**Medical Rostering Procedure**

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**Staff Summary**

This procedure outlines arrangements to be used when producing a roster for Medical Rota patterns. The procedure ensures safe working and enables the right staff to be on duty at the right time to facilitate efficient working.

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| **1. PURPOSE** |
| This procedure sets out the arrangements to be adopted when producing a roster for medical employees who follow specific eRota or eJobPlan schedules. The procedure applies to the production of rosters through multiple electronic applications, which include; eRota, eJobPlan and HealthRoster.  The Procedure is designed to ensure:   * The right number of staff, with the right skills are on duty at the right time in order to support both safe and efficient working * Rosters are safe for both employees and service users and support high quality patient care / high quality services * The effective utilisation of the workforce through efficient rostering * Better planning of leave, for example annual leave and study leave * Employees are able to balance home life with work commitments * There are adequate and reliable records of when and where employees worked (i.e. a single governable rota/off duty). |
| **2. SCOPE** |
| This procedure applies to all medical employees who work to daily rotas or activities and those who are responsible for managing the rosters. |
| **3. DEFINITIONS/ ABBREVIATION** |
| **Doctors Contracts**  Please refer to the standard definitions in the Junior Doctor Contracts (2016/New Deal), Consultant Contract and SAS Contract provided by the British Medical Association or NHS Employers. |
| **4. PROCEDURE TO BE FOLLOWED** |
| **4.1 Rotas**  Rotas should be agreed between specialty leads and Medical HR to ensure a compliant rota has been agreed. Lines/Slots in which each doctor will start on will need to be allocated or agreed by the department lead or rota master at least 8 weeks prior to the start of rotation periods.  **4.2 Roster**  Roster periods should commence on a Monday and should cover a period of at least four weeks, unless agreed for shorter period with the Medical Rostering team.  In order for employees to be able to balance home life and work commitments, and to abide by regulations outlined in the 2016 Junior Doctor contract, rosters should be approved and published as soon as practicable and at least 6 weeks prior to the start of the rotation period. This should a full creation of duties that cover the entirety of a rotation period.  This is also recognised that the Lord Carter (2016) review of NHS Efficiency.  The Medical Rostering team will publish an annual roster timetable for the finalisation of rosters by each specialty/roster to ensure the lockdown for ESR extraction.  In order to allow this to happen:   * Employees must submit planned leave at least 6 weeks prior to the start of the requested date. Requests for emergency or unplanned annual leave can be submitted outside this timescale but will only be approved by lead clinician/rota masters if the service can accommodate the request. * Changes to the approved roster agreed with the staff concerned must be communicated to all staff as soon as possible based on local procedures which have been agreed with staff and communicated to all staff, including new starters.   **4.3 Annual Leave**  Please refer to the Liverpool University Medical Leave Policy.  **4.4 Study/Professional Leave**  Please refer to the Liverpool University Medical Leave Policy.  **4.5 Christmas, New Year and other Bank Holidays**  Christmas, New Year and other Bank Holidays will normally be treated as all other weeks in terms of annual leave, however, exceptions may be agreed locally by the Roster Reviewer subject to the needs of the service.  In collaboration with the staff concerned, Rota Masters are responsible for developing and circulate local rules in relation to the process of applying for and being granted annual leave during this period. The aim being to ensure that required staffing levels are achieved and all staff are treated equitably. Managers should review the previous year’s allocation to ensure a fair approach.  A medical staff member who does work on a bank holiday will be entitled to a day in Lieu, which can be added to the member of staff’s leave entitlement. However will not be added until after the Bank Holiday has been worked in case of swaps or sickness.  Both the Rota Master and Doctors have the responsibility to ensure that all On-Call/Un-Social Hour shifts are covered, whether this is to find cover for requested leave, or reject leave where an On-Call shift is affected.  Services should not rely on booking temporary staff to cover the Christmas, New Year and Bank Holidays.  **4.6 Shift Swaps**  Following publication of the roster, employees may agree to Shift Swaps, subject to ensuring the rest/shift requirements detailed in the Doctor’s Contracts are adhered to and subject to the approval of the Lead Clinician/Rota Master. Lead Clinician/Rota Masters will only decline Shift Swaps where there are justifiable local reasons to do so.  Swaps should be made via the Swap feature on all Medical Employee’s MedicOnLine, which will then be approved via HealthRoster. This will provide email notifications for audit and can be completed outside of the trust via smartphone URL (not available via desktop version).  All on call/un-social hour shifts that are swapped out should be made up by the member of staff prior the end of their rotation. Failure to do so may result in an amendment to salary calculation based on shifts worked.  **4.7 Changes to Published Rosters**  It is the responsibility of the Rota Master to ensure that all changes to the roster after it has been published are recorded on the system to reflect actual hours worked, ensure the changes are visible to all staff and to ensure the following are recorded: short notice annual leave, special leave, absence due to sickness; study leave; other paid or unpaid leave; shift swaps; time off in lieu; additional hours worked; etc. Staff movements between work areas should also be recorded. All updates should be made as soon as is practicable and not less frequently than twice per week. Any changes should be clearly recorded for audit purposes, including reporting to national bodies such as regulators.  Published rosters may be liable to short notice change to accommodate the needs of the service. Where there are short notice changes to the roster, the rota masters should consult with staff with a view to seeking agreement to any changes. Employees are not expected to unreasonably refuse to change their shifts or their location of work.  **4.8 Less Than Full Time Staff**  Training Less Than Full Time covers any arrangement with reduced working hours for doctors.  For all Less than full time members of staff, a rota pattern that accommodates the agreed Whole Time Equivalent, or any flexible working agreements that have been made must be agreed between the doctor and Medical HR. All rota patterns need to be monitored to not only ensure that this is compliant, but to ensure that the doctor is working safely.  In line with full time rota agreements, all LTFT patterns must be agreed 8 weeks prior to start date.  All shifts, On calls, out of hours working should be the pro-rata equivalent based on a full time trainee post.  Example: If your equivalent full time colleagues work 1 in 6 on call, and you are working at 60 per cent of full time equivalent, then you will be on call 0.6 times as frequently, i.e. 1 in 10 (1 in 6 divided by 0.6).  As discussed in section 4.3 – all LTFT staff will have their leave pro-rated based on length on rotation period and whether they are full time equivalent.  Example: If your equivalent full time colleague is entitled to 27 days for 1 year in post, if you are 60 per cent of full time, then your yearly entitlement will be reduced to reflect the WTE – 27/10\*6 = 16.20 days. |
| **5. ROLES AND RESPONSIBILITIES** |
| 5.1 Employees:  * Ensure they familiarise themselves with their personal roster and attend work as detailed in the published roster. * Take personal responsibility for planning their annual leave. * Submit requests for leave as soon as practicable and no later than the specified deadline. * Work their scheduled amount of unsocial duties in line with agreed rota. * Notify and seek approval from the Lead clinician/Rota Master of any required changes to a published or planned roster as soon as is practicable. * Notify the Rota Master of any changes to a worked roster as soon as practical. * Ensure they are familiar with this procedure and the Junior Doctor/Consultant Contracts to understand the expectations and implications for their work area(s).  5.2 Roster Master:  * In collaboration with the staff concerned maintain and disseminate roster rules to complement the minimum requirements detailed in the Doctor’s Contracts. * Approve annual leave and study leave, ensuring fair and equitable allocation in accordance with local rules and the needs of the service. * Ensure a fair allocation of unsocial duties. * Approve Shift Swaps, ensuring fairness and equitable allocation in accordance with local rules and the needs of the service. * Approve any changes to the published roster and ensure than all changes are recorded. * Ensure all work contributing to the delivery of the service is recorded on the roster, including work undertaken by bank/agency workers and staff working out with their normal work area. * Ensure the information on the roster is correct. Especially in time for finalisation and ensure information is passed to payroll by the agreed and published timetable. * Ensure that there is a nominated and trained individual who can assume their responsibilities as Rota Master in the event of their planned or unplanned absence. * Ensure temporary workers’ and unused shifts are recorded appropriately on the system in a timely manner. * Ensure they are familiar with this procedure and the Doctor’s Contracts and to understand the expectations and implications for their work area(s) and their role as rota master.     **5.4 CSU Senior Managers (General Managers, Heads of Service)**   * Ensure roster performance is reviewed regularly at a senior level and provide support to local managers to ensure performance standards are achieved. * Identify any needs and work with the Medical Rostering team to ensure information and training is provided, including new rota masters. * Ensure their managers are familiar with this procedure and the Doctor’s contracts and to understand the expectations and implications for safe patient care. |
| **6. MONITORING ARRANGEMENTS** |
| The following KPIs have been developed for each published roster:  For services using the eRostering system these KPIs will be monitored by Medical Rostering team and monitoring information will be made available to Lead Clinician/Rota Master, the CSU management team.  Where KPIs are not achieved this should be addressed through the Trust’s normal performance management arrangements. |
| **7. REFERENCES** |
| None |