ROSTER DESIGN
INTRODUCTION

A roster, in its most general form, is used to:

- forecast the staffing levels and duties required to maintain the safe running of a service
- facilitate the training and professional development of staff
- allow for full leave entitlements to be taken.

Once a rota has been established, the rostering process will transform the generic rota template into a live document detailing the deployment of staff within specialties, teams and/or departments on a day-to-day basis.

The design of a roster will consider factors such as patient needs, staff needs, organisational (employer) needs, the staffing levels and skills required to deliver service, the provision of training, quality improvement, development, and general workforce availability/rota gaps.

An approved roster should provide a live record that can identify whether training and service obligations will be met which, in turn, provides the ability to monitor for potential issues and highlight where intervention is required to tackle these early on.

Rostering is an essential function. It ensures that resources are appropriately allocated, and that patients are cared for by staff who have been effectively and equitably deployed. A roster is the means by which the hypothetical rules and requirements of a contract are used in practice and, if done intelligently, can make a significant difference to a shift worker’s quality of life.

Who is responsible for rostering?
The link between staff engagement and quality outcomes is well understood and evidenced among high performing organisations. As such, good rostering practices will encourage all staff to be involved in ensuring they are effectively and equitably deployed. To facilitate this, employers should aim to provide training, and have processes in place, to enable wider engagement and ownership of good rostering across their organisation. This allows doctors the opportunity to be involved in designing and maintaining their own rotas, with appropriate support from administrative and human resources staff.

Where processes highlight workloads exceeding capacity, it will require an organisational response to manage demand or increase workforce through recruitment mechanisms. Ultimately, it is the responsibility of the employer to provide a safe and sustainable working environment.

What are the aims and outcomes of good rostering?
Aims
- Shift patterns are developed locally through open and transparent consultation with all staff to ensure the best possible use of resources in meeting service and training requirements.
- Staff are empowered to take ownership of their working patterns to facilitate (where possible) the best work-life balance and quality of service.
- Working patterns are rostered below the contractual limits with sufficient capacity to accommodate additional hours where required without the risk of a breach occurring, and to provide greater flexibility (ie shift swaps) for staff to balance work and personal commitments.
- Staff are able to access their leave in full.
• Sufficient time is available for activities such as teaching and assessment, e-learning, quality improvement, and reflective practice.
• Standardisation of rostering processes for fairness and consistency across services and departments within organisations.
• Greater utilisation of technology and e-rostering solutions (where the new technology can demonstrate an improvement on current practices), as recommended by Enhancing Junior Doctors’ Working Lives and the May 2016 ACAS agreement.
• National coordination of rostering best practice through partnership working and communication of service innovations for the benefit of all organisations.

Outcomes
• Ensuring that there is safe and appropriate staffing for departments as a result of fair and consistent rostering processes.
• Improved oversight and monitoring to align staffing levels with service needs, training opportunities, and the budgets in each department.
• Better management and oversight of educational opportunities in order to allow doctors to meet the outcomes required for progression at the Annual Review of Competence Progression (ARCP).
• Ensuring that all staff are able to complete all aspects of their role within working hours.
• Improved planning and management of leave.
• Increased opportunities for doctor involvement in rostering design, development and management of their rosters.
• Better management and oversight of resources to increase effectiveness in workforce planning, with the aim of reducing reliance on temporary staffing arrangements.

Aspirational best practice
• Outstanding employers will give staff the opportunity to self-roster where possible, supported with clear guidance on the mandatory duties and shift types that must be undertaken.

THE ROSTER DESIGN PROCESS
The process of designing a roster can be complex. A well-designed roster will balance and bring together various important factors highlighted in the introductory section of this paper.

Most employers have existing processes on the design and approval of rosters. Typically, these processes will incorporate the following stages.

1. Development and evaluation of the core components within the template rota.
2. Creation of the draft roster.
3. Validation and authorisation of the draft roster as fit for purpose.
4. Publication and communication of the finalised and approved roster.
5. Review and maintenance of the roster.
The table below sets out further detail on the considerations linked to the above stages that trusts should undertake throughout the rostering lifecycle.

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<th>PROCESS STAGE</th>
<th>CONSIDERATIONS AND ACTIONS</th>
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| Developing the template     | • Develop rota in line with total whole time equivalent (WTE) staff allocated, the annual budget, and the required staffing profile to run the service, including requirements for leave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |}
|                             | • Determine the optimum number of staff required for each duty and type of shift (ie day, night, long shift, twilight, weekend, non-resident on call (NROC) etc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |}
|                             | • Ensure that the rota is compliant with the contractual requirements (ie hours, consecutive shifts, rest and ability to take leave flexibly).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |}
|                             | • The design of the template should involve and take into account feedback from doctors and wider staff groups.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |}
|                             | • Ensure the rota satisfies education and training requirements, including time allocated with the educational/clinical supervisor, time for quality improvement and patient safety activities, periods of formal study (other than study leave), audit and e-portfolio activities.                                                                                                                                                                                                                                                                                                                                                       |}
|                             | • Ensure that the rota can be responsive to different working arrangements (such as LTFT or flexible working) and health and safety considerations (such as occupational health recommendations).                                                                                                                                                                                                                                                                                                                                                           |}
|                             | • Ensure that the rota has the capacity to be responsive to known workload variations, seasonal fluctuations and other events.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |}
|                             | • Consider leave planning, training needs and likely rates of short-term sickness absence – clearly specify the maximum and minimum number of staff that can/must be off on any one day.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |}
|                             | • Ensure that shifts reflect adequate time for handover.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |}
| Creating the roster         | • Create the roster using the employer’s local processes and rostering system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |}
|                             | • Identify vacancies or gaps in service that will need to be filled according to local vacancy management processes (ie locum/ temporary staff processes or additional substantive recruitment).                                                                                                                                                                                                                                                                                                                                                                                                       |}
|                             | • Confirm that there are sufficient staffing numbers incorporated into the roster to meet training and service needs and, if not, revert to the template rota design process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |}
| Validation and approval     | • The roster should present approvers with all the information needed to decide if the roster is safe and effective.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |}
|                             | • Approving staff should be provided with this guidance on what good rosters look like.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |}
|                             | • Approval should be undertaken at departmental level, with involvement of senior doctors in the department, staff who are going to work the rota (including structures such as the junior doctors’ forum (JDF), and local trade union representation of those staff (this may be British Medical Association (BMA) local negotiating committee (LNC), regional junior doctors’ committee (RJDC), or other regional structures as appropriate).                                                                                                                                                                                                                     |}
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| Validation and approval cont. | • Approvers should carefully review:  
  - whether there are any actual or potentially unsafe shifts  
  - that the roster reflects agreed contracted hours  
  - that the roster is compliant with the contractual working limits and rest requirements  
  - that training and service needs are equitably balanced  
  - that full leave entitlements can be taken  
  - that known gaps are highlighted, risk assessed and escalated through local vacancy management processes.  
• Approvers should also consider whether the roster they are approving is one they would be content to work on  
• Where there is disagreement over the approval of a roster there should be a clear escalation process in place for it to be raised and addressed. |
| Publication and communication of the roster | • The approved roster should be published 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, as per the code of practice guidelines.  
• Staff should be provided with the necessary information to enable them to understand the roster and how it operates.  
• Changes to the roster following publication should be avoided where possible, particularly regarding shifts that attract an enhancement. |
| Maintenance | • Rosters should be continuously updated to reflect live changes or outcomes as a result of exception reporting (such as TOIL) and/or work schedule reviews.  
• Any changes to the roster should be reassessed against the contractual safety and pay requirements.  
• Staff involved in the management of rosters should have an appropriate amount of time allocated as part of their standard working hours, as agreed locally, to manage the required duties.  
• It is recommended that trusts undertake a safe staffing audit every three months, linked to the publication of the guardian of safe working’s quarterly report, to ensure that the roster reflects the required staffing numbers and skill mix to meet the changing need of services and patient demand.  
• An agreed roster template should be evaluated and signed off annually as safe, effective and financially achievable.  
• Roster management should be a collaborative process with good medical engagement in the process from both senior and junior medical staff alongside dedicated medical staffing representatives. |