



e-Rostering Trust Procedure	
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1 Introduction

This document sets out the Leeds Community Healthcare NHS Trust's (Trust) e-Rostering procedures. It has been drafted to comply with national rostering requirements and guidance. This should be read together with other relevant Trust policies, procedures, and local guidance.

Electronic rostering supports better patient care by optimising the skill mix and use of staff time. It helps managers ensure that services are staffed in a consistent, safe and cost-effective way. Additionally, efficient rostering provides equity for all staff by enabling impartial allocation of shifts and by enabling advanced planning of rosters allowing for greater work/life balance.

The Trust recognises the value of its workforce and is committed to supporting staff to provide high quality care. Whilst acknowledging the need to balance the effective provision of service with supporting staff to achieve an appropriate work life balance, it is recognised that the Trust needs to be able to respond to changing service requirements. A flexible, efficient, and robust rostering system is key to achieving these objectives.

2 Aims and Objectives

The purpose of this procedure document is to provide a Trust-wide approach to the effective utilisation of the workforce through efficient rostering. This includes:

- Ensuring that rosters are fair, consistent, and fit for purpose, with the appropriate skill mix, to ensure safe, high-quality standards of care.
- Providing accurate management information regarding the use of staff against establishment and budget thereby driving efficiencies in the workforce across services.
- Improving the monitoring and management of sickness and absence by unit and / or individual, generating comparisons, identifying trends and priorities for action.
- Improving the planning of non-effective working days e.g. annual leave and study leave.
- Ensuring compliance with the European Working Time Directive.
- Providing a mechanism for reporting and monitoring against Trust Key Performance Indicators (KPIs).
- Facilitating the payment of staff through data being entered at source.
- Ensuring effective use of temporary staff.
- Supporting the Trust to meet the requirements of the Carter Report in respect of e-Rostering and efficient and effective allocation and use of staff.

3 Roles and Responsibilities

All staff employed by Leeds Community Healthcare NHS Trust must work in accordance with the Leeds Safeguarding Multi-Agency Policies and Procedures and local guidelines in relation to any safeguarding concerns they have for service users and the public with whom they are in contact.

Role	Responsibility
Chief Executive and Trust Board	The Chief Executive and Trust Board have overall responsibility for ensuring that an adequate and effective process for providing efficient rostering is delivered throughout the Trust.
Executive Directors Group	Are accountable to the Trust Board for ensuring Trust Wide compliance with this procedure.
General Managers, Service Managers	Are responsible for implementing the rostering procedure within their areas and ensuring compliance with the procedure.
Operational Leads and equivalent	Are responsible to the heads of service and operational service managers for implementing the policy at a local level and ensuring compliance with the rostering procedure.
Roster Managers	Are responsible for ensuring that rosters are produced in line with the rostering procedure
All rostered employees	All Trust employees are responsible for ensuring that they are familiar with this policy, understanding both the expectations and implications.

4 Principles for Producing a Roster

4.1 Roster Production and Shift Allocation

When producing a roster and allocating shifts to staff on HealthRoster, the below principles should be followed:

- Each roster should be produced, approved, maintained and finalised according to the [Trust's Roster Calendar](#). This is to ensure staff are receiving notification of their working shifts in accordance with Lord Carter's recommendation of a minimum of 6 weeks' notice before they are due to be worked.
- All rosters will be hours based across the roster period. For full time agenda for change staff this equates to 150 hours over a 4-week roster period and is pro-rated for part time staff.

- Due to the various shift patterns in operation across the Trust it may not be possible to allocate the 150 hours exactly over a 4-week period. Where this occurs, individuals should not be more than 1 shift length over or under the 150 hours (pro-rated for part time staff).
- On Healthroster the roster period will commence on a Monday and end on a Sunday. If there is a local decision to start and end the rostering week differently to this, there should be awareness that the system does not support this and some functionality, including some pay affecting elements, may not work as expected. The Workforce Systems Team does not offer support outside of Monday-Sunday rostering.
- The service Operational Manager is accountable for either completing the roster or appointing a responsible individual to create the service/team rota within the constraints of the Staff Rostering Procedures.
- All staff must be expected to cover a locally agreed number of weekend/late shifts during a set period unless flexible working entitlement has been granted for which these shifts are exempt.
- It is to be locally agreed within the service whether staff are able to swap shifts from a completed roster with another appropriately skilled/competent member of staff.
- All staff should be rostered within the [Working Time Regulations](#).
- Only once all substantive hours have been allocated, can unfilled shifts be made available for the Temporary Bank Staff workforce. The Trust's bank, agency, overtime protocols should then be followed to fill any gaps.

4.2 Additional Hours Protocols

When there are unforeseen circumstances, i.e. a member of staff going off sick at short notice or additional shifts or hours are needed, then the most cost-effective method available must be used which normally means the following order:

1. Use time owed and/or time owing from individuals in the service if available.
2. Use time owed and/or time owing from individuals from other services, providing the individual has the correct competencies if available.

Only in exceptional circumstances after the above options have been fully explored, and are not available, should excess hours, bank, overtime, or agency be used. These should be approved in advance by an authorised signatory in line with trust guidance.

3. Use additional part-time staff (excess) hours up to 37.5 hours per week.
4. Use of bank staff.
5. Use of Overtime
6. Use of Agency

In all circumstances, staff should be paid at the rate of the work they are performing, i.e. if a Band 6 Nurse covers a Band 5 shift, they should be paid at Band 5.

4.3 Staffing Levels and Skill Mix

Each service has an agreed funded establishment with the finance team. Minimum staffing levels (number of WTE staff) and skill mix (combination of grades, competencies, and any specific requirements i.e., gender) by shift and by day must be agreed and reviewed in light of any significant change to the team / department function but at a minimum on an annual basis linked to budget setting, wherever this is possible.

- Each service area should have a minimum number of staffing per shift, as agreed between Service Managers/Operational Leads and Heads of Service. Agreed numbers and skill mix must be achievable within budget. The Trust acknowledges that occasionally, staffing may drop below this agreed number.
- The agreed minimum number of staffing per shift must be reviewed on a regular basis in line with Finance establishments.
- Each service areas should have an agreed level of staff with specific skill mix on each shift, as agreed between service/operational managers and heads of service.

4.3 Staff Requests

Units allowing staff to request duties and 'days-off' ahead of the roster being built must follow the below considerations:

- Days off should not be used in place of annual leave. Staff wanting to pre-confirm a date as a 'day off' should request this via annual leave as soon as possible to confirm the date.
- All requests will be considered in light of service needs and the Ops Lead /roster manager will endeavour, as far as possible, to meet individual requests. However, it cannot be assumed that the roster will be developed to accommodate all requests, including high priority requests, as service needs will take priority.
- Personal work patterns are not considered as requests. Staff with an agreed personal work pattern will not have access to shift/day off requests but may be able to agree temporary changes to their pattern if approved by their service.
- Fairness in the allocation of requests is to be monitored by the service.

4.4 Roster Approval

Once built, rosters require a two-level approval. This approval procedure will help with identifying gaps in service in advance and planning the appropriate staff for the service, helping to reduce temporary staffing. The requirements set out below should be followed whilst approving the roster:

- In accordance with Lord Carter's recommendation, approval of the roster should be actioned within time to allow for the roster to be published to staff at least 6 weeks in advance.
- Both the clinical and operational manager of the service are required to be involved in building and approving a future roster.
- First level approval of the roster will, where possible be the responsibility of a clinical member of staff and will demonstrate that the roster is safe to work from a clinical point of view.

- Second level approval of the roster will fully approve the roster, releasing the roster to staff. Approving and publishing the roster should follow analysis to ensure it is within budget, fair, safe and efficient, and within the specified headroom and booked leave tolerances.
- If a roster does not meet the clinical or operational requirements of the roster at second level approval stage, the roster should be rejected so that it can be returned for amendments and staff are not notified their roster is available to view.
- If a service is unable to build or view the roster ahead of the 6-week release date, it is the responsibility of the service to communicate this with the staff affected.

4.5 Roster Maintenance

Once built and published, rosters need to be updated as a live system and should always reflect the availability and deployment of staff at any given time. The following principles of roster maintenance should be followed:

- Following publication of a roster, a manager should only change a staff member's shifts if it is reasonable to do so and following consultation with the member of staff. It would be deemed reasonable if service need has dictated this and reasonable notice has been given.
- It is the responsibility of the service to ensure that rosters are amended and kept up to date with, to ensure the roster is an accurate reflection of worked hours and staff unavailability. These must be inputted onto the rostering system accurately and updated immediately.

4.6 Finalising a Roster

Every roster is required to be finalised at the end of each month to allow for shifts and hours worked to be processed by the Payroll Team as well as releasing the data for trust reporting purposes. The policy principles for finalising the roster are outlined below:

- Each service is responsible for ensuring the roster is finalised by that month's payroll deadline. It is the responsibility of the service to ensure there is an identified individual/s to complete this function each month (in place of this person being unable to finalise, it is the responsibility of the service to ensure adequate alternative cover).
- The Workforce Systems Team will not finalise a roster for services who have not finalised the roster or who do not have a nominated individual to finalise the roster.
- All shifts on the roster must be finalised ensuring that the roster is an accurate record of shifts worked, all sickness and staff unavailability's are entered, and all additional overtime and temporary staffing shifts have been recorded.
- It is recommended that the roster is kept up to date, amended daily as required and finalised at the end of each week. Finalising weekly is more efficient and effective than finalising monthly.
- If a roster is not finalised by the payroll deadline, the Workforce Systems Team may remove the roster from the extract batch. In this eventuality, the service would be required to send all payroll information for that month to the

Payroll Team via manual timesheets and all unavailability's will need to be entered directly on ESR as well as HealthRoster.

Once the roster has been sent for payroll, it is the responsibility of the roster manager to ensure that any corrections to either recorded unavailability or attendance is identified, actioned and corrected as soon as possible.

- Changes to recorded staff attendance (such shifts that trigger enhanced pay, overtime or temporary bank staff work has not been recorded or needs amending) will require the roster manager to contact the Workforce Systems Team and request the shift/date to be unlocked. The manager must then input the correct information on the roster and then inform the Payroll Team of this change with a manual time sheet.
- If staff unavailability is to be corrected or amended after being sent to payroll, it is the responsibility of the roster manager to inform both the Workforce Systems Team and the Payroll Team of the change. The change should also be amended in both ESR and HealthRoster by the roster manager.
- If staff sickness is to be corrected or amended after being sent to payroll, it is the responsibility of the roster manager to inform both the Workforce Systems Team and the Payroll Team of the change.

5 Staff Unavailability

The following principles should be followed for all services using HealthRoster to manage staff unavailability:

- All annual leave and unavailability requests must be booked using the e-Rostering online rostering system. Staff are to request the unavailability within the request period for their roster.
- Annual leave is to be managed and booked in line with the trust [Annual Leave policy](#).
- The Trust expects managers to be sensitive to the cultural and wellbeing needs of staff and supports flexible working and a good work life balance. However, staff need to be aware that requests may not always be granted, and service needs will take priority.
- All leave is to be accurately recorded on the roster ahead of the e-Rostering payroll finalisation cut-off date. All information for the month will then be sent to payroll by the Workforce Systems Team and extracted into ESR.
- If staff sickness is to be corrected or amended after being sent to payroll, it is the responsibility of the roster manager to inform both the Workforce Systems Team and the Payroll Team of the change.
- If staff annual leave is to be corrected or amended after being sent to payroll, it is the responsibility of the roster manager to inform both the Workforce Systems Team and Payroll of the change. The change should also be amended in both ESR and HealthRoster by the roster manager.

6 Working Time Regulations

It is the responsibility of all employees to ensure compliance with the Working Time Regulations policy. The full Working Time Regulations policy can be found [here](#).

Managers have responsibility to ensure that patient care is not affected because someone is working above the maximum average weekly limit. If a manager is concerned it must be discussed with the member of staff and advice sought from the Workforce Department, where appropriate. The key requirements for Working Time Regulations are highlighted below:

- A member of staff must not work more than an average of 48 hours per week, calculated over a 17-week reference period.
- Night-time is defined by the period from 11.00 pm - 6.00 am.
- A minimum uninterrupted break of 20 minutes if your daily working time exceeds 6 hours. The break is unpaid.
- A weekly rest period of not less than 35 hours (including the 11 hours of daily rest) in each 7-day period. This may be averaged over 2 weeks i.e. 2 days' rest over a fortnight.
- A daily rest period of not less than 11 consecutive hours in each 24-hour period during which the employee works.
- If an employee also works on bank/reserve hours they should only work a maximum of full-time hours plus one shift over a 7 day period
- Employees must ensure that their total working hours do not exceed the limit as set out in the Working Time Regulations unless an Opt-out Form has been signed and saved by their line manager/HR.

7 Temporary Staffing

Following implementation of HealthRoster all services must ensure all temporary staff are recorded on the roster for the shifts they work. The recruitment and operation of temporary staff will be in accordance with the NHSLA standards and LCH policies in line with the NHS Employer recruitment standard found [here](#).

The key requirements for managing temporary staffing on the roster can be found below:

- The use of bank/agency staff should be booked according to the Temporary Staffing Policy
- Bank shifts are for temporary resource; therefore, staff should not be guaranteed shifts ahead of time/a prolonged period of time.
- Staff are not permitted to work bank shifts if they are currently absent from work due to sickness.
- Staff will not be able to direct book into bank shifts which have been sent to be filled by temporary staff until they have been recorded as having the relevant skills, registration and posting for the shift. These requirements will be recorded on the system by the Temporary Staffing Bank team.
- The roster manager should send the shift to be filled by temporary staff at the required grade and with the required skills.
- It is the responsibility of the roster manager to return a shift back to the original demand if no longer required to be covered by temporary staffing

resource. Shifts cancelled within 24 hours by the service are still required to be paid to the staff.

- It is not best practice to use temporary workers to cover annual leave, training, bank holidays or sickness that exceed the documented headcount allocated for each team.