University Hospitals of Leicester NHS
NHS Trust

Medical Staff Rostering Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

KEY WORDS

Electronic Rostering	Medical Staff	Doctors
Bank Staff	Employee On-line	Workforce
Annual leave	Hours	Rosters
Junior Doctors	Rotas	

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts (hereafter referred to as UHL) Policy and Procedures for the introduction and implementation of an Electronic Rostering system for Medical Staff. The purpose of this policy is to ensure the Trust provides clear, consistent information and procedures for the agreement of staffing requirements, utilisation and the production of medical staff rosters.

1.2 UHL recognises the value of its workforce and is committed to supporting medical staff to provide high quality patient care and responding to changing service requirements. UHL also acknowledges the need to balance the effective provision of service with supporting staff to achieve an appropriate work life balance.

1.3 Electronic Rostering is a computerised system that can be used to aid workforce planning by matching the available workforce and skill set with the requirements of safe service delivery.

2 POLICY SCOPE

2.1 This policy has been developed for the roll-out of Electronic Rostering for all medical staff.

2.2 As the project is rolled-out to all medical staff this policy may have specific addendums inserted to support the implementation and ensure good rostering practices are adhered to. These addendums will be included with the agreement of the Local Negotiating Committee (LNC).

2.3 This policy is to be used in conjunction with Human Resource policies and procedures, as detailed in section 9.

3 DEFINITIONS AND ABBREVIATIONS

Career Grade doctors: Doctors working as a Specialty Doctor, Staffgrade, Associate Specialist or Hospital Practitioner

Electronic Rostering: computerised software programme that will produce and manage doctors' rosters electronically. .

Electronic Rostering System: a web based system to support the effective allocation and management of staff, based on one view of all staff groups and all staff types, whether substantive, bank or agency.

Establishment: The number of staff by grade funded to work in a particular ward, department or hospital to deliver the service. This includes all staff in post, as well as unfilled vacancies or vacancies being covered by temporary staff. Staff establishments are usually expressed as a number of whole time equivalents.

Junior Doctor: A doctor in a training post or trust grade doctors working alongside doctors in training.

Long Shift: Any shift that exceeds 10 hours in duration.

Medical Staff: All medically qualified doctors working within UHL.

Non-resident On-call: A doctor on duty off site and is available to return to work or to give advice by telephone but who is not expected to be working on site for the whole period.

On-call Doctor: A doctor who is available and ready to go to work during the shift/duty when needed, especially if there is an emergency

Placement: A placement is a setting into which a doctor is placed to work for a fixed period of time in a post or posts.

Roster: A detailed schedule populated with specific details including staff names, dates, and duties to be undertaken and service location.

Rotamap: Web based electronic rostering package

Rota Template: Rolling work pattern developed in consultation with junior doctors, consultants and managers, designed to meet the requirements of the service, training and work-life balance.

Rules: A set of principles guiding the process of allocating duties and unavailability's on a particular area's roster.

Shift: A period of contracted work that contributes to individuals contracted hours.

Time Off in Lieu / Time Owing Unavailability: Agreed absence to offset accrued Time Owing.

Time Owing: Accrued additional time recorded as net hours on a roster and in addition to an employee's contracted hours.

Working Time Directive (WTD): Legislation intended to support the health and safety of workers by setting minimum requirements for working hours, rest periods and annual leave.

4 ROLES

4.1 **Executive Lead – Medical Director** is accountable to the Trust Board for ensuring Trust wide compliance with the policy. Monitoring and actions of compliance are reviewed by the Workforce Board and reported to the ExecutiveLead.

4.2 **The Deputy Medical Director and Deputy Director of Human Resources** are responsible for overseeing the implementation and ensuring that Electronic Rostering can be sustained once implementation is complete. This will include further developments of the package which include:

- Ability to able to comply with and identify breaches of the rules and regulations in line with the Terms and Conditions of Service for Medical Staff (these include junior doctors rota rules)
- ESR Integration

4.3 **The Medical Electronic Rostering Project Board and the Project Lead** is responsible for the implementation of Electronic Rostering toinclude:

- Establish and report to a Project Board on a regular basis with progress updates, project concerns and requests for direction on key decisions tobemade;
- Develop a project plan and monitor departmental implementations against the Project Implementation KPIs across all CMGs
- Develop and implement a communications strategy to ensure all relevant staff are aware of the implementation and receive the requiredtraining.
- Facilitate the provision of Reports for the Operations Team (General Manager; Service Manager) to use to monitor and make rostering improvements within their respective department.
- Ensure Rotamap delivers training to each rota co-ordinator to enable a roster to be created and maintained and providing follow-up support for two rosters posttraining.
- Ensure Rotamap provides help desk support to all users of thepackage.

4.4 Recruitment Services, Medical Human Resources and HR GeneralistTeam

4.4.1 To support the implementation of Electronic Rostering by providing appropriate support and guidance as required. To review and update the policy and procedures as required.

4.4.2 To update the rotation charts with details of doctors commencing into post 11 weeks prior to commencement in line with the national guidance.

4.5 Finance Team

4.5.1 To work with budget holders and finance leads to check and use the data within the Reporting Software to improve workforce utilisation, temporary staffing and budget management.

4.6 CMG Head of Operations and Clinical Directors (or Deputies)

4.6.1 To ensure policy implementation and the appropriate rostering of staff in order to maintain a safe working environment and servicedelivery.

4.6.2 To approve any additions to rota/roster templates regarding the increase of budgets and WTE.

4.6.3 To ensure the data available in the system is utilised for reporting, monitoring and optimising service provision.

4.7 Roster Managers

4.7.1 Roster Managers are Heads of Service/General Managers or delegated named individuals.

4.7.2 To ensure policy implementation and compliance within their area ofresponsibility.

4.7.3 To use the system reports to work with relevant medical staff to determine the optimum number of staff required for each duty and type of shift (i.e. day, night, long shift, twilight, weekend, non-resident on call etc.) for each clinical area.

4.7.4 To agree and publish minimum staffing levels and provisions for booking leave. This should include the maximum number of staff who can be on leave at any one time. Roster Managers are able to review and approve/decline requests for leave which reduces the staffing levels below the requiredminimum.

4.7.5 To work with relevant medical staff, taking responsibility to review and update establishments to reflect the safe staffing needs of each clinical area. Any changes to budget or establishment need to be reflected in the Electronic RosteringSystem.

4.7.6 Must monitor and ensure safe and effective utilisation of staff within budget, quality and safety limits before final approval of plannedrosters.

4.7.7 To be responsible for ensuring expenditure does not exceed the allocated staffing budget in their Service unless otherwise agreed (with the Head of Operations, as the accountable authority for a given Service budget).

4.7.8 To generate, review and act upon operational management reports from the system, as necessary.

4.8 Roster Administrators

4.8.1 These roles will be undertaken by Junior Doctors Administrators (JDAs)/Rota-Co-ordinators and/or Workforce Managers and/or Doctors.

4.8.2 To be responsible to their Head of Service and Clinical Directors for implementing the policy at local level and for ensuring compliance with this policy, WTD regulations and relevant Terms and Conditions of Service and future changes/new rostering guidance agreed for implementation at UHL.

4.8.3 To produce duty rosters using agreed rota templates and/or job plans, ensuring the rota satisfies education and training requirements including time allocated to attend teaching/training sessions.

4.8.4 To ensure prior to publication, duty rosters are approved (using the checklist in appendix 1a) by a Consultant, Workforce Manager or Service Manager, to confirmthat:

- The roster reflects agreed contracted hours and safe working practices
- The roster is compliant with the contractual working limits and restrequirements
- The roster meets training and service cover requirements
- Known gaps are highlighted, risk assessed and managed asappropriate

4.8.5 To publish the approved roster at the earliest opportunity to allow for gaps to be filled and leave requests to be submitted. As a minimum, the roster must be made available to doctors no later than six weeks prior to commencement/start date of theroster.

4.8.6 To identify vacancies or gaps in the rosters and take action to organise backfill and to escalate the requirements to the Head of Service and GeneralManager.

4.8.7 To ensure that shift swaps are between two doctors of commensurate grade and that a doctor's requested swap does not result in them breaching any of the contractual hours, rest requirements or safety limits.

4.8.8 To continuously update the roster with any approved swaps, leave requestsetc.

4.8.9 Responsible for updating and maintaining individual's skills information within the Rotamap Package system.

4.9 All Medical Staff

4.9.1 All Medical Staff are responsible for complying with this policy and system usage guidelines.

4.9.2 To be responsible for ensuring that any changes to personal details are discussed with and/or provided to their line managers at the earliest opportunity. If the changes are in relation to work patterns or skills information the Roster Administrator will also require relevant information.

4.9.3 To comply with CMG protocols for undertaking swaps for clinical commitments, on-call, out of hours duties, etc. Individuals are responsible for the correct notification of any changes/swaps to Roster Administrators. .

4.9.4 To follow the UHL Sickness Absence Management Policy and CMG protocols (If a doctor is unable to attend duty due to illness, or for other reasons).

4.9.5 To be responsible for maintaining their skills in line with the statutory andmandatory training requirements for their role.

4.9.6 To be responsible for ensuring any out of hours changes to the roster as communicated to and from Switchboard are accurately reflected in the system before the end of the next working day.

5 DELIVERING AND IMPLEMENTING THE POLICY

5.1 Roster Planning and Management

5.1.1 A roster is a tool to ensure that the right doctors with the right skills are in the right place at the right time, to meet the demands of the service whist taking into account staff numbers, capacity, capability and adequate rest. The Electronic Rostering System enables a Roster Administrator to plan a roster in advance of publishing. As a minimum, the roster must be made available to doctors no later than six weeks prior to commencement/start date of the roster.

5.1.2 The roster must be regularly reviewed by the Roster Manager to ensure that it remains fit for purpose and the link between service requirements and medical staff resourcing is maintained.

5.1.3 Only one rostering tool (Rotamap) should be in use. It should always be kept up to date and any retrospective changes (for unexpected changes such as sickness and cover arrangements) should be updated at the earliest opportunity.

5.2 Staffing Levels and Skill Mix

5.2.1 The Head of Service and General Manager must agree and confirm the safe minimum number of doctors (with specific competencies) required per shift/day for each clinical area to ensure service delivery. The minimum staffing model must be achievable within the budget.

5.2.2 Where the minimum level of staff is not achieved, the JDA/Roster Administrator must raise this to the Service Manager/Workforce Manager/Lead Consultant as a risk. Actions should be taken to utilise doctors from across the specialty or to locum backfill if required. This should not occur on a frequent basis to an individual doctor (impact on training must be considered).

5.2.3 The skill mix and establishment must be reviewed at least annually as part of the budget setting and workforce planning processes. Skill mix and establishment reviews may occur more frequently if a need or risk is identified.

5.3 Junior Medical Staff Rosters

5.3.1 Rosters must be compliant with all the rota rules and rest requirements detailed in schedule 3 of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 and NHS Employers rostering guidance. In summary these are:

- Maximum average of 48 hours of actual work per week calculated over the cycle of the rota template.
- Maximum of 72 hours in any consecutive 7 days/168 hours.
- Maximum shift length of 13 hours.
- Maximum of 5 long shifts (shifts rostered to last longer than 10 hours); at least a 48 hour rest period following the fifth shift.
- Where long shifts finish after 23.00 no more than 4 shifts shall be rostered or worked on consecutive days; at least a 48 hour rest period following the fourth shift.
- Maximum of 4 night shifts with at least a 46 hour rest period following the third or

fourth shift.

- A maximum of 8 shifts of any length can be rostered or worked on 8 consecutive days (with the exception of low intensity on-call duties: please contact Medical Human Resources for further information if required); at least a 48 hour rest period following the eighth shift.
- A weekend frequency of no more than 1 in 2weekends.

5.3.2 Rosters should be produced using the agreed rota templates. Any changes to the agreed rota template being considered should be checked to ensure compliance and be agreed by the Head of Service (or nominated Consultant), Junior Doctor, Education Lead (e.g. Training Programme Director) and Medical Human Resources prior to implementation.

5.3.3 Rosters must be produced for the whole placement (4, 6 or 12 months) and communicated 6 weeks prior to commencement in line with the code of practice for provision of information to doctors in training. In the event that the duty rosters cannot be issued six weeks prior to commencement the Roster Administrator shall communicate the reason(s) for the delay to the juniordoctors.

5.3.4 All rosters include prospective cover and therefore individuals are responsible for arranging cover for their on-call and/or out of hours duties when taking annual leave or study leave.

5.3.5 If a junior doctor wishes to swap a shift or an on-call duty on the roster, both parties involved in the change must approve the swap (available from their JDA/Roster Administrator) to agree the change and submit it to the Roster Administrator. The doctor originally rostered for the shift or on-call duty is responsible for ensuring the correct CMG process is followed.

5.3.6 Junior medical staff should be recorded on the Electronic Rostering System with the following standard titles:

- Foundation Year 1 Level Doctor(F1)
- Foundation Year 2 Level Doctor(F2)
- Core Level Doctor (CT)
- Higher Specialist Level Doctor(HSD)

5.4 Non-Consultant Career GradeDoctors

5.4.1 Rosters must be produced in line with the agreed job plans and agreed frequency of out of hours cover arrangements.

5.4.2 Rosters must be compliant with the Working Time Regulations (please refer to the Trust Working Time Regulations Policy).

5.5 Unfilled Mandatory Duties

5.5.1 When a duty cannot be filled by a member of substantive staff, there is an option to fill the duty by:

- Redeployment of staff from other areas.
- Awarding excess hours / overtime for substantive staff.
- Requesting a bank shift.
- Employing Agency staff in exceptional circumstances.

5.6 Leave Management

5.6.1 All annual leave entitlements are in line with the relevant Terms and Conditions of Service. Application and approval of annual leave should be undertaken via the rostering package, in line with the appropriate Trust Policies and CMGprocedures.

5.6.2 Application and approval of study leave will be via Intrepid for Doctors in Training and Tracker 2 for Career Grade doctors.

5.6.3 Special leave must be allocated in accordance with the Trust's Special LeavePolicy

5.6.4 All approved leave should be recorded on the liveroster.

5.7 Flexible Working

5.7.1 If doctors are unable to adhere to the standard work pattern they should discuss this with their line manager and agree arrangements in line with the Trust Flexible Working Policy. Junior Doctors in Training are required to obtain approval from Health Education England, East Midlands (HEE EM). All junior medical staff must also liaise with Medical Human Resources to ensure they are working compliant rotas and are paid correctly. Any agreed arrangements should be updated on the electronic rosteringpackage.

5.7.2 Flexible working agreements must be reviewed yearly to ensure fairness and equality in rostering is maintained and to appropriately support individual requirements. They will be recorded on the Electronic Rostering System under each employee as a skill, with a 12 month expiry date in order to ensure this annual review iscompleted.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 Training to use the Electronic Rostering System software will be delivered by Rotamap following the Trust approved rollout plan for the project. This training will be for all Roster Administrators, Roster Managers and relevant CMG leads.

6.2 On initial set up all appointed Roster Administrators will receive training from Rotamap on how to create a roster using thesystem.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 Compliance with the Policy will be monitored by the utilisation of the information from Electronic Rostering Reporting Software by all levels of management within eachCMG.

Element to be monitored	Lead	Tool	Frequency	Reporting arrange-ments
Implementation Key Performance Indicators	Electronic Rostering Lead	Collating information from CMGs and Rotamap	On-going	Medical Rostering Project Board
Maintaining compliance with Policy and Key Performance Indicators	Electronic Rostering Lead	Collating information from CMGs and Rotamap	On-going	Medical Rostering Project Board
Ensure safe and effective utilisation of staff within budget.	Roster Managers	Reporting via the ER package	Quarterly	CMG Board

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016
- UHL Medical Job Planning Framework
- The Working Time Regulations 1998
- The Working Time (Amendment) Regulations 2003
- Working Time Regulations Policy (B19/2014)
- Compensatory Rest Guidelines for Medical Staff (B8/2014)
- Senior Medical Staff Annual Leave UHL Policy (B35/2014)
- Junior Medical Staff Annual Leave Policy (new)
- Senior Medical Staff Study Leave Policy and Procedure (B67/2008)
- UHL Special Leave Policy (A18/2002)
- Sickness Absence Management UHL Policy (B29/2006)
- Flexible Working Policy (B7/2010)
- Temporary Staffing Policy (B58/2011)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 The policy will be reviewed by the Electronic Rostering Project Lead and the Medical Human Resources Manager within 12 months of implementation (or sooner if required).

10.2 The updated version of the policy will then be uploaded and made available via INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

Appendix 1a

Checklist for Approving Junior Doctors Rosters:

Action	Check
1. Roster must be sent 6 weeks prior to commencement (providing at minimum information on the start and end time of each shift and off duty days).	
2. All rosters have been produced by rolling out the rota templates for junior doctors.	
3. All Clinical Services have the minimum required cover	
4. Doctors' unavailability is appropriate (e.g. off days, teaching sessions, training, meetings, audits, leave, etc.).	
5. All contracted hours are assigned to be worked	
6. Additional shifts are appropriate and required.	
7. Any staff working over their contracted hours as a locum is appropriate.	
8. Working Time Directive Regulations have not been breached: • 48 hours averaged out over 26 weeks for traineedoctors • 48 hours averaged out over 17 weeks for other doctors • We also need to comply with rest provisions • 11 hours continuous rest in every 24 hours • 24 hours of rest after 7 days or 48 hours of duty after 14days	
9. The following rota rules are followed for Junior Doctor rosters: • Max average of 48 hours of work per week • Max of 72 hours work in any 7 consecutive days • Max 8 consecutive days • Max 13 hour shift length • Max 4 consecutive night shifts • Max 5 consecutive long day shifts • Except for Saturday/Sunday consecutive on-call duties cannot beworked	
10. All shifts have the correct number of staff at the required grade	
11. Ensure junior doctors have the required protected teaching time built into the roster.	
12. The number of unfilled shifts that occur on nights and weekends should be as low possible as possible to reduce clinical risk and to facilitate budgetary control by avoiding agency usage during these time	
13. The roster is within the budget for the cost centre	

Appendix 1b

Checklist for Approving Consultant and SAS Doctors Rosters:

Action	Check
1. All rosters have been produced following job plans ensuring all contracted hours are assigned to be worked	
2. All Clinical Services have the required cover	
3. Other staff unavailability is appropriate and required – teaching session, training, meetings, audit, interviews, appraisals, admin days, management days, supernumerary etc.	
4. Additional shifts are appropriate and required	
5. Any staff working over their contracted hours as a locum is appropriate.	
6. Working Time Directive Regulations have not been breached: • 48 hours averaged out over 26 weeks for traineedoctors • 48 hours averaged out over 17 weeks for other doctors • We also need to comply with rest provisions • 11 hours continuous rest in every 24 hours • 24 hours of rest after 7 days or 48 hours of duty after 14days	
7. All shifts have the correct number of staff at the required grade	
9. The number of unfilled shifts that occur on nights and weekends should be as low possible as to reduce clinical risk and facilitate budgetary control reducing/removing the need for agency usage during these times.	
10. The roster is within the budget for the cost centre	