima (appendix 1). It is the responsibility of the Nurse in Charge (NIC) to ensure that it is entered daily for each Census period as per the agreed time frames (appendix 2). The data can be entered by any individual who has the appropriate permissions to access the system. The initial patient data should be entered within the two 90 minute census period windows agreed (appendix 2). All data entered prior to the agreed times will be considered predictive. Data entry is monitored by Senior Sisters/Charge Nurses, Matrons and Heads of Nursing/Midwifery to ensure that all data required has been entered as per the agreed Census period entry time in appendix 1, and where relevant, challenge the levels of a patients acuity, staff attendance and 'take charge' details.

Areas using SafeCare need to maintain their rosters live, which means:

- Roster is up to date with all shifts entered for staff due on duty, including additional hours and bank staff.
 - Recording of reported unavailability/absence of staff due on duty.
 - Adjusting shift start/end times as required.
 - Live redeployment of staff, on a shift by shift basis.
 - Ensuring adequate 'take charge' cover is completed within the system.
-
1. All 'in charge' staff, with appropriate access permissions to the system, will be responsible for ensuring staffing issues are escalated to their line manager. This includes reporting episodes where staffing falls below plan, this should be done via the 'professional judgment' option in SafeCare. See appendix 3 for escalation process.
 2. To ensure patient safety, all staff must be aware that they may be asked to move to another area if required, this includes all staff working for the Trust. Staff skills and experience will be taken into account for any proposed move.
 3. Staff receiving reports of staff sickness/absence who have appropriate access permissions to the system should enter this data to the 'unavailability' section within SafeCare.
 4. Attend roster scrutiny meetings as necessary when requested to do so to review reports on staffing issues and shortfalls in data entry to SafeCare.

SafeCare Data Entry and Analysis

Maintain Data

Patient acuity data is entered as totals for each acuity level, onto the SafeCare system (appendix 1). It is the responsibility of the Nurse in Charge to ensure that it is entered for each Census period as per the agreed time frames (appendix 2). The data can be entered by any individual who has the appropriate access permissions to the SafeCare system. All data entered prior to the 90 minute window will be considered as predictive. Data entry is monitored by Senior Sisters/Charge Nurses, Matrons and Heads of Nursing/Midwifery to ensure that all data required is entered (appendix 1). This data will be entered as per the agreed Census period entry time (appendix 1), and where relevant, the levels of a patients acuity, staff attendance and 'take charge' details may be challenged.

Maintaining Rosters

Notifications of unavailability/absence reported to ward areas will be entered to SafeCare via the unavailability option by a staff member with appropriate access permissions to the system.

Decisions on redeployment of staff between departments will be maintained by the Matron, Senior Sister/Charge Nurse or their nominated representative. A member of staff with appropriate access permissions to the system can enter the details of the redeployment to the SafeCare system.

Out of hours redeployment will be maintained by the on-call Manager and the Senior Site Team. A member of staff with appropriate access to the SafeCare system can enter the details of the redeployment to the SafeCare system.

Escalation process and RAG rating details are detailed in appendix 3.

Analysis

Data will be reviewed by the Chief Nurse, Heads of Nursing and Matrons to analyse possible trends to assist in biannual establishment reviews.

This same data will be made available to all departments that are recorded on SafeCare so they are able to monitor their own compliance and analyse the data to ensure that they are using the system effectively.

Appendix 1

SafeCare 'critical data'

Initial entry requirement:

- Entry made to the appropriate census period window, as detailed within appendix 2.
- Entry of Patient acuity; acuity decisions are to reflect SNCT training and guidelines.
- Entry of area specific notes to reflect/support current ward level activity.
- Completion of staffing attendance for every shift falling within the respective census period.

Appendix 2

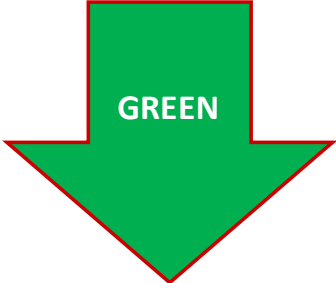
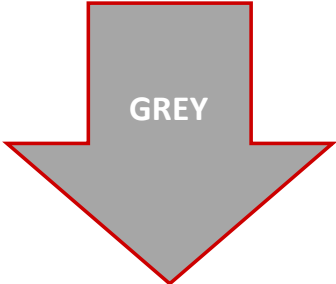
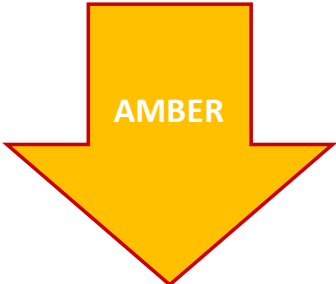
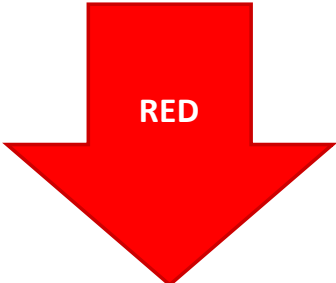
Census Period Name	Census Period Time	Census Period Entry Time
Long Day	8:00am – 19:59	7:00 – 8:30
Long Night	20:00 – 7:59am	19:00 – 20:30

Details entered to the SafeCare system outside of above 'Census Period Entry Time' will be considered 'predictive' and ward area will automatically flag a RED status on the SafeCare system.

Appendix 3

General Escalation Process in relation to Staffing issues.

Staffing levels for each inpatient area will be RAG rated on SafeCare in terms of safety using a Red, Grey, Amber and Green rating. The table below shows the appropriate escalation process to follow if the ward area rates Amber or Red.

RAG RATING	ESCALATION IN HOURS	ESCALATION OUT OF HOURS
	NO ESCALATION REQUIRED	NO ESCALATION REQUIRED
	NO ESCALATION REQUIRED	NO ESCALATION REQUIRED
	SENIOR SISTER/CHARGE NURSE ESCALATES TO MATRON OR DESIGNATED REPRESENTATIVE	SENIOR SISTER/CHARGE NURSE/NURSE 'IN CHARGE' ESCALATES TO ON-CALL MANAGER
	SHOULD THE RED RAG RATING REMAIN UNMITIGATED, ESCALATE TO HEAD OF NURSING. WHERE THE RAG RATING CAN STILL NOT BE MITIGATED, THIS IS TO BE RAISED TO DEPUTY/CHIEF NURSE.	SHOULD THE RED RAG RATING REMAIN UNMITIGATED, THE ON-CALL MANAGER SHOULD ESCALATE TO THE EXECUTIVE DIRECTOR ON CALL.

THE ABOVE FLOW PROCESS MUST BE FOLLOWED IF ANY IN-PATIENT AREA (EXCEPT ICCU) HAS ANY SHIFT THAT IS AMBER OR RED. THE FOLLOWING PAGE INDICATES FACTORS, OUTCOMES AN ACTION APPROPRIATE FOR EACH RAG STATUS.

Category	Patient Factors	Staffing Factors	Outcomes	Required Action	Level
GREEN/GREY No Clinical risk due to staffing levels.	Expected patient numbers and acuity.	Planned staffing numbers available with identified appropriate senior staffing cover/'take charge' cover. All staff providing care with appropriate levels of skills for the service.	Staffing working at expected capacity. Staffing does not contribute to clinical risk.	No further action required, the situation must be monitored on an on-going basis.	Normal - optimal levels.
AMBER Staffing levels possibly contributing to a clinical risk.	Patients more acute/dependant than expected. Patient type not fitting patient criteria for the service (Outliers).	Staffing levels below plan. Staff working without required service specific skills. High percentage of temporary staffing who are not familiar with the service. Staff not able to work to full capacity.	Staffing may be contributing to a clinical risk. Staff will have to work above normal capacity to ensure patient safety. Datix incident form completed if staffing affects patient care.	Senior Sister/Nurse in Charge to escalate to Matron or on call Manager if out of hours . Ensure all electronic staffing systems are updated to reflect staffing, and any temporary staffing requirements are out to Bank. Consider redeployment of clinical staff working on non-clinical duties, managers working in a supervisory capacity. Datix incident to be completed if staffing affects patient care.	Minimum staffing levels

<p>RED</p> <p>Staffing levels likely to contribute to a clinical risk.</p>	<p>Acute increase in patient numbers and/or acuity.</p> <p>A significant number of patients not appropriate to the service.</p>	<p>Staffing significantly below plan.</p> <p>No appropriate 'Take Charge' Nurse identified on shift.</p> <p>Significant skills shortfall.</p> <p>High percentage of temporary staffing not familiar to service.</p>	<p>Staffing likely to be contributing to a clinical risk.</p> <p>Staffing significantly working above the expected capacity.</p> <p>Non-essential tasks likely to be compromised to ensure patient safety.</p>	<p>In addition to those actions highlighted at Amber, in hours Matron to escalate to HON. Out of hours the escalate to On Call Manager.</p> <p>Plan for mitigation put in place and recorded in the daily staffing meetings.</p> <p>Further plans for mitigation should consider; support from specialist Nurses, Nursing Educators, contact of staff on annual leave/study leave, consider appropriate support from other clinical areas to balance risk across the Trust.</p> <p>Where staffing issues cannot be mitigated, further measures must be considered such as closing beds, temporary relocation of staff from other ward areas, consider use of agency nurses.</p> <p>All incidents of unmitigated red shifts require a Datix incident report to be completed.</p>	<p>Mitigating action must be taken and owner identified.</p>
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OP_103 Attachment 5.1: Nursing Red Flags

The National Institute for Health and Care Excellence (NICE) guideline **Safe staffing for nursing in adult inpatient wards in acute hospitals** (2014) recommends red flags relating to adult inpatient wards.

Recommendations for the registered nurses on wards who are in charge of shifts are:

- Monitor the occurrence of the nursing red flag events (as detailed below) throughout each 24-hour period. Monitoring of other events may be agreed locally.
- If a nursing red flag event occurs, it should prompt an immediate escalation response from the registered nurse in charge. An appropriate response may be to allocate additional nursing staff to the ward or areas in the ward.
- Keep records of the on-the-day assessments of actual nursing staff requirements and reported red flag events to inform future planning of ward nursing staff establishments or other appropriate action.

Nursing red flags (note the Trust reports on the staffing red flags in bold below)

- Unplanned omission in providing patient medications. Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
 - pain: asking patients to describe their level of pain level using the local pain assessment tool.
 - personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration placement: making sure that the items a patient needs are within easy reach positioning:
 - making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- **A shortfall of more than eight hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (that is, the loss of more than 25% of the required registered nurse time).**
- **Fewer than two registered nurses present on a ward during any shift.**
- Note: other red flag events may be agreed locally.

NICE recommends monitoring to ascertain whether the ward nursing staff establishment adequately meets patients' nursing needs using the safe nursing indicators. These are indicators for which there is evidence that they are sensitive to the number of available nursing staff and skill mix. It is advised that data on these safe nursing indicators is continuously collected (using data already routinely collected locally where available) and the results of regular analysis considered.

The results of the safe nursing indicators should be compared with previous results from the same ward at least every six months. The comparisons should also consider the specific ward and patient characteristics (such as patient risk factors and ward specialty). Reported nursing red flag events should also be reviewed when undertaking this monitoring and prompt an earlier examination of the adequacy of the ward nursing staff establishment

The NICE guideline (2014) also recommends the following safe nursing indicators:

- adequacy of meeting patients' nursing care needs
- pressure ulcers
- medication administration errors
- missed breaks
- planned, required and available nurses for each shift
- falls
- nursing overtime
- high levels and/or ongoing reliance on temporary nursing
- compliance with any mandatory training

References:

National Quality Board, (2018) *An improvement resource for adult inpatient wards in acute hospitals*: Ed: 1. Available from: <https://www.england.nhs.uk/wp-content/uploads/2021/05/safe-staffing-adult-in-patient-appendices.pdf>

NICE (2014) *Safe staffing for nursing in adult inpatient wards in acute hospitals*. Available from: <https://www.nice.org.uk/Guidance/SG1>

2 Use of Red Flags within Safe Care

This will provide guidance on the correct procedure to follow when assigning a Red Flag to a clinical shift.

Red Flags should be applied to Safe Care by the Matron in Charge of the area.

2:1 Key Duties/Expected Outcomes:

- The nurse in charge/Ward Manager/Matron will systematically assess that all patient needs are being adequately met by the staff on duty through **SafeCare**.
- If the nurse in charge has concerns about the safety of the patients on the ward in relation to staffing levels then the Matron will be notified immediately.
- If necessary, the Ward Manager/Matron will apply a red flag until the risk can be resolved
- The Matron or a Senior Nurse will offer the necessary support to ensure the ward staffing levels remain safe.
- Once the issues have been resolved the Senior Nurse/Matron will close the red flag.
- If a Datix is submitted in relation to a staffing incident it should be highlighted whether this was a red flag event.

2.3 Procedure

Adding Red Flags to Safe Care using the **SafeCare** system:

- Click on the ward name on the left-hand side of the screen in order to display ward details screen;
- Click 'add red flag' in the top right-hand corner of the screen and ensure the ward name and the shift you are referring are highlighted;
- Using the drop-down boxes click on the event you wish to highlight as the red flag event;
- If you have not been able to resolve the risk, click open;
- Add an owner to the event;

- A drop-down box will enable you to record your actions;
- Click create to save and this will add the red flag to your acuity and dependency sheet and safe care wheel.
- Once the issue has been resolved click the resolved icon and the actions taken.
- If a Datix is raised then the number should be applied in the Red Flag notes.

Procedure for Escalating Red Flag Events once entered to the SafeCare system:

To ensure that all red flag events are escalated appropriately and action taken to mitigate the risk associated with the red flag:

- The Nurse in Charge/Ward Manager will inform the Matron of any potential red flag event during the day (08:00-16:00)
- The Ward Manager/Matron will add a red flag event to **SafeCare** if they are unable to mitigate the risks within the current ward nursing establishment or by redeploying staff in their areas.
- The Matron will inform the Head of Nursing that support is needed and the reasons why.
- Out of Hours – red flags will be raised and monitored via the On-Call Manager.

OP103 Attachment 5.2 – SafeCare Professional Judgements

1 Introduction

The National Institute for Health and Care Excellence (NICE) guideline **Safe staffing for nursing in adult inpatient wards in acute hospitals** (2014) begins with recommendations for the responsibility of an organisation to support safe staffing for nurses and the principles for determining nursing staff requirements.

Recommendations for the registered nurses on wards who oversee shifts are:

- Use a systemic approach, considering the ward; layout, size and expected patient turnover, staffing factors; nursing activities and responsibilities other than direct patient care, and the patient; needing the continuous presence of a member of staff, confusion, increased risk of clinical deterioration, etc., when making on the day assessments.
- Use a decision support toolkit (SafeCare) endorsed by NICE to facilitate the systemic approach to determining the nursing staff requirements.
- To use informed professional judgements to make a final assessment of nursing staff requirements, considering local circumstances, variability of patients' nursing needs and previously reported nursing Red Flag events.

NICE recommends that there are procedures in place for effective response to unplanned variations in predicted patients' nursing needs or the availability of nursing staff at any time during the day and night.

Consideration should also be given to the following principles when reaching a decision of a professional judgement:

- It is based on the subjective judgement of the lead nurse for that area.
- It takes into account the actual workload over a specific time period.
- It is inclusive of all activity, eg planned and unplanned workload

RAGG ratings

- **Grey** – safe staffing
 - Correct level of staff for patient acuity and dependency.
- **Green** – Excess hours
 - Underutilisation of staffing (90% or below)
- **Amber** – Early warning of staffing issues
 - Over utilisation of staffing (up to 105%)
- **Red** – Short of hours – action required
 - Over utilisation of staffing (over 110%)

Professional Judgements within SafeCare

- Highly Experienced Staff
- Newly Qualified Staff
- Bed Closer agreed (eg, IPC risk – add notes below)
- Green Elective Pathway
- HCA hours short
- ICCU: GPIC Standards met with current acuity & Shift Manager (SM)
- ICCU: Unit risk assess safe by Floor Leader (FL) – current acuity & Shift Manager (SM)
- Increased acuity & dependency
- No 'in charge' Nurse.
- Planned reduced bed occupancy.
- RN hours short
- Specials (1-1) (add notes below)
- Staffing issues (add notes below)
- Unexpected unavailability (add notes below)
- Note: other reasons and actions can be set up by the System Administrators.

2 Use of Professional Judgements within SafeCare

Professional judgements allow staff with appropriate access to override the RAGG rating for hours shortfall/excess in **SafeCare** Live.

2.1 Key Duties/Expected outcomes

When a professional judgement is applied, ward risk may be escalated or mitigated. A rationale must be given for this action and confirmation of any action taken and entered to the notes section of the professional judgement.

- The nurse in charge will assess staffing for the next 24hr period to ensure that there are sufficient designated registered nurses allocated for the shifts.
- The nurse in charge will systematically assess that all patient needs are being adequately met by the staff on duty through **SafeCare**.
- The nurse in charge will adequately escalate or de-escalate shifts according to their professional judgement, taking into consideration the ward, staff and patients.
- If the nurse in charge has concerns about the safety of the patients on the ward in relation to staffing levels, then the Matron/on-call Manager will be notified immediately.
- Discussions with Matron/on-call Manager on closing of bays or redeployment of staff.
- The Matron/on-call Manager or a Senior Nurse will offer the necessary support to ensure the ward staffing levels remain safe.

2.3 Procedure

Adding a Professional Judgement to **SafeCare** using the **SafeCare** system:

- Click on the ward name on the left-hand side of the screen in order to display ward details screen, ensuring you are on the correct date and shift;
- Click on 'Add professional judgement' in the top, right hand corner of the screen.
- Click 'Risk category'. Using the drop-down box select 'No issue', 'Risk escalated' or 'Risk mitigated'.
- Click 'Professional Judgement Override'. Using the drop-down box select either, 'Grey', 'Green', 'Amber' or 'Red' dependent on what you believe the ward should be RAGG rated to.
- Click 'Reason'. Using the drop-down box click on the reason why you want to highlight a Professional Judgement.
- Click 'Action'. Using the drop-down box select the action that has been taken.
- If you require a secondary action, click on 'Secondary action' and follow the same procedure as you would for 'Action'.
- Click in the 'Notes' section to add rationale and any supporting information.

If a ward is escalated to Red, then this would also require an additional Red Flag. To add a Red Flag please see OP103 Attachment 5.1. [OP_103_Attachment5.1.pdf](https://www.xrwh.nhs.uk/OP_103_Attachment5.1.pdf) ([xrwh.nhs.uk](https://www.xrwh.nhs.uk))

References:

National Quality Board, (2018) *An improvement resource for adult inpatient wards in acute hospitals*: Ed: 1. Available from: <https://www.england.nhs.uk/wp-content/uploads/2021/05/safe-staffing-adult-in-patient-appendices.pdf>

NICE (2014) *Safe staffing for nursing in adult inpatient wards in acute hospitals*. Available from: <https://www.nice.org.uk/Guidance/SG1>

OP103 Attachment 6 - Key Performance Metrics

Category	Metrics List	Description	Amber	Red	Notes
Safety	Unfilled Roster %	The Percentage of the rostered demand that is unfilled	10.0%	15.0%	The expectation is that this percentage will reduce further once vacant shifts have been filled by either new starters, temporary staffing or transfers (redeployments) from other areas.
	Shifts Without Charge Cover	The number of shifts that are missing charge cover	-	1	Staff that can take charge need to have the 'Take Charge' skill in Optima, otherwise the system will not recognise that they can take charge. Check that the staff have the correct skills and that the take charge shift is assigned to a person with the skill.
Fairness	Duties with Warnings %	The percentage of shifts that have a warning	5.0%	10.0%	Warnings occur when rules have been broken. Rules in Optima vary from WTD legislation rules, to Roster Policy rules and more local based rules e.g. maximum of 2 Band 6's on a shift.
	Changes since approval %	The percentage of shifts that have been changed after approval (publication)	25%	33.33%	Whilst changes to published rosters may be likely to meet service demand and, or staff absence, if this too high, this may indicate a high number of shift swaps which may then impact upon effectiveness and safety due to a different skill mix than planned
Effectiveness	Net Hours Balance %	The total net hours balance up to and including the date range being viewed.	5.0%	8.0%	A high figure usually indicates historic roster inaccuracies whereby staff haven't been assigned shifts and rosters haven't been maintained correctly. These would need to be investigated by viewing previous rosters to identify where the time owing/owed occurred. Note: A negative figure indicates hours owed back to the employee.
	Hours worked over contracted hours (4 week period)	The total number of hours that have been worked above staffs contracted hours for the 4 week period.	No thresholds		This figure could be either one person working over their contracted hours, or the total of several people. Staff may be assigned extra hours to work due to being previously under their contracted hours in a previous roster period. Note: This is not Overtime hours.

Effectiveness continued	Unused Contracted Hours (4 week period)	The total number of unused contracted hours (where staff haven't been assigned their contracted hours for the 4 week period).	No thresholds		This figure could be either one person working under their contracted hours, or the total of several people. Staff hours should always be accommodated for on the roster where applicable with unavailabilities for instances of sickness, maternity, leave or if they are terminating their contract. This figure will also show where staff are taking time off in lieu as a result of being over assigned hours in a previous roster.
	Additional Shifts	The number of additional shifts that have been created above the agreed establishment.	5	10	In exceptional circumstances, where a service may know about a planned increase in workload, there may be a need to create additional shift, however, they should not be created as standard rostering practice e.g. because there is not enough staff off on annual leave or to assign contracted hours to staff (in such instances provide staff with an opportunity to complete mandatory training or offer annual leave to those with high annual leave totals). Additional shifts that have been created should be looked at retrospectively to understand why additional shifts are required in that area and complete the action required to change practice or establishment in the area.
	Staff With Nothing Assigned	The number of staff with no assigned duties or unavailability in the period (excluding bank and agency duties).	-	1	All staff should have duties or unavailability assigned rather than nothing in the roster. Empty rosters indicate poor rostering.
	Wrong Grade Type	The number of shifts that have been assigned to a person of a different grade type	1	5	Duties with the wrong grade type should be kept to a minimum. Staff of the wrong grade type may not be qualified to perform the work assigned, or may be overqualified for the work assigned. This could have both safety and financial implications.
Unavailability	Total Unavailability %	The total percentage of time from substantive staff that are assigned an unavailability during the roster period.	17.0%	20.0%	The total unavailability should equate to the Trust Headroom of no more than 20%; Annual Leave 15% Sickness 3.24%, Study Days 2% Total less than or equal to 20%

Unavailability continued	Annual Leave %	The percentage of staff in post on Annual Leave	11-13.0% and 15-17%	Lower than 11% and greater than 17%	Trust target for annual leave target is 15% (system tolerance of between 11-17%). Annual leave approval should take in to consideration vacancies, other leave already approved and service requirements. Instances of high annual leave could be from new staff with pre-approved leave or annual leave approval being made before a high influx of leavers resulting in a higher than normal %. Periods of low annual leave for a fully established area will result in there not being enough shifts available to be assigned. The impact of too many staff off could result in bank, agency or overtime expenditure or worst case scenario, not enough staff available to deliver the required level of service and, or services cancelled as a result. The impact of not enough staff off gives an excess of staff in an area and may also result in a deficit later in the year impacting on service delivery.
	Sickness %	The percentage of staff in post on Sickness leave	2.0%	3.24%	Sickness leave includes any assigned sickness unavailability.
	Parenting %	The percentage of staff in post on Parenting leave	0.0%	0.0%	Parenting leave includes maternity, paternity and adoption leave.
	Study Day %	The percentage of staff in post on Study Leave	1.5%	2.0%	Study leave must be effectively managed across the year and within the service requirements. Too little study leave being taken can impact the skills retention of the staff, too many on study leave can result in staffing short falls on the roster and the inability to react to service changes.
	Working Day %	The percentage of staff in post on Non-clinical working day	0.0%	0.0%	Non-clinical working days in Optima capture a variety of options such as meetings, interviews, admin days. Staff working as supernumerary are also included in this unavailability.
	Other Leave %	The percentage of staff in post on Other Leave	0.0%	0.0%	Used to record other types of leave (paid, unpaid, authorised or unauthorised) not applicable to one of the other unavailability groups e.g. other leave due to armed forces, carers, bereavement leave etc.

Establishment	Budgeted WTE	Budgeted WTE from budget set in Optima for this rostered Cost Centre	No thresholds	The budget in Optima must match your finance budget. Budgets are provided to the E-Roster team on a yearly basis or where changes occur within the financial year, via a Change of Establishment form provided by the Associate Chief Nurse.
	Redeployed Hours	The number of hours where staff are working in another unit	No thresholds	Shows where staff from this unit are being redeployed to other units. If staff that are not required by their own unit are redeployed to another this means that staff are being utilised efficiently. However, if the redeployed hours are consistently high it may indicate that the unit is over staffed.
	Inbound Redeployed Hours	The number of hours assigned where the duty is resourced by this unit but is filled by a person posted to another unit	No thresholds	Shows where staff from other units are being redeployed to this unit. If required staff are being redeployed from another unit this means that staff are being utilised efficiently. However, if the inbound redeployed hours are consistently high it may mean that the unit has less staff then required to meet demand.

OP103 Attachment 7 - Working Time Directive Rules in Allocate Optima

	Staff that have <u>not</u> opted out of the Working Time Directive	Staff that <u>have</u> opted out of the Working Time Directive
Average Hours	<p><u>Threshold 1</u> All staff agree to work no more than 48 hours per week on average over a 17-week reference period</p> <p>Monitored by WTD Average Hours Per Week T1 Rule (set as a violation. However, staff that have opted out will bypass this T1 Rule)</p>	<p><u>Threshold 2</u> Opted out staff agree to work no more than 56 hours per week on average over a 17-week reference period</p> <p>Monitored by WTD Average Hours Per Week T2 Rule (set as a violation)</p>
Maximum Weekly Hours	<p><u>Threshold 1</u> The maximum amount of hours that staff should work in any given week is 56 hours.</p> <p>Monitored by WTD Max Hrs Per Week T1 Rule (set as a warning)</p>	<p><u>Threshold 2</u> The maximum amount of hours that opted out staff should work in any given week is 70 hours.</p> <p>Monitored by WTD Max Hrs Per Week T2 Rule (set as a violation)</p>
Sufficient Rest	<p>All staff should get 11 hours rest in any 24-hour period</p> <p>Monitored by WTD Min Rest Per Day (set as a warning)</p>	
	<p>All staff should get a minimum of 20 minutes rest (unpaid) if working over 6 hours.</p> <p>Monitored by WTD Shift Requires Rest Rule (set as a warning)</p>	
	<p>All staff should get a rest period of at least 24 consecutive hours in a 7-day period or 48 consecutive hours in a 14-day period</p> <p>Monitored by WTD Min Rest In Ref Period Rule (set as a violation)</p>	

OP_103 Attachment 8 – Unavailability Algorithm

1.0 Annual Leave

- 1.1 The percentage of staff on annual leave at any time is between **11.0 to 17.0%**. The following examples illustrate how the algorithm is applied:

Example 1: Minimum leave assigned per staff group (11.0%)

Ward A has **21 WTE** registered and **7 WTE** unregistered staff.

Therefore:

$$\begin{array}{ll} 21 \times 0.11 = 2.31 & \mathbf{2.5 WTE} \text{ (round up to nearest 0.5 WTE)} \\ 7 \times 0.11 = 0.77 & \mathbf{1 WTE} \text{ (round up to nearest 0.5 WTE)} \end{array}$$

Example 2: Maximum leave assigned per staff group (17.0%)

Ward A has **21 WTE** registered and **7 WTE** unregistered staff.

Therefore:

$$\begin{array}{ll} 21 \times 0.17 = 3.57 & \mathbf{3.5 WTE} \text{ (round down to nearest 0.5 WTE)} \\ 7 \times 0.17 = 1.19 & \mathbf{1 WTE} \text{ (round down to nearest 0.5 WTE)} \end{array}$$

- 1.2 Please note: This leave percentage is based on WTE **in post** therefore as staff join and/or leave you will need to recalculate the above.
- 1.3 This algorithm must be used in conjunction with **HR01 Work life Balance / Family Friendly Policy** [HR 01 Attachment10.pdf \(xrwh.nhs.uk\)](#) to calculate annual leave entitlement.

2.0 Study Leave

- 2.1 The percentage of staff on study leave at any time is **2.0%**. The following example illustrates how the algorithm is applied:

Ward A has **21 WTE** registered and **7 WTE** unregistered staff.

Step 1: Convert to WTE $21 \times 0.02 = 0.42 \text{ WTE}$
 $7 \times 0.02 = 0.14 \text{ WTE}$

Step 2: Convert to Hours $0.375 \times \text{WTE per staff grade} \times 100 = \text{Total Hours}$

Therefore:

$$0.375 \times 0.42 \times 100 = \mathbf{15.75 \text{ total hours}}$$

$$0.375 \times 0.14 \times 100 = \mathbf{5.25 \text{ total hours}}$$

- 2.2** Where the study leave total hours calculation is less than the total hours of study, consideration must be given to the overall leave percentage per staff grade and a decision made to increase allocated hours as a combined grade total.