

Electronic Roster of Staff Policy

W14

Additionally refer to:

- Employee Wellbeing and Attendance Management Policy No: W22
- Equality, Diversity and Inclusion Policy No: W30
- Staff Internal Transfer Policy No: W18
- Flexible Working Policy No: W23
- Workforce Directorate Policy No: W19
- Workforce Directorate Policy No: W19 – Leave Policy Chapter 2: Annual leave
- Workforce Directorate Policy No: W19 Leave Chapter 5: New Parent Support Leave Procedure
- Workforce Directorate Policy No: W19 Leave Policy Chapter 6: Shared Parent Leave Procedure
- Workforce Directorate Policy W19 – Leave Policy Chapter 7: Parental Leave Procedure No: W19
- Workforce Directorate Policy W19 Chapter 8: Special Leave Procedure

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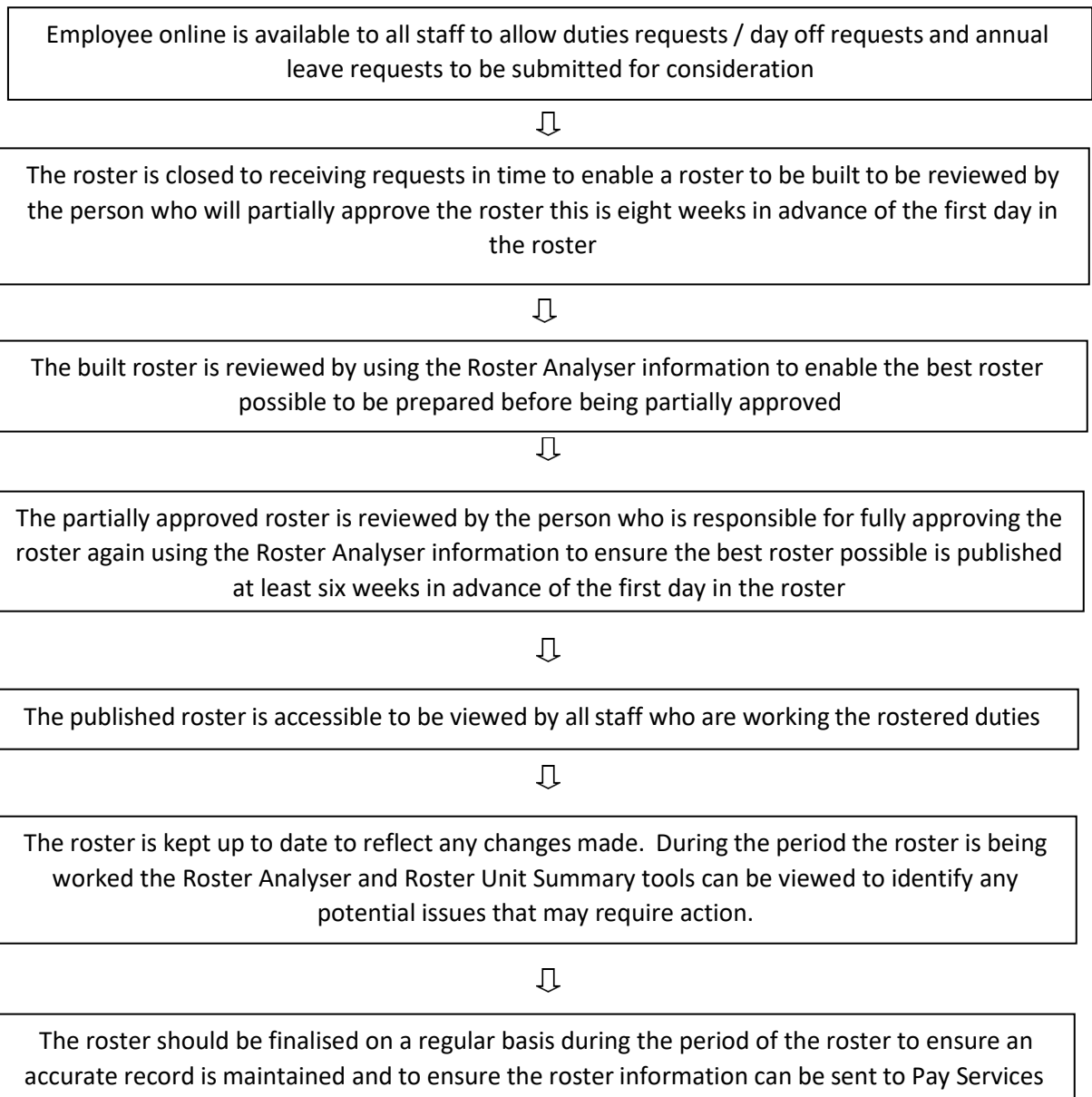
Contents

Section	Page
1. Policy on a Page	4
2. Scope	5
3. E Roster Responsibilities	5
4. Purpose of E roster policy	7
5. Real Time E Rostering	7
6. Benefits of using HealthRoster to manage working hours	7
7. Auto Roster	8
8. Unavailability metrics	8
9. Reporting	8
10. Key Roster Performance	9
11. Staff Requests	10
12. Annual Leave	10
13. Roster Rules	11
14. Working Time Directive	11
15. Recording information in a roster	11
16. Finalising a worked roster	12
17. Printing an approved roster	12
18. Templates	12
19. E Roster User accounts	13
20. Training	13
21. Review Process	13
22. Equality Impact Assessment (EQIA)	13
23. Process for monitoring compliance	14
24. References	14
Appendix 1 Levels of Attainment	15
Appendix 2 Check Sheet	16

1 Policy on a Page

1.2 This policy sets the standards and the process for building, maintaining, and finalising a roster using the electronic roster programme.

Flow Chart for building a good roster



2 Scope

- 2.1 This policy is to assist staff who use the HealthRoster software programme to build electronic rosters.
- 2.2 For departments who do not use HealthRoster to manage staff's contracted hours please refer to the Employee Wellbeing and Attendance Management Policy W22.
- 2.3 This policy should be read along with the HealthRoster user guides accessible on the e-Rostering page on the SaTH Intranet.
- 2.4 This policy complies with the Shrewsbury and Telford Hospital NHS Trust (SaTH) Policy for Equality, Diversity and Inclusion (W30).

3 E Roster Responsibilities

3.1 Trust Board

- 3.1.1 The Trust Board is responsible by overseeing this policy to ensure all persons who are directors and managers are responsible for the implementation of this policy within their division / department.

3.2 Directors

- 3.2.1 All Directors are responsible for the implementation of this policy within their divisions.

3.3 People and OD Directorate

- 3.3.1 The Director of People and OD has overall responsibility for this policy.

3.4 People Systems Governance Group

- 3.4.1 Implementing e-rostering software represents a significant change in culture for staff; therefore, board level leadership and engagement are vital for success.
- 3.4.2 The implementation and overseeing of this policy should form part of the remit of the People Systems Governance Group (PSGG). This governance structure will ensure that effective 'business as usual' (BAU) use of the software is sustained at a high standard.

3.5 Erostering Team are responsible for:

- Working with departments that already use the HealthRoster programme to provide managers with guidance on the use of the programme.
- Working with departments migrating to use the HealthRoster programme to record staff working hours.
- Creating and maintaining user guides for staff to have access to when using the HealthRoster programme.

3.5.1 The Erostering Teams contact details can be found on the Trust's intranet site.

3.6 Senior Managers (e.g, divisional level managers) are responsible for:

- Reviewing roster performance measurements on a regular basis.
- Reviewing demand templates on a regular basis to ensure these comply with the agreed establishment and budget.
- Ensuring an agreed process for managing establishment reviews and changing of templates by an appropriate governance route.
- Ensuring compliance of the policy within their scope of responsibility.
- Please refer to appendix 2 for a check sheet for items to review when fully approving a planned roster.

3.7 Persons who Fully Approve a planned roster (e.g, a department or ward managers manager) are responsible for:

- Ensuring rosters are fully approved by the deadlines set out in the Roster Approval Calendar i.e, fully approved six weeks in advance of the first working day of the roster.
- Reviewing the roster against the roster performance measures.
- Escalating as appropriate any roster issues to their manager.
- Ensuring rosters are fully finalised by the deadlines set out in the E Roster Calendar and Pay File dates. Failing to fully finalise a roster by a deadline may require a manager to complete manual time sheets to ensure staff are paid any enhancements and to ensure sickness is recorded correctly for reporting purposes.
- Identifying any supernumerary duties to be added to the template.
- Please refer to appendix 2 for a check sheet for items to review when fully approving a planned roster.

3.8 Persons who Partially Approve a planned roster (e.g, ward or department manager) are responsible for:

- Ensuring rosters are partially approved by the deadlines set out in the Roster Approval Calendar.
- Ensuring the roster is kept up to date and is an accurate record.
- Using the Roster Analyser to build a roster to the best of their ability.
- Identifying and sending any unfilled duties to Temporary Staffing to fill.
- Ensuring the roster is maintained as an up-to-date record of duties worked and unavailability recorded for the roster being worked.

- Reviewing on a regular basis the Roster Unit Summary for the roster being worked.

3.9 All Staff are responsible for:

- Accessing their Employee on Line account to request any annual leave or duty requests.
- Accessing their Employee on Line account to view their planned and worked rosters.

4 Purpose of E Roster Policy

- 4.1 This policy is published to support departments using the electronic rostering programme to achieve the highest level of attainment in e-rostering as detailed in the NHS Improvement National Levels of Attainment (appendix 1).
- 4.2 Open and transparent e-rostering processes, improve employee engagement, autonomy, satisfaction and can have a positive effect on staff retention.
- 4.3 Used effectively, good e-rostering can influence culture change and give staff the evidence they need to make changes at the front line. It gives an overview across the organisation, highlighting hotspots requiring intervention to ensure appropriate staffing levels.

5 Real-time e-rostering

- 5.1 E-rosters need to be updated as a live system and should always reflect the availability and deployment of all staff at any given time.
- 5.2 A department or ward manager has overall responsibility to ensure the roster reflects the actual hours worked and any staff movements to other areas. A manager can delegate this activity to a roster lead on a daily, or shift by shift basis, although the overall responsibility stays with the responsible manager.
- 5.3 Rosters need to be maintained up to date to enable daily staffing to be viewed in real time – staff, skills, patient acuity and dependency – to support evidence-based decisions on safe and effective staff redeployment to clinical areas.

6 Benefits of using HealthRoster to manage working hours

- 6.1 Using the HealthRoster programme should provide the following benefits:
 - Achieving safe staffing and meeting recognised levels of service agreements.
 - Supporting staff attendance in accordance with appropriate SaTH policies e.g., Leave, Managing Attendance and Employee Wellbeing and Attendance Management Policy.
 - Access to detailed information about staffing levels, such as skill mix which aids intelligent workforce planning and deployment of available resources to meet patient and service needs.

- effective management of budgeted establishments to drive efficiencies to reduce under and over staffing.
- Identify gaps in service and arrange suitable cover by using bank temporary workforce and reducing the agency expenditure.
- Improved use of staff through clear visibility of contracted hours and staffing levels to provide fair and transparent platforms across all services and activity.
- improved recording, transparency, and management of planned and unplanned non-working time, e.g., annual and study leave.
- payment of paperless staff timesheets through data being entered at source on e-rosters and finalised for payment.
- increased autonomy for staff as they can choose their duty and off duty and request leave via mobile devices.
- Publishing rosters 6-12 weeks in advance allows employees to better plan their work life and annual leave enabling flexibility as the situation changes daily and hourly, promoting the effective redeployment of staff to maintain appropriate staffing levels.
- Publishing rosters early also helps managers to identify gaps in service and arrange suitable cover in line with organisation policy.

7 Auto Roster

- 7.1 Departments are encouraged to use the auto roster functionality within the HealthRoster programme. Specifically, auto rostering is intended to allocate duties to staff taking account of roster rules in place, staff availability and meet any requirements for skilled shifts to be filled.

8 Unavailability metrics

- 8.1. To assist managers with ensuring appropriate staffing levels are observed unavailability metrics have been defined, as shown in the table below.

Category	Percentage
Annual Leave	15%
Sickness	4%
Study Leave	1.5%
Parenting	3.5%

9 Reporting

- 9.1 Information can be viewed and extracted from the e roster programme to have an overview across the organisation by e.g., day, week or month. This information can highlight hotspots requiring intervention to ensure appropriate staffing levels and efficient deployment of staff is achieved.
- 9.2 E-rostering KPIs and metrics should be integrated into operational management processes that are reviewed monthly and at board level. These include Roster Approval, Staff Unavailability, Net Hours, and Levels of Attainment criteria.

- 9.3 It is good practice to set up regular 'check-and-challenge' meetings to improve E-Rostering for all workforce groups. These should consist of senior clinical and operational staff who are responsible and accountable for approving e-rosters.

10 Key Roster Performance

- 10.1 HealthRoster displays a number of key roster performance measurements including budget, unavailability, safety, effectiveness, annual leave and fairness. These performance measurements are visible using the Roster Analyser function within HealthRoster. It is good practice to refer to these performance measures when a roster is being built, and when a roster is being partially and fully approved.
- 10.2 All duties worked should include a minimum of 20 minutes unpaid break if greater than 6 hours. Breaks are designed to provide a rest period as part of the working duty and as such may not be taken at the end of the duty as their purpose is to provide rest time during the duty. The actual break length may vary but must remain compliant with the European Working Time Directive (EWTD). Staff may not opt out of breaks.
- 10.3 In the event that staff are unable to take an unpaid break, the person's rostered duty must be amended to record no unpaid break was taken. Amending the duty to show no unpaid break was taken will be reflected in the figure showing within the Hours Left and in the Net Hours Left columns showing for the person.
- 10.4 Weekend duties are defined as Friday night, Saturday day or night, Sunday day or night and Public Holidays. Enhanced unsocial hours start at 20:00 hours. Enhanced Night hours start at 20:00 hours and end when the duty has been completed. Enhanced Saturday and Sunday hours start at 00:00- 23:59.
- 10.5 Staff should have at least a minimum of one weekend off per 4-week roster, ideally two in normal circumstances (unless they have agreed work patterns). Additional weekends off can be rostered if the department requirements allow. Staff may work more weekends if they specifically request to do so, and this is approved.
- 10.6 The maximum number of consecutive standard (07.30 hours) day duties (including Bank duties) recommended for staff to work is 6 duties. Staff may not breach the WTD rules of working more than an average of 48 hours in a week over a 17-week period (including bank work).
- 10.7 The maximum number of consecutive long (11:00 hours or greater) day duties (including bank duties) recommended for staff to work is 2 together followed by a day of rest, or 3 within a 7-day period. The WTD mandates there should be a minimum 11:00 hour rest break between duties. The maximum number of consecutive night duties recommended for staff to work is 3.
- 10.8 It is recognised staff working patterns may mean staff accrue or owe hours. This is displayed in the Hours Left column. The Net Hours Left balance should not exceed 15 hours at the end of a roster period.

- 10.9 It is the responsibility of the department manager to ensure hours owed to the Trust or to the staff member are managed to zero before a person moves on from substantive employment in their department. Where this is not possible, this should be communicated to the new manager so they can take this into account when completing the roster.
- 10.10 When a person is leaving the Trust the Net Hours Left balance should be communicated to Pay Services by the person's manager.
- 10.11 Managers should ensure any changes to a person's agreed working arrangements are recorded against the person in the roster.

11 Staff Requests

- 11.1 Rosters will be open to receiving Employee online requests up until 8 weeks in advance of the first working day in the roster. Employee online requests will not be able to be sent after this to allow time for the roster to be fully approved 6 weeks in advance of the first working day in the roster.

12 Annual Leave

- 12.1 It is essential that annual leave is appropriately planned throughout the year to maintain sufficient staffing levels. This will ensure that staff take regular rest periods and avoid excess leave accumulating at the end of the leave year.
- 12.2 Managing annual leave effectively throughout the year will mitigate the need for excessive additional temporary staffing. If a ward, department, or service line has too few staff taking annual leave every month, it will have a problem when staff request leave at the same time, leaving duties inadequately covered.
- 12.3 The e-roster programme allows for a maximum or minimum number of staff to be on leave. It will flag when too many or too few staff have been allocated to take leave.
- 12.4 Annual leave is calculated using the Trust's Annual Leave policy by the department manager.
- 12.5 Annual leave entitlement is recorded in Healthroster by the department manager. This is calculated in hours for all substantive staff and includes public holidays. Managers are responsible for keeping this information up to date as an accurate record.
- 12.6 The following table suggests how staff may want to take their annual leave during the annual leave year. This process is intended to improve staff wellbeing by ensuring leave is appropriately planned throughout the year. It is recommended that annual leave is managed in accordance with the Leave Policy Chapter Annual Leave (2022/2023) W19.

Date range	Suggested % of annual leave to be taken
1st April – 30th June	25%
1st July – 30th September	25%
1st October – 31st December	25%
1st January – 31st March	25%

13 Roster Rules

- 13.1 To assist with building and maintaining good rosters the electronic roster programme can be configured to highlight a duty or unavailability episode that triggers an alert indicator within each of the following categories.
- Availability
 - Employee on Line
 - Person Unavailability's
 - Shift Restrictions
 - Skills and Grades
 - Temporary Staffing
 - Unit Unavailability's
 - Work Contract
 - Working Restrictions
- 13.2 A list of the rule's settings within each of the above categories is accessible on the E-Rostering page on the SaTH intranet. Rules can only be activated or deactivated by the People Systems Team, and these are normally agreed as part of a departments go-live preparations.
- 13.3 Managers are encouraged to use the roster rules functionality and should contact the HealthRoster team for advice.

14 Working Time Directive

- 14.1 The electronic roster programme is programmed to highlight instances where the working time directive is breached at both the first threshold and second threshold stage. The criteria are 48 hours maximum weekly working time within a 17-week reference period to trigger the first threshold and 56 hours maximum weekly working time within a 17-week reference period to trigger the second threshold.
- 14.2 It is the responsibility of the department manager to manage their roster to ensure the WTD is observed.

15. Recording information in a roster

- 15.1 To enable a person to record information in a roster an individual will require a user account (see section 19).
- 15.2 Certain user accounts confer the ability to assign overtime payment against a duty. Any overtime payment will need to be made in accordance with the trusts policy on overtime to ensure appropriate compliance.
- 15.3 Managers are responsible for recording and finalising overtime payments for their staff. An individual cannot assign overtime payment against themselves and if necessary, this will need to be completed by their immediate manager.
- 15.4 An individual at a lower band cannot finalise any information for persons who have a higher banding.

16 Finalising a worked roster

- 16.1 Rosters should be finalised on a regular basis to ensure accuracy of workforce information. Finalising a roster is a significant activity as this is evidence of the information recorded in the roster. All information needs to be reviewed before it can be finalised.
- 16.2 Rosters should be finalised weekly as a minimum criterion. It is the responsibility of the department manager to ensure this is observed.
- 16.3 Rosters need to be finalised before the deadline for sending a pay file for the previous month as set out in the rostering calendar.
- 16.4 Once a roster has been finalised and the pay file has been sent to Pay Services to be processed the electronic pay file cannot be amended. If an error is recorded in a roster that has been sent to Pay Services the department manager needs to contact the Workforce Team, to unlock the duty to allow the manager to correct the error. The department manager will need to inform Pay Services if there are any pay implications.

17 Printing an approved roster

- 17.1 It is recommended an approved roster is printed regularly as a backup in the event of a system failure. These should be stored in a secure location in accordance with the trusts IG Governance policy.

18 Templates

- 18.1 A clear understanding of the service needs is a prerequisite of effective e-rostering. Without clarity about the demand for staff, a department won't be able to e-roster effectively.
- 18.2 The budgeted establishment and required ward, department, clinical areas and service roster templates must be aligned. They must be determined by factoring in headroom and regular reviews of staffing establishment. E-Rostering template staffing levels should be determined between finance and clinical departments. For any nursing and AHP establishments adjustments will need to be authorised by the director of nursing.
- 18.3 For nursing and midwifery, these reviews should use the National Quality Board (NQB) evidence-based guidance, which recommends acuity and dependency modelling tools. For other staff groups, the relevant guidance on safe/appropriate staffing levels published by Royal Colleges, Societies and other professional advisory bodies should be taken into consideration, in combination with local knowledge, experience, professional judgement and individual job plans.
- 18.4 Templates are built in HealthRoster by the People Systems Team in full collaboration with the department manager and should reflect the agreed budget.
- 18.5 It is the responsibility of the appropriate divisional senior manager to inform the People Systems Team if a change is required to be made to a template. Any change

to a template will need to be authorised by the appropriate Finance Lead before the change is made.

19 E Roster User Accounts

- 19.1 HealthRoster holds personal identifiable data. To ensure a person only has the required user privileges to perform any necessary activities each person who has access to HealthRoster will be assigned a user profile. There are different user profiles available, and the appropriate user profile will be confirmed by the users manager before being allocated against the user.

20 Training

- 20.1 To be able to use any programme effectively requires a person to know how to use the programme. As part of the preparation with supporting a department to go live with using HealthRoster, training will be provided to the department manager.
- 20.2 Staff who have responsibility for updating e-rosters should be trained and updates required include:
- recording sickness
 - changes to the start and end time of shifts
 - shifts that have been swapped or redeployed from/to other areas
 - requests for temporary staffing
 - requests for emergency leave
- 20.3 User training guides and video clips have been created and are accessible on the Erostering pages on the SaTH Intranet to all staff.
- 20.4 The People Systems Team aims to provide effective support and training to HealthRoster users as requested.

21 Review Process

- 21.1 This policy will be reviewed in 3 years or before if there are local/national or legislative changes.
- 21.2 In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the document without the document having to return to the ratifying committee.

22 Equality Impact Assessment (EQIA)

- 22.1 This policy applies to all employees equally who have an account to access HealthRoster or Employee on Line and does not discriminate positively or negatively between protected characteristics.

23 Process for monitoring compliance

23.1 Where action is required recommendations and action plans will be developed from the analysis and will be part of the reporting mechanism

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Roster effectiveness e.g., Roster Approval, Staff Unavailability, Net Hours Levels of Attainment criteria	Various Workforce reports	People Systems Governance Group	Regular	People Systems Governance Group

24. References

Legislation

Working Time Regulations 1998
Working Time Regulations UK 2020

Associated Documentation

NHS England and NHS Improvement - E-rostering the clinical workforce: levels of attainment and meaningful use standards

Associated Trust Policy

Employee Wellbeing and Attendance Management Policy No: W22
Equality, Diversity and Inclusion Policy No: W30
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All the above are available from the SaTH intranet site of the SaTH internet site

Appendix 1

Levels of Attainment

Each level of attainment is associated with meaningful use standards outlined in E-rostering the clinical workforce: levels of attainment and meaningful use standards.

Level 0 No attainment:

E-rostering software may be being procured or in place, but fewer than 90% of employees are fully accounted for on the system. E-rosters may be in place (e.g., paper-based or Microsoft Excel) but not recorded on dedicated E-rostering software.

Level 1 Visibility of the individual on the e-roster:

The organisation has procured E-rostering software, ensuring paperless payment mechanisms, and trained staff in its use. All contracted hours are recorded on the system, ensuring safe working hours and appropriate skill-mix. Organisation-wide policies detail the E-rostering process, ensuring consistent roster rules are applied. At least 90% of employees are registered on an e-roster.

Level 2 Timetabling:

The software is used to capture shift preferences and staff personal working patterns via remotely accessible application. The software can automatically generate rosters, with final roster publication at least six weeks before the roster start date. Unfilled shifts are identified through regular roster reviews. The software reports KPIs for use at all organisation levels. 22 | E-rostering the clinical workforce.

Level 3 Capacity and demand:

Teams analyse capacity and demand, using evidence-based tools where available. Team capacity and demand' meetings ensure rosters reflect service needs and team objectives. Software is used to report productivity and deployment metrics.

Level 4 Organisational E-rostering:

There is board-level accountability for monitoring E-rostering across all workforce groups, ensuring audit and review. Team objectives, departmental budgets and the organisation's objectives are aligned, so the organisation can respond dynamically to services' changing needs.

Appendix 2

Check sheet for when partially or fully approving a roster using the Roster Analyser

Number Action Yes / No

- 1 Check all shifts have been filled and the contracted hours are fully assigned.
- 2 Check annual leave hours are accurate and no anomalies.
- 3 Check sickness hours are accurate, and episodes of sickness have been recorded accurately.
- 4 Check staff leavers have been removed and the net hours adjusted accordingly.
- 5 Check staff starters have been added to the e-roster, supernumerary shifts have been entered and net hours adjusted accordingly.