

## Clinical Department Roster policy

Issue Date	Review Date	Version
September 2015	Extended to March 2022	5.1

### Purpose

The purpose of this policy is to ensure, as far as practically possible, that the staff resource is rostered effectively and fairly across the Trust in line with the agreed establishment with use of temporary staffing solutions reduced to the absolute minimum.

This policy describes the standards required of Clinical Department/Ward rosters to ensure a balance between the needs of the service and the needs of individual staff members and is essential to the provision of safe and effective care.

Please also note that the principles of rostering in this policy apply to all members of the team for a given Clinical Department/Ward so this would include any ward clerks, admin and general support staff that are part of the team.

### Who should read this document?

All managers

### Key messages

- **All rostering managers should ensure the rosters reflect what an individual has actually worked and ensure contracted hours are used within a roster period (4 weeks).**
- **All non-effectives to include sickness and annual leave should be updated on Healthroster and correct end dates entered.**
- **Staff competencies, personal details should be maintained on the system ensuring the Workforce Development Team are aware of changes for ESR**

### Accountabilities

<b>Production</b>	Workforce Business Manager
<b>Review and approval</b>	Deputy Director of Nursing
<b>Ratification</b>	Director of Human Resources and Organisational Development

### Links to other policies and procedures

Annual Leave; Maternity Leave; Adoption Leave; Study Leave; Sickness Management  
 Verification of registration policy;  
 Rostering IT Failure Contingency Plan  
 European Working Time Directive.

### Version History

1	August 2013	New policy updating Policy for Rostering & Electronic Rostering of Nursing & Support Staff (Clinical & Non Clinical) Published April 2011
2	October 2013	Amended following discussion at JSNC Policy sub-group. Section 11 bullet point 3 amended to refer to sickness policy.
	July 2014	Document extension agreed
3	June 2015	Reviewed and updated –
4	September 2015	Final amendments following further consultation – will need to be approved at JSNC
5	May 2016	Approved at JSNC

*PHNT is committed to creating a fully inclusive and accessible service.*

*Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.*

*We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.*

**An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.**

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## **1 Purpose, including legal or regulatory background**

The purpose of this policy is to ensure, as far as practically possible, that the staff resource is rostered effectively and fairly across the Trust in line with the agreed establishment with use of temporary staffing solutions reduced to the absolute minimum.

This policy describes the standards required of ward/departmental rosters to ensure a balance between the needs of the service and the needs of individual staff members and is essential to the provision of safe and effective care.

Please also note that the principles of rostering in this policy apply to all members of the team for a given Clinical Department/Ward so this would include any ward clerks, administrative and general support staff that are part of the team.

## **2 Definitions**

For the purposes of this policy, the following definitions apply:

### **2.1 - Employee on Line**

This is an on line application that all staff can access via an account set up by The Healthroster Team allowing annual leave and requests to be sent straight to the rostering manager.

### **2.2 Rostering Programme Board**

The Board sets the strategic direction and work plan for the Healthroster rostering system. This includes rollout throughout the Trust and resolving any strategic issues highlighted within the Trust, including agreeing business plans for the purchase of system upgrades, improvements and additional functionality.

**2.3** Healthroster is the term used to cover electronic rostering (eRoster)

**2.4** Electronic Staff Record (ESR)

## **3 Duties**

### **3.1 - Trust Board and Chief Executive**

The Trust Board has overall responsibility for ensuring that an adequate and effective process for providing effective and efficient rostering is provided throughout the Trust. The Trust Board maintains and reviews the overall strategic direction and workplan to ensure the Healthroster system is delivering safe and effective rostering within the financial envelope.

The Trust is committed to and strongly supports the Working Time Regulations. All rotas and working patterns must be compliant with the regulations as detailed in the Working Time Regulations Policy and the Agenda for Change Terms and Conditions. Any variance must have a Local Agreement which is reviewed annually.

### **3.2 - Director of People**

Under delegated authorities and as the representative of the Trust Board, the Director is responsible for:

- The promotion and provision of the Healthroster rostering system, Roster Perform, NHSP Interface, and Safe Care acuity and dependency system and Clinical Activity Management (CAM).

### **3.3 - Workforce Business Manager**

Reporting to the Head of Workforce, the Workforce Business Manager is responsible for:

- The Healthroster team who assist in the roll out and maintenance of Healthroster.
- Adding and removing staff from the electronic rostering system.
- Implementing Healthroster into new areas to improve rota efficiencies.
- Maintaining and updating the Healthroster rostering system to provide accurate data quality.
- Ensuring that all ESR changes are reflected in Healthroster.
- All password and access control and provision.
  - Maintain the gateway between ESR and Healthroster including uploading timesheets, shifts, starters and leavers reports.
- Maintain, Establishments and Systems Hierarchy, User Account Profiles Trustwide.

### **3.4 – Payroll and Employee Services Department**

The team is responsible for uploading information provided from Healthroster Team to ensure enhancements, overtime and any additional payments are uploaded into ESR.

### **3.5 – Matron**

- The Matron is responsible for oversight and approval of all rosters within their areas of responsibility and for the use of the nursing resource across said area.
- The Matron is expected to remain competent with the use of the health roster system, support any software additions and ensure all staff are trained as appropriate.
- The Matron is responsible for ensuring that all registered nurses have up to date NMC registration as per the Verification of Clinical Registration Policy.
- All completed duty rotas within the sphere of responsibility of each Matron must be authorised by the Matron prior to being published as an agreed rota. This will be completed within 48 hours of receipt of the rota unless queries have been raised.
- Rotas must be fully approved and published at least **4 weeks prior** to start of roster period.
- Where electronic rostering is in place this authorisation must be recorded using the facility in the system.
- Rotas that have been rejected by Matron must be resubmitted for approval once the appropriate changes have been made. (A rejected roster cannot be finalised for payroll therefore enhancements will not be paid).

### **3.6 - Departmental Manager, Ward Manager and Line Manager**

- The Department Manager or Ward Manager is responsible and accountable for the effective and fair construction of the duty rota for their areas of responsibility. That remains the case where this function is delegated.
- The Department/Ward Managers role is established as supervisory to the normal staff numbers (i.e. over and above) and can be any of the shifts not just Monday to Friday 9-5.

- The Department/Ward Manager and their deputies should be visible and provide leadership and rota coverage across the whole seven day week.
- Ward Managers will be expected to be rostered to work a minimum of 4 shifts per week with no more than one weekend per four week rota period (exceptions must be approved by the matron).
- All completed duty rotas must be authorised by the Department/Ward Managers and locked down on a weekly basis.
- Rotas must be partially approved by the Department/Ward Manager **6 weeks prior** to start of roster period. The rosters should be fully approved by the Matron and published at least 4 weeks prior to the roster period commencing.
- Where electronic rostering is in place this authorisation must be recorded using the facility in the system.
- No rota should be published until it has been formally authorised by the Matron.

### **3.7 - Employee:**

Each employee, whether permanent, temporary, or in training, is responsible for:

- Completing eLearning training on Employee Online through the Trust Learning Management System
- Accessing Healthroster to request annual leave and shift requests as appropriate via Employee Online

## **4 Key elements (determined from guidance, templates, exemplars etc)**

### **4.1 - Workforce Development Handbook:**

Updated versions available on Trustnet.

<http://www.picts.nhs.uk/PHNetLive/DesktopDefault.aspx?tabid=1779>

### **4.2 - Ward Establishments**

Each Ward establishment is constructed on the basis of the required number of staff of the relevant skill/grade with an addition of 22.5% for covering absence. This 22.5% is broken down into:

- Annual leave provision @15%
- Sickness absence provision @ 4%
- Study leave provision @ 1%
- Maternity leave provision @ 2.5%

The *actual* ward held budget is made up of:

- Annual leave provision @15%
- Study leave provision @ 1%

The *bank (temporary staffing)* budget is made up of:

- Sickness absence provision @ 2% (for short term sickness)

The following is subtracted from the overall budget and managed centrally and allocated monthly to the ward areas based on the monthly information held on healthroster:

- Sickness absence provision @ 2% (for long term sickness)
- Maternity leave provision @ 2.5%

Each Ward establishment forms a template for rostering across the week and this template

is used as the basis for the required shifts in the roster, be this electronic using Healthroster or manually.

The Ward Managers post should not be established or configured at less than 30 hours per week and should be present in the clinical area for at least four days out of seven. The Senior Sisters role is supervisory (funded supernumerary to the daily staffing) and not in the daily shift numbers unless required.

#### **4.3 - Use of NHSP to cover unfilled shifts:**

- Once the rota is authorised by the Matron requests can be made via the NHSP Interface to cover unfilled shifts. These requests must not exceed the available funds within the establishment over a four week period.
- When NHSP are unable to provide cover, any request for agency staff must follow the Agency flow chart which is accessible via the NHSP office or Bleep 355 Senior Nurse.
- The use of Thornbury agency can only be requested following authorisation from the Director of Nursing/Deputy Director Nursing/Heads of Nursing & Midwifery.
- Out of hours Thornbury authorisation must be via the Senior Nurse (Bleep 355).

#### **4.4 - Updating changes to the roster**

- The Healthroster **MUST** be updated at least daily preferably in real time as the change/amendment is needed.
- All changes to the published duty rota must be updated on the electronic rota daily due to link with the Safe Care system to ensure that staffing are deployed appropriately.
- Staff redeployed to work in other clinical areas to support staffing need must be appropriately moved to the areas worked on the roster.
- Any shift cancelled due to sickness must have a non-effective added for the sickness period.
- Assigning and recording overtime and excess hours must comply with Trust Policy.

#### **4.5 - Bank Holiday Rotas**

##### **General principles:**

- Rotas must be planned to deliver the same levels of staffing as any other week during the year. The only exception to this is where a partial/full closure has been sanctioned by the Trust Directors.
- Department/Ward Managers should not be assigned 'management days' during this period, they should be part of the clinical numbers.
- Use of NHSP and agency staff should be kept to the absolute minimum.
- The level of annual leave authorised should not be different to any other week of the year.
- No planned requests for temporary staffing on any Bank Holiday unless authorised by Head of Nursing.

##### **Christmas and New Year:**

- Annual leave quota for this period should be shared amongst all staff to ensure all have the opportunity for some time off over this period. Exceptions to this are at the discretion of the Department/Ward Managers.
- No planned requests for temporary staffing on the three bank holidays unless specifically

## **5 Processes**

### **5.1 - New Starters**

Employees taking up new posts within your ward will be added to your electronic rostering system from the start date of their new contract by the Healthroster team.

All newly qualified registered nurses will be allocated two weeks supernumerary. Other staff will be allocated at the discretion of the Department/Ward Managers dependent on previous experience.

The rostering manager will need to input the annual leave allowance for the individual as provided by Recruitment or by using the online Annual Leave Calculator.

<http://nww.picts.nhs.uk/PHNetLive/DesktopDefault.aspx?tabid=408>

Any changes that have been agreed that effect an employees pay must still be sent through to Workforce Development so ESR can be updated and Healthroster will be updated in line.

It is the responsibility of rostering managers to maintain competence information to include Professional Registration information.

### **5.2 - Removing Leavers**

Employees leaving their posts within your ward can be removed or transferred from your electronic rostering system from their last working day. To do this:

As soon as the leaving date is confirmed with the employee and the individual is leaving the Trust, complete the Termination Form and send electronically to the Workforce Development mailbox. [plh-tr.WorkforceDevelopment@nhs.net](mailto:plh-tr.WorkforceDevelopment@nhs.net)

The Workforce Development Team will terminate the individual on ESR to ensure no overpayment and The Healthroster Team will close the individual on Healthroster and remove any access. (See Appendix 1)

## **6 Skill Mix**

Duty rotas will be planned taking account of the need to ensure there is an appropriate mix of skills available on each shift.

### **6.1 – Department/Ward establishment and Healthroster rostering template**

The agreed weekly profile (from establishment review) used to agree the department/ward establishment will form the basis of the template for the electronic rota.

### **6.2 - Minimum expectations**

- No shift is to be rostered without at least one registered nurse from the substantive staff as a minimum.
- No more than 2 long days to be rostered consecutively (except in exceptional circumstances to be agreed by Matron).
- No more than 4 night duties to be worked consecutively (except in exceptional

- circumstances to be agreed by Matron)
- Staff will be routinely rostered 1 weekend in 4 as a rest day (except for weekend contracted staff)

### **6.3 – Competencies**

Building the template will include defining any specific competencies required for staff to be rostered in addition to the standard competency set. The Department/Ward Manager and/or nominated roster creator must define these as part of the implementation programme.

The correct competencies must be assigned to staff and kept up to date at all time

## **7 Roster Creation**

### **7.1 – Roster Creation**

Rota's must comply with the requirements of the Working Time Directive i.e. minimum daily/weekly rest and break periods. Where on-call arrangements are part of a duty roster it must take account of locally agreed policy for on-call. If this policy does not exist it **MUST** be developed at the earliest opportunity in line with maximum working time limits.

### **7.2 – Use of Auto-Roster**

The use of Auto-Roster will be implemented and will become the way in which rotas are first produced; this will reduce the time required in rostering manually. Auto Roster will only be implemented when the Trusts vacancy factor has improved.

### **7.3 – Nights and Weekends**

The following requirements **MUST** form the start point of the rostering process – i.e. before completing Mon-Fri daytime hours.

- Night duty registered shifts to be covered by ward/department staff as a default. Exceptions will need prior approval by Matron.
- Ward/department staff will cover weekend shifts as a default. Exceptions will need prior approval by Matron.
- Staff will be allocated one weekend off per 4 week roster period as a minimum – unless requests to work or flexible working pattern agreement.

### **7.4 – Rotation to Days**

All staff to work internal rotation to suit the requirement of the service.

### **7.5 – Breaks**

All shifts must include a minimum 20 minute unpaid break if greater than 6 hours. A 60 minute unpaid break for shifts of equal to/ greater than 11.5 hours; the 60 minute break should be taken as two 30 minute breaks on days and nights to ensure adequate rest time.

There is no entitlement to other breaks during the shift except at the discretion of the

Department/Ward Manager or Nurse-in-Charge of the shift.

Example: \*

Shift Type	Start Time	Finish Time	Unpaid Break	Total Shift Time
Early	0730	1530	30 mins unpaid break	7.5 hours
Late	1200	2000	30 mins unpaid break	7.5 hours
Long Day	0730	2000	2 x 30 mins unpaid break	11.5 hours
Night	1930	0800	2 x 30 mins unpaid break	11.5 hours

\* Please note shifts start and end times might vary depending on your department/ward posting.

## **8 Shift Times and Patterns**

### **8.1 – Shift Times**

Shift times are currently determined at ward/department level – these must ensure:

- Continuity of service for the individual area.
- Full use of contracted hours over a four week period or until there are enough hours for a full shift to be rostered.

The Department/Ward Manager will be responsible for ensuring a process is in place to ensure full use of contracted hours. Where electronic rostering is implemented the system will manage this function.

### **8.2 – Personal Patterns**

- Personal work patterns (i.e. flexible working, family friendly hours) may be accommodated following formal assessment by the Matron, Department/Ward Manager and HR, of how any requested personal pattern fits the needs of the service.
- This agreement needs to be documented in the member of staff's personnel file and reviewed annually.
- Where there is concern about the level of absence of a member of staff any agreed personal pattern should be reviewed and changed if it is a contributory factor in that absence.

## **9 Duty Requests**

### **9.1 – Equity in number of requests**

- To ensure equity all staff should be allowed a maximum of 4 requests within a 4 week rota period (pro-rata). Variation to this should be specifically approved by the Department/Ward Manager and normally for exceptional circumstances.
- Where an agreed personal pattern of work is in place the number of requests is restricted to 1 per roster period. This can only be varied for exceptional circumstances

with the approval of the Department/Ward Manager.

If a personal pattern is as a result of medical advice, then the member of staff will have full rights for requesting shifts.

- Annual Leave requested DO NOT form part of the requests for shifts or rest shift.

### **Pro Rata Requests Allowance depending on contracted hours.**

<b>Contract Hours</b>	<b>Number of Requests</b>
<b>0 - 20</b>	<b>2</b>
<b>21-29</b>	<b>3</b>
<b>30-37.5</b>	<b>4</b>

## **9.2 – Use of Employee Online**

Once implemented on the department/ward all staff **MUST** use employee on-line for duty and annual leave requests. It is the responsibility of all staff to ensure they have completed the Employee Online eLearning and contact the Health roster Team for account access.

Web access for making roster requests should be undertaken in the employees' own time or work time, i.e. before/after a shift or during meal breaks.

Responsibility for checking that requests have been authorised lies with the individual. Duty/off duty requests that have been authorised will appear on the published rota. Annual Leave requests which have been authorised will appear with a tick indicating approval by the Senior Sisters.

The balance of Annual Leave taken/remaining can be viewed in the individual's Employee Online account.

## **10 Annual Leave**

### **10.1 – Profiling across the year**

Staff will be expected to profile their leave entitlement across the year by managing the spread to ensure the health and wellbeing of staff and the safety of patients. This will allow production of effective rosters and managers must ensure that a percentage of annual leave is taken each week.

Annual Leave requests should be requested through Employee On Line and if the request is rejected, a relevant reason given.

- By February, staff should request a minimum of 60% of their annual leave entitlement for the following financial year (April – March). Any changes or revisions to the approved schedule must be discussed with the Department/Ward Manager and confirmed at least 6 weeks in advance. Urgent leave may be negotiated with the Department/Ward Manager.
- The annual leave schedule for the ward or department will be confirmed and published at

the beginning of March each year.

- Annual leave requests in excess of 2 weeks should be agreed with the Department/Ward Manager and Matron/Head of Nursing or Midwifery.
- Department/Ward Managers must ensure that leave is planned in this way and that any exceptions are due to exceptional circumstances.
- Where annual leave is **not** being requested appropriately the Department/Ward Manager must meet and discuss this with the individual and should then allocate leave to ensure leave is taken.
- Prior to annual leave being requested, the Annual Leave Calendar on Employee on Line should be viewed to look at the current Annual Leave percentages already agreed within the department to determine the likelihood of leave being granted.

### **10.2 – Calculation of leave requirement**

Please refer to the Trust Annual Leave Policy.

- When managing leave the Department/Ward Manager must adjust the amount of leave that can be granted in line with the number of staff in post.
- The Department/Ward Manager must ensure that the required amount of leave is being allocated every week in order to ensure that subsequent weeks do not have an excess of leave requested/granted.
- If a member of staff increases or decreases their contract hours the annual leave requirement must be adjusted accordingly from the date of the contract change.

### **10.3 – Equality of Annual Leave requests**

The decision to grant leave will be made by the Department/Ward Manager.

- There will be no increase in the amount of leave granted for school holidays and half term weeks – i.e. the maximum leave allowance that can be allocated will be the same as any other week.
- Reference may be made to the annual leave league tables in the electronic rostering system in order to decide who is granted leave if two people have made the same request.

### **10.4 – Approval of leave**

- No holiday bookings or travel arrangements should be made until the Department/Ward Manager has sanctioned the annual leave requested.
- Approval is denoted by a 'tick' against the request in employee-on-line.
- If uncertain always check with the Department/Ward Manager prior to making any arrangements.

### **10.5 – Study Leave**

Please refer to the Trust Policy for Study Leave and Trust Policy for staff appraisals. Reference may be made to the Study Leave league tables in the electronic rostering system in order to decide who is granted leave if two people have made the same request.

## **11 Sickness**

Please refer to the Trust Policy for managing sickness.

- Sickness must be communicated by telephone to the Department/Ward Manager/ Matron with as much notice as possible, prior to the shift commencing. At this point, a time and date will be agreed for the sick nurse to ring back and report on progress.

- Out-of-hours, sickness must also be reported following local department/ward processes by contacting individual department/ward or to the Duty Senior Nurse (bleep 355) if unable to contact department/ward.
- Department/Ward in charge nurse must contact Duty Senior Nurse (bleep 355.) with all reported sickness.
- Should the member of staff also work for NHSP please ensure this is managed as per the Sickness Management policy.

## **12 Rota Finalisation**

### **12.1 – Duty Rota Finalisation**

- All electronic rosters must be fully approved before being finalised to enable payroll to extract information for paying enhancements.
- The finalisation process must be performed weekly on completion of updating that weeks' roster.

### **12.2 – Deadline for Submission**

It is the Department/Ward Manager responsibility to ensure that the electronic roster is finalised in time to meet the submission deadline.

- The deadline will be the 6<sup>th</sup> of the month.
- Failure to meet the deadline will require completion of an enhancement adjustment form in order to pay the enhancements in the next pay period.
- This also applies to any missed changes following finalisation. Please confirm with the Healthroster payroll team before submitting the form.

*Note – in the event a rota is not finalised staff will only be paid for basic hours with no enhancements. It will thus be the Department/Ward Manager responsibility to address this with the department/ward staff concerned and payroll.*

## **13 Consultation and Ratification**

The design and process of review and revision of this policy document will comply with the Trust's formal policy on policy and procedural documents, 'The Development & Management of Trust Wide Documents'.

The review period for this policy document is set as 2 years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the policy.

This document will be reviewed by the Joint Staff Negotiating Committee, Healthroster Project Board and the Nursing and Midwifery Committee (NMOC) with approval by the Human Resources and Organisational Development Committee. It will be ratified by the Director of Human Resources and Organisational Development.

Non-significant amendments to this policy may be made, under delegated authority from the Director of Human Resources and Organisational Development, by the nominated author. These must be ratified by the Director of Human Resources and Organisational Development and should be reported, retrospectively, to the Human Resources and Organisational Development Committee.

Significant reviews and revisions to this policy will include consultation with senior managers in the Trust. All directors of the Trust will be invited to contribute to proposed revisions of the policy. For non-significant amendments, informal consultation will be restricted to directors

and managers who are directly affected by the proposed changes.

## **14 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

All managers will be sent an electronic copy of the ratified document.

Document control arrangements will be in accordance with the Trust's formal policy on policy and procedural documents.

## **15 Monitoring compliance and effectiveness**

### **Healthroster Team**

- Will maintain the system and ensure records of all staff that are rostered are up to date.
- Will ensure appropriate access and training is provided to all managers.
- Provided Sickness and Maternity report on a monthly basis to the Finance Department.

Additionally the named roles below are responsible for undertaking the following on-going monitoring to ensure rosters comply with agreed Key Performance Indicators (KPIs) (see appendix 2).

### **Director of Nursing/Deputy**

- Receipt and discussion of key performance indicators (KPIs) on a monthly basis via the Nursing & Midwifery Operational Committee (NMOC) and rostering operational group and oversight bi-monthly via the Rostering Programme Board.

### **Heads of Nursing/Midwifery**

- Review the Matrons checklists for each roster period **prior to** approval of NHSP requests. This should include reference to the approval screen in the roster and use of Roster Perform to review the effectiveness of the rota.

### **Matrons**

- Complete the Roster checklist having paid regard to and acted upon the issues raised on the approval screen and use of the metrics in Roster Perform.

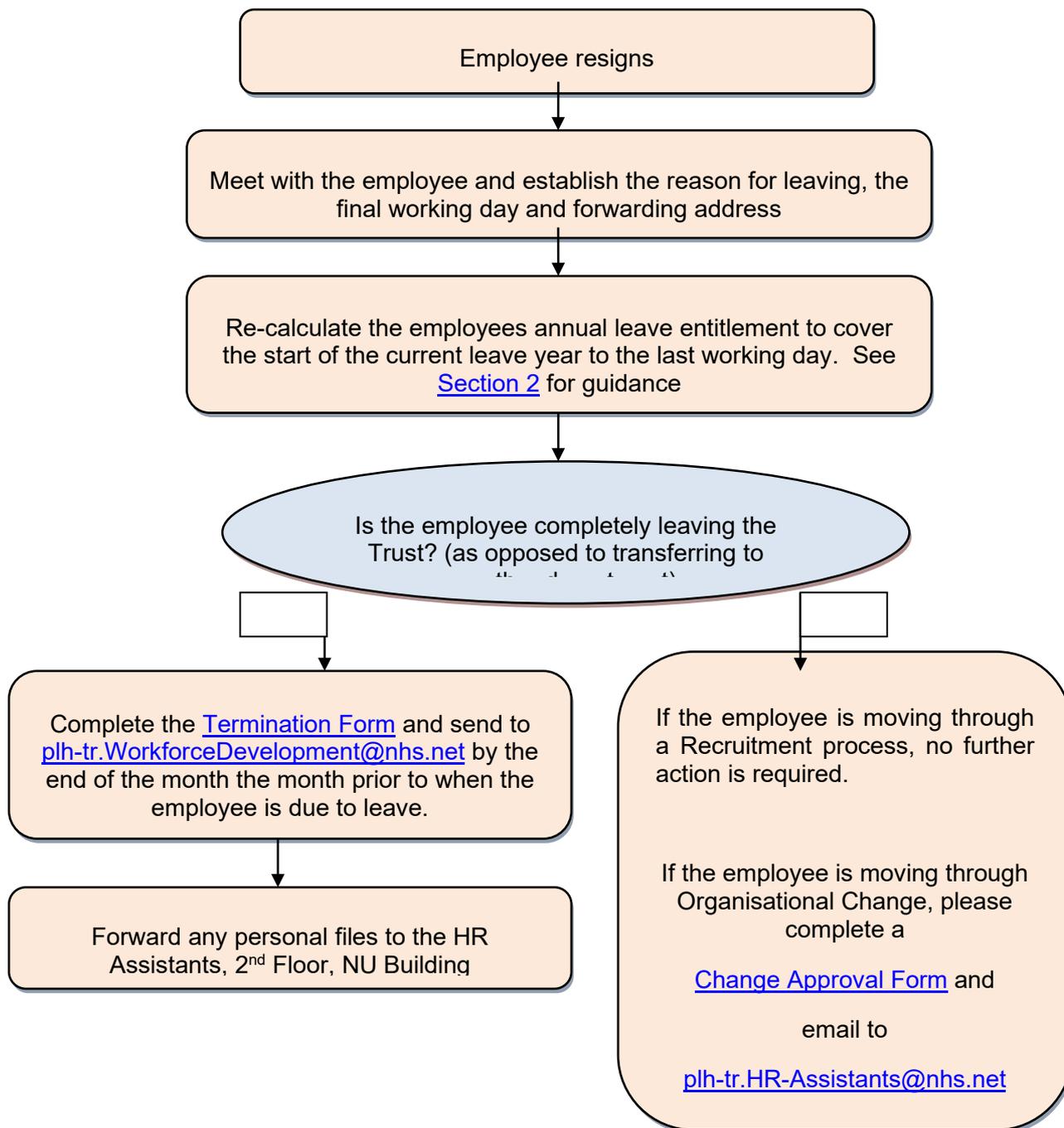
### **Department/Ward Managers**

- Undertake partial approval of the roster having addressed as fully as possible all issues identified via the approval screen.



## APPENDIX 1

# Termination Process



**PLEASE ENSURE THAT ALL SECTIONS OF THE FORM ARE COMPLETED INCLUDING THE DETAILS ON SALARY SACRIFICE**

Please note that Termination Forms for Medical & Dental Staff should be emailed to the relevant Medical Workforce Assistant.

**PLEASE DO NOT MAKE ANY CHANGES TO HealthRoster– HealthRoster & ESR WILL BE UPDATED BY THE WORKFORCE DEVELOPMENT TEAM**



<b>Core Information</b>				
<b>Document Title</b>	Clinical Department Roster Policy			
<b>Date Finalised</b>				
<b>Dissemination Lead</b>	Matron for Clinical Standards			
<b>Previous Documents</b>				
<b>Previous document in use?</b>				
<b>Action to retrieve old copies.</b>				
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>
Ward Managers	10/12/15	Email	Matron for clinical standards	
Matrons	10/12/15	Email	Matron for Clinical standards	

<b>Review</b>		
<b>Title</b>	Is the title clear and unambiguous?	
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	
	Does the style & format comply?	
<b>Rationale</b>	Are reasons for development of the document stated?	
<b>Development Process</b>	Is the method described in brief?	
	Are people involved in the development identified?	
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	
	Is there evidence of consultation with stakeholders and users?	
<b>Content</b>	Is the objective of the document clear?	
	Is the target population clear and unambiguous?	
	Are the intended outcomes described?	
	Are the statements clear and unambiguous?	
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	
	Are key references cited and in full?	
	Are supporting documents referenced?	
<b>Approval</b>	Does the document identify which committee/group will review it?	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	
	Does the document identify which Executive Director will ratify it?	
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	
	Does the plan include the necessary training/support to ensure compliance?	
<b>Document Control</b>	Does the document identify where it will be held?	
	Have archiving arrangements for superseded documents been addressed?	
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	
	Is there a plan to review or audit compliance with the document?	
<b>Review Date</b>	Is the review date identified?	
	Is the frequency of review identified? If so is it acceptable?	
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	

Core Information	
<b>Manager</b>	Nicola Phillips
<b>Directorate</b>	Nursing and Quality
<b>Date</b>	10 <sup>th</sup> December 2015
<b>Title</b>	Matron for Clinical Standards
<b>What are the aims, objectives &amp; projected outcomes?</b>	The aim of this policy is to ensure all nursing staff are rostered fairly and effectively across the organisation in line with the agreed ward establishments and temporary staffing reduced to an absolute minimum.
Scope of the assessment	
Collecting data	
<b>Race</b>	There is no evidence to suggest that there is a disproportionate impact on race. However, data collection of the patients affected by the policy will be monitored via
<b>Religion</b>	There is no evidence to suggest that there is a disproportionate impact on race. However, data collection of the patients affected by the policy will be monitored via
<b>Disability</b>	There is no evidence to suggest that there is a disproportionate impact on race. However, data collection of the patients affected by the policy will be monitored via
<b>Sex</b>	There is no evidence to suggest that there is a disproportionate impact on race. However, data collection of the patients affected by the policy will be monitored via
<b>Gender Identity</b>	There is no evidence to suggest that there is a disproportionate impact on race. However, data collection of the patients affected by the policy will be monitored via
<b>Sexual Orientation</b>	There is no evidence to suggest that there is a disproportionate impact on race. However, data collection of the patients affected by the policy will be monitored via
<b>Age</b>	There is no evidence to suggest that there is a disproportionate impact on race. However, data collection of the patients affected by the policy will be monitored via
<b>Socio-Economic</b>	There is no data collected on this area
<b>Human Rights</b>	There is no evidence to suggest that there is a disproportionate impact on race. However, data collection of the patients affected by the policy will be monitored via
<b>What are the overall trends/patterns in the above data?</b>	There has been no comparative data used to date which means that there are no patterns or trends to date
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	

Involving and consulting stakeholders				
<b>Internal involvement and consultation</b>	Matrons Ward Managers Deputy Director of Nursing JSNC Human Resources			
<b>External involvement and consultation</b>				
Impact Assessment				
<b>Overall assessment and analysis of the evidence</b>				
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Share with all nursing staff	Matron for Clinical Standards		Dec 2015	