HR POLICIES & PROCEDURES

ROSTERING POLICY

Effective Date: July 2017

Review Date: July 2019
<table>
<thead>
<tr>
<th><strong>Policy Title:</strong></th>
<th>Rostering Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Executive Summary:</strong></td>
<td>This policy sets out East Cheshire NHS Trust’s approach to the rostering of staff. This may be managed via HealthRoster, provided by Allocate or local paper / Excel based systems.</td>
</tr>
<tr>
<td><strong>Supersedes:</strong></td>
<td>Rostering Policy (2014 – update)</td>
</tr>
<tr>
<td><strong>Description of Amendment(s):</strong></td>
<td>Updated to reflect national guidance on Best Practise following the Carter review</td>
</tr>
<tr>
<td><strong>This policy will impact on:</strong></td>
<td>Staff and managers who work on rostered areas.</td>
</tr>
<tr>
<td><strong>Financial Implications:</strong></td>
<td>No change.</td>
</tr>
<tr>
<td><strong>Policy Area:</strong></td>
<td>HR</td>
</tr>
<tr>
<td><strong>Version No:</strong></td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Document Reference:</strong></td>
<td>ECT002850</td>
</tr>
<tr>
<td><strong>Effective Date:</strong></td>
<td>July 2017</td>
</tr>
<tr>
<td><strong>Issued By:</strong></td>
<td>Claire Macconnell</td>
</tr>
<tr>
<td><strong>Review Date:</strong></td>
<td>July 2019</td>
</tr>
<tr>
<td><strong>Author:</strong></td>
<td>Sarah Whelehan</td>
</tr>
<tr>
<td><strong>Impact Assessment Date:</strong></td>
<td>July 2017</td>
</tr>
</tbody>
</table>

**APPROVAL RECORD**

<table>
<thead>
<tr>
<th>Committees / Groups / Individual</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matrons, sisters, Rostering Team and the Bank Team.</td>
<td>July 2017</td>
</tr>
<tr>
<td>Terms &amp; Conditions Group</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialist Advice (if required)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Approved by Committees:</strong></th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management / Staff Side Partnership Forum SIRI Sub-Committee</td>
<td>July 2017</td>
</tr>
</tbody>
</table>
# Contents

1. POLICY STATEMENT .......................................................................................................................... 4
2. PURPOSE ............................................................................................................................................... 4
3. SCOPE .................................................................................................................................................. 5
4. COMMUNICATION .................................................................................................................................. 5
5. ROLES AND RESPONSIBILITIES .......................................................................................................... 5
   5.1 All Staff Groups ............................................................................................................................... 5
   5.2 Roster Users ......................................................................................................................................... 6
   5.3 Supporting Roles ............................................................................................................................... 7
   5.4 Management Responsibilities .......................................................................................................... 8
   5.5 Corporate Responsibilities .............................................................................................................. 9
6. PRINCIPLES OF EFFECTIVE ROSTERING ......................................................................................... 10
   6.1 Producing, Validation and Approval of Rosters ............................................................................... 10
   6.1.1 Skill Mix (Nursing Departments) ................................................................................................. 10
   6.2 Changes to Published Rosters .......................................................................................................... 11
   6.3 Starters, Leavers and Contractual changes ....................................................................................... 11
   6.4 Flexible Working .............................................................................................................................. 11
   6.5 Requests ........................................................................................................................................... 11
   6.6 Shift patterns .................................................................................................................................... 12
   6.7 Breaks during Shifts ........................................................................................................................ 12
   6.8 Annual Leave .................................................................................................................................. 13
   6.9 Study Leave ..................................................................................................................................... 13
   6.10 Sickness Absence .......................................................................................................................... 14
   6.12 Time off in lieu .............................................................................................................................. 14
   6.13 Bank and Agency .......................................................................................................................... 14
7. UNPLANNED SYSTEM FAILURE ........................................................................................................ 14
8. MONITORING COMPLIANCE ............................................................................................................ 15
   Appendix 1 Rostering timetable ........................................................................................................ 16
   Appendix 2 Example KPIs (as provided via the Monthly HR Service Line reports) ......................... 16
   Appendix 3 Rostering Audit Tool ...................................................................................................... 17
1. POLICY STATEMENT

East Cheshire NHS Trust (the Trust) is committed to providing high quality patient care within the local communities it represents. The importance of maintaining a stable workforce and regular attendance at work through workforce planning, recruitment and deployment is central to the delivery of these services. The Trust recognises the importance that effective rostering plays in the successful delivery of services. The Trust is committed to delivering safe, quality patient care by effectively managing its resources, including its workforce by implementing this policy.

This policy outlines the parameters of effective rostering in conjunction with the use of the Trusts electronic rostering systems or local manual systems.

The combined use of the systems will ensure that the Trusts patients are consistently cared for by staff who have been effectively and equitably deployed in line with service need, agreed staffing levels and, wherever possible, to ensure an effective work life balance.

The Trust has a duty of care to ensure the health, safety and welfare at work of employees. This is protected in both statutory and common law. Compliance with legislation in these areas is required from all employees. The key legislation is as follows:

- Health & Safety at Work Act 1974 and subsequent guidance
- Equality Act 2010 and subsequent guidance
- Data Protection Act 1998 and subsequent guidance
- Working Time Regulations 1998 and subsequent guidance
- Health and Safety Regulations e.g. RIDDOR 1995 and subsequent guidance

This policy should be read in conjunction with the following policies:

- Attendance Management Policy
- Annual Leave Policy
- Management of Temporary Workers Policy
- Working Arrangements Policy
- Work Life Balance Policy
- Working Time Regulations Policy
- Learning and Development Policy

2. PURPOSE

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

- giving guidance on the production of the rosters based on funded establishments agreed by the Heads of Service
- improving the utilisation of existing staff and reducing bank and agency spending by giving Senior Sisters/Department. Managers clear visibility of staff contracted hours
- ensuring that rosters are created and monitored fairly, consistently, and are fit for purpose, with the appropriate skill mix, in order to ensure safe, high quality standards of patient care
- improving the monitoring of sickness and absence by department and/ or individual, generating comparisons and identifying trends.
• improving the planning of unavailability shifts days e.g. annual leave and study leave
• enabling the legal requirements of the European Working Time Directive
• providing guidance to Roster users for the purpose of paying staff, sickness management and mandatory training and registration compliance
• support staff in understanding their rosters and where applicable the use of EmployeeOnline with the aim of helping staff feel valued as a resource, by ensuring there is a fair and equitable system in place to manage working time
• providing a mechanism of reporting to support the delivery of set Trust Key Performance Indicators (KPIs) (See Appendix 2)

3. SCOPE

The policy applies to all staff, excluding Medical and Dental, employed by the Trust who are subject to and/or responsible for the rostering of staff to provide patient care.

4. COMMUNICATION

Roster guidance documentation is available on HR Direct eRostering pages where it can be viewed or downloaded for circulation. All staff should be encouraged to access the documents via the HR Direct (or through paper copies where PC access is limited).

Guidance documentation, (including where appropriate, EmployeeOnline), should be made available to all staff as part of their local induction.

Process updates relating to ‘Best Practice’ and ‘Continuous Improvement’ will also be made directly to defined user groups through targeted training and support.

5. ROLES AND RESPONSIBILITIES

5.1 All Staff Groups

• ensure their own familiarity with this policy and associated procedures, referring to HR or eRoster team when clarification or support is required
• adhere to the requirements and purpose of this policy and the associated procedures and deadlines
• undertake training and maintain own competency necessary for effectively carrying out their role in the delivery of this policy

Note: The rostering roles below may be performed by a variety of clinical and administrative staff, as defined by each rostered area.

Where eRoster is in use, functional access to the system will be managed through user access controls by the eRostering Team. Other local arrangements may be in place for manual systems.
5.2 Roster Users

**Roster Creators** are responsible for creating and managing all Rosters in their defined area (in line with KPIs).

- considering all roster requests from staff, ensuring fairness and equity are applied in working patterns
- generate roster using AutoRoster, modify and manage gaps before submitting for for approval in line with the published Trust wide Roster Calendar
- ensuring that all contracted hours are utilised before creating additional shifts
- request temporary workers from Central Staffing when required, using the ‘Bank Request’ functionality of HealthRoster, ensuring the correct reasons are applied.
- bring any areas of concern to the attention of the Senior Sister/Dept. manager
- apply this policy in a fair and consistent manner
- support the Matrons/Dept. managers in promoting the highest possible standards for the management of staffing resources within the scope of this policy

**Roster Maintainers** are responsible for daily updating of all Rosters in their defined areas. Real time changes to planned rosters, due to shift swaps or unexpected absence need to be reflected in the eRoster.

**First Level Roster Approver**

Senior Sisters/Dept. managers are responsible for 1st level roster approval. They are also responsible for nominating roster creators and deputies within their areas.

1st level approval should:

- ensure the roster has been created in line with the defined responsibilities of the roster creator, achieving safe staffing of the ward
- approve where appropriate roster requests from staff, ensuring fairness and equity in working patterns
- ensure any rostering exceptions are justified in meeting service need and minimising cost and risk
- to consider budget constraints in all wards, units and departments.
- finalise payroll information on a monthly basis in line with the roster timetable

In finalising rosters for payroll, Senior Sisters/Dept. managers are required to confirm that all entries are accurate and are a true record of hours/shifts worked.

**Second Level Roster Approver**

Matrons/Dept. managers are responsible for 2nd level roster approval. 1st and 2nd level approval must not be undertaken by the same individual.

2nd level approval should:

- ensure the roster has been created and 1st level approved effectively
- be assured that any rostering exceptions are justified, meeting service need and minimising cost and risk
- finalise 1st level approver shifts for payroll.
5.3 Supporting Roles

Human Resources are responsible for supporting service lines in devising workforce plans to reduce agency spend across the organisation, as well as providing advice and guidance to staff on the application of the policy and processes. The Human Resources team are also responsible for auditing the effective implementation of the policy (see appendix 3).

Where manual systems are in place, local support arrangements may apply. Local systems may include paper rosters or excel spreadsheets.

eRostering Team are responsible for supporting service lines in the effective and efficient use of the eRostering systems including:

- HealthRoster; the central rostering application (Including interfaces to the Electronic Staff Record)
- HealthRoster BankStaff; the interfaced bank and agency management system
- HealthRoster Employee Online; the self-service portal for eRostered staff
- HealthRoster RosterPerform; the management information tool used to monitor performance and trends against KPIs and standards

All are provided by Allocate and hosted by MLCSU.

eRostering Manager is responsible for the delivery and support of the eRostering system. Responsibilities include:

- provision of an effective service to the organisation in line with this policy and the associated Standard Operating Procedures.
- support service users to realise the required business benefits of the eRoster system suite of products.
- escalation of KPI issues and EWTD breaches
- management and development of the eRostering team
- liaising with the Allocate Account Manager and/or Development Teams to understand ‘Best Practice’ and drive ‘Continuous Improvement’ agendas.
- defining, initiating and managing projects required to achieve continuous improvement.

eRostering Officer provides front line support to all eRoster users via email, telephone and face to face meetings. Activities include:

- user account management (including EOL)
- timetable compliance
- monitor planned Roster Changes
- operational Reporting
- data Quality control including, input error adjustments / amendments
- starters, leavers and contractual changes on the roster
- roster Maintainer actions
- maintain and update the eRoster pages on HR Direct as required
- training and development of eRoster users
eRoster Co-ordinator provides system administration and is responsible for data quality. Activities include:

- managing interfaces with ESR; Absence & Attendance
- managing interfaces with BankRoster
- executing Gateway process to ensure contract alignment with ESR
- complete monthly Payroll processes in line with deadlines
- audit and compliance processes to drive high data quality and user access compliance
- production of management reports
- production of KPI reports
- liaising with the Healthroster IT Support Team to resolve system issues as required.
- contribute to the development of the Trust understanding of ‘Best Practice’ and support ‘Continuous Improvement’ agendas.
- define and create processes and procedures for new initiatives
- project delivery for new or changed roster areas
- producing the Trust wide HealthRoster timetable
- ensuring the eRoster system remains appropriately configured in line with changing Trust structures and establishments

5.4 Management Responsibilities

**Head of Service/ Lead Manager**

- regular review of service line performance metrics
- ensure plans are in place to reduce the need for temporary workers i.e. workforce plans, effective annual leave and absence management processes.
- regular monitoring and review of ward establishment levels together with registered/unregistered staffing ratios, ensuring consistency with Royal College of Nursing Guidance on maintaining safe staffing levels in the Trust.
- preparing a case for change to ward establishment levels where activity is at variance with increased service demand, for executive review.

**Deputy Director of Operations**

- monitoring roster performance through eRoster KPIs
- holding Heads of Service to account for deviations from the policy and lapses in best practice
- reviewing audits and ensuring the development and implementation of appropriate action plans.

**Deputy Director of Nursing, Performance and Quality**

- monitoring service activity and demand in terms of patient occupancy and length of stay, against ward/departmental establishments and temporary staffing usage
- developing new models and supporting different solutions where required

**Deputy Director of Human Resources**

- development and communication of this policy
- monitoring and production of KPIs
- audit of policy compliance
5.5 Corporate Responsibilities

The Chief Executive has overall accountability for the implementation and monitoring of the use of policies in the Trust. Delegated responsibilities have been given to the Director of HR and Organisational Development for ratification of this policy.

Director of HR and Organisational Development has delegated accountability for the final ratification prior to the policy actually being implemented. The ratification will take place following a consultation and approval process.

Director of Nursing and Performance has delegated accountability for ensuring the wards are able to deliver safe quality patient care with appropriately skilled staff.
6. PRINCIPLES OF EFFECTIVE ROSTERING

6.1 Producing, Validation and Approval of Rosters

- A roster period runs from Monday to Sunday and covers a 4 week period. There will be 13 rosters per year.
- The Roster Calendar is produced by the eRostering Team annually and is accessed via the eRostering pages on HR Direct (see Appendix 1). It sets the timeframe for the rostering processes, taking into account payroll and reporting deadlines.
- Following creation and approval, the roster must be published at least 6 weeks in advance in accordance with the Trust Roster Calendar.
- 1st and 2nd level approval must not be undertaken by the same individual.
- All rosters must ensure that staff are rostered evenly throughout the week, across all shifts, keeping the need for temporary cover at night and weekends to a minimum.
- Service needs take priority when creating a roster.
- eRoster creators will only accept electronic shifts and annual leave requests via EOL.
- All rosters must be created in accordance with the European Working Time Directives.
- In line with the requirements for weekly pay all and reporting, all rosters must be finalised by 11am every Monday (Tuesday on Bank Holiday weeks) for the previous week.

Pre-authorisation review must take account of:

- Potential unsafe shifts.
- Shifts for which temporary staff are currently planned (roster creator and authoriser to discuss and, where possible arrange, for substantive staff to fill gaps to avoid the need to use temporary staff to fill gaps – which should be used only as a last resort).
- Shifts with violations or warnings as a consequence of agreed parameters being breached, especially under or over contracted hours.
- Roster periods where annual leave allocation is outside of the 11 - 17% parameters set within HealthRoster.

Staff must fulfil all their contractual hours in an 8 week period. Net hour balances should be reviewed prior to approval. If staff are over or under their contractual hours, their roster should be adjusted appropriately.

6.1.1 Skill Mix (Nursing Departments)

The shift templates will be built in line with budget setting and workforce planning.

There must be a designated person in charge for each shift who has been identified as having the required skills and competencies for a co-ordinating role. There should always be one Registered Nurse on duty from the ward establishment.

All departments will adhere to the escalation procedure indicating how to cover the ward in the event of unforeseen absences and will need to formally document the criteria if staff reallocation is deployed.
6.2 Changes to Published Rosters

It is the responsibility of the Senior Sister/Dept. manager to ensure that rosters are amended and kept up to date with additional shifts and non-clinical work shifts i.e. sickness, non-attendance, study leave, etc. Shift changes should be kept to a minimum.
All changes should be made with a similar grade/skill set and with consideration for the overall skill mix of all shifts being changed.

6.3 Starters, Leavers and Contractual changes

The Electronic Staff Record (ESR) is the master system for the management of HR and Payroll records. Using Manager Self Service, it is the line managers' responsibility to ensure ESR records are accurate and up to date.

New Starters:
Where eRostering is in use, the eRostering team will create new starters on HealthRoster on receipt of the start date and post information from the Recruitment Team. Annual leave entitlements will be input based on continuous service dates. The line manager will be notified when this has been completed.

Contractual Changes
Any changes made to staff records in ESR (via ESR manager Self Service or centrally) will be uploaded onto the eRoster using the ESR gateway. This process is carried out twice a month.

Leavers
In addition to processing the leaver on ESR, it is the line managers responsibility to notify the eRostering team. The team will end date on the roster and provide the manager with the Net Hours and annual leave position for final payroll calculations.

6.4 Flexible Working

Contracted and management agreed flexible working patterns will be set up in the rosters. Patterns agreed under the Flexible Working Policy will be reviewed by the line manager in line with policy.

6.5 Requests

A maximum number of requests will be calculated according to a member of staff’s hours of work.

<table>
<thead>
<tr>
<th>Contracted Hours</th>
<th>Requests per 4 Week Roster</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.5 – 37.5</td>
<td>4 Requests</td>
</tr>
<tr>
<td>19 – 28</td>
<td>3 Requests</td>
</tr>
<tr>
<td>9.5 – 18.5</td>
<td>2 Requests</td>
</tr>
<tr>
<td>0 – 9</td>
<td>1 Requests</td>
</tr>
</tbody>
</table>

One Request = one shift, i.e. early, late, night or day off. A long day is classed as 2 requests.
All requests must be considered in the light of service needs and the Senior Sister/Dept. Manager will endeavour, as far as possible, to meet individual requests.

Where eRoster is in use, Employee Online (EOL) is to be used to make requests for all types of leave, absence or shift requests. All staff must be aware that shifts requests will be considered but not necessarily routinely granted.

6.6 Shift patterns

Staff are required to work a variety of shifts and shift patterns agreed by their Senior Sister/Dept. Manager or as specified in their contract of employment. Although the Trust will seriously consider special circumstances in staff shift patterns, the needs of the service will take priority.

Although shift times may vary slightly across units, start and finish times for each shift must be standardised within units to ensure appropriate staff cover and skill mix. Staff will be expected to adhere to these times. Variations to these shifts may be worked in special circumstances but must be agreed with the Senior Sister/Dept. Manager. A written record of the flexible working arrangement will be kept for all variations in shifts and will be reviewed regularly, in accordance with service need.

The following principles are applied to all shift patterns:

1. A maximum of
   a. 2 long-days together
   b. 2 weekends rostered in a 4 week period
   c. 3 lates in a 7 day period
   d. 4 consecutive nights

2. A run of consecutive nights - should be followed by 2 day off

In line with the European Working Time Directive (EWTD) all staff must have:

- 24 hours rest in every 7 days or 48 hours rest in every 14 days.
- are entitled to a daily rest period of not less than 11 consecutive hours in each 24 hour period
- must not work more than an average of 48 hours per week over a 17 week period

Any staff wanting to opt out of this most complete EWTD Opt Out Waiver form which can be found on the HR Direct intranet and a copy must be kept in their personal file. Employees must suffer no detriment because they have exercised any of their rights under the regulations.

6.7 Breaks during Shifts

- shifts less than 6 hours there is no entitlement for breaks
- all shifts over 6 hours (up to 12 hours) must include a minimum of 30 minutes unpaid break
- within a 12 hour shift a 60 minute unpaid break must be taken
- breaks must not be taken at the start or end of a shift i.e. the first or last hour of a shift as their purpose is to provide rest time during the shift.
the person in charge of the shift is responsible for ensuring that breaks are planned and taken
if breaks are unable to be taken at an agreed time due to clinical need they should be taken as soon as possible after this point.
rest breaks are normally unpaid and should not overlap with a worker’s daily rest period. The trust does not expect staff to undertake any form of work during their unpaid break.
when in exceptional circumstances, there is a requirement to work during a break, this must be recorded on the roster and treated in line with the trust’s guidance for Time off in Lieu (TOIL) which can be found on the HR Direct intranet.

6.8 Annual Leave
Annual leave is allocated in hours for all members of staff (AfC) The Senior Sister/Dept. Manager is responsible for approving all annual leave, in accordance with the Trust’s procedures on annual leave. Each member of staff is responsible for booking their annual leave in accordance with departmental procedures through EmployeeOnLine.

Annual leave should not be approved if this will result in the shifts being sent to Nursebank for bank or agency fulfilment other than in exceptional circumstances (e.g. new starter, pre or post maternity leave).

- The Rostering target for percentage of staff on leave at any one time is 11-17%.
- A maximum of 14 consecutive calendar days of annual leave can be requested. Requests over 14 days need to be requested in writing to line manager.
- Where possible, all leave should be planned and booked in advance, at the start of the annual leave year i.e. by 1st April for AfC contracts based on the following suggested guide:
  - 25% of leave taken 1st quarter,
  - 50% next two quarters,
  - 25% last quarter

6.9 Study Leave
Study leave will be assigned in line with Statutory and Mandatory requirements and agreed personal development plans.

The Senior Sister/Dept. Manager should:
- Prioritise mandatory training requirements for staff which may include induction, updates, etc.
- Produce roster by ensuring staff have the required mandatory training
6.10 Sickness Absence

Sickness Absence will be managed in accordance with the Trust’s Attendance Management Policy.

Sickness absence on Healthroster is interfaced with ESR and as such needs to be an accurate reflection of the episode. It is uploaded to the ESR (payroll) on a monthly basis. Information will be sent between the 5th-9th of each month. There is no need to input sickness episodes directly into ESR. Sickness must not be entered as blocks if continuous but extended until the employee returns. Sickness absence must not be broken for bank holidays. Long Term sickness and Open Ended sickness must be extended each month to after the 10th of the Month until the employee returns to ensure the employees sickness period is not ended. Unavailability – sickness absence management guidance is available on the HR Direct eRostering pages.

6.12 Time off in lieu

Any time worked by staff over and above their contracted hours should be sanctioned by the Senior Sister/Dept. Manager and recorded on the roster. Staff cannot accrue or owe any more than a maximum of 14 hours. Time claimed back must be recorded on the roster as an unavailability shift.

6.13 Bank and Agency

Bank and Agency workers will be managed through Healthroster Nursebank, with unfilled shifts directed to the Nursebank electronically through the Healthroster system, once rosters have been approved.

Bank and agency workers cannot be used to take charge of a clinical area unless they are known to the area concerned, have been assessed as competent to do so, and are willing to take charge. This must be approved by the Senior Sister/Dept. Manager or Matron.

7. UNPLANNED SYSTEM FAILURE

To enable business continuity in the event of system failure, it is necessary that the roster is printed after each update and that all previous versions removed. This will ensure that each ward always has hard-copy access to the most up to date version of the roster. In the unlikely event that staff are unable to access Roster system, the hard copy roster will be updated manually until such time as the system is available.

- E mail update of the situation will be sent ASAP after the event
- Make note of changes made to live system since the last backup and make these changes on the paper roster
- Maintain paper roster for ongoing changes
- E mail updates will be sent once the system has been restored
- View roster, make changes required. Contact the eRoster Team if support is required
8. MONITORING COMPLIANCE

Compliance with the policy will be monitored against the Rostering timetable. Best practice data quality control will be monitored by the Rostering Team who will provide support to all roster creators and approvers. Standard monthly reporting will be produced in line with KPIs (see Appendix 2):
- Roster approval compliance
- Net hours
- EWTD breaches
- Annual leave %
- Temporary staffing

Overtime will also be monitored.
Appendix 1 Rostering timetable

<table>
<thead>
<tr>
<th>4 Week Work Period</th>
<th>ACTION</th>
<th>DEADLINE</th>
<th>Payroll Calendar</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From</td>
<td>To</td>
<td>Rosters Closed to Requests</td>
<td>Full Approval</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>07-Dec-16</td>
<td>03-Jun-16</td>
<td>14-Oct-15</td>
</tr>
<tr>
<td>2</td>
<td>04-Jun-16</td>
<td>31-Jan-16</td>
<td>16-Nov-15</td>
</tr>
<tr>
<td>3</td>
<td>01-Feb-16</td>
<td>28-Feb-16</td>
<td>14-Dec-15</td>
</tr>
<tr>
<td>4</td>
<td>29-Feb-16</td>
<td>27-Mar-16</td>
<td>04-Jan-16</td>
</tr>
<tr>
<td>5</td>
<td>28-Mar-16</td>
<td>21-Apr-16</td>
<td>08-Feb-16</td>
</tr>
<tr>
<td>6</td>
<td>25-Apr-16</td>
<td>25-Apr-16</td>
<td>07-Mar-16</td>
</tr>
<tr>
<td>7</td>
<td>23-May-16</td>
<td>19-Jun-16</td>
<td>28-Mar-16</td>
</tr>
<tr>
<td>8</td>
<td>10-Jun-16</td>
<td>17-Jul-16</td>
<td>03-May-16</td>
</tr>
</tbody>
</table>

Appendix 2 Example KPIs (as provided via the Monthly HR Service Line reports)

<table>
<thead>
<tr>
<th></th>
<th>Registered (RN)</th>
<th>Unregistered (HCA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff in post</td>
<td>22</td>
<td>10</td>
</tr>
<tr>
<td>Roster Approval days</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>No of days before roster period commences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Hours - under rostered</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>(owed to trust)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Hours - over rostered</td>
<td>17.2</td>
<td>12.5</td>
</tr>
<tr>
<td>(owed to staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>max threshold (staff in post x 7.5hrs)</td>
<td>165</td>
<td>75</td>
</tr>
<tr>
<td>Balance of hours prior to roster period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EWTD actuals</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Breaches in completed shifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual leave (last roster period)</td>
<td>18.3%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Annual leave (next roster period)</td>
<td>11.6%</td>
<td>4.7%</td>
</tr>
<tr>
<td>% of staff in post on/approved annual leave - target 11-17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank shifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of shifts on roster template</td>
<td>344</td>
<td>168</td>
</tr>
<tr>
<td>% of shifts sent to Nurse bank</td>
<td>12.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Fill rate</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>% of requests filled (bank/agency)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 3 Rostering Audit Tool

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Comment</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any work/life balance procedures for any person in the ward/department?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the request system used as per policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there 6 weeks of completed roster available for staff to view?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the ward/department have adequate handover time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are break time guidelines being followed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there evidence of annual review of existing work patterns?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are 3/12 of rosters available for requests?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does matron/Head of Department approve rosters?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is annual leave between 11-17%?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This audit tool should be used to monitor compliance of the rostering policy at least 6 monthly and should be completed by the Ward/Unit Manager. An action plan should be agreed for areas requiring improvement as recommended in the Carter Review.

**Ward/Department:**

Audit completed by:

Date completed:

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Comment</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the roster template been reviewed on a six-monthly basis to ensure it is current, realistic and reflects the staffing required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all the staff aware of the Rostering policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do the shift and break times conform to European Working Time Directives?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the approved minimum numbers of staff rostered for each shift?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the skill mix maintained?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have any staff been moved within the Trust to cover vacancies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is annual leave allocated as per policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is study leave allocated fairly as per policy?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>