

Rostering for better work life balance

Practical guidance on team-based rostering and self-rostering solutions to enable better work-life balance for rostered teams within the NHS

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Section 1: Introduction

This guide is aimed at managers of rostered teams, HR leaders and e-rostering teams who want to implement a more flexible and employee-led approach to rostering.

Three opportunities in rostering for enhancing staff work-life balance

We know that having input into working patterns increases work-life balance. There are three elements which can be built into alternative rostering approaches which can give nursing staff that input.

Giving attention to each one in how you design your rostering process will help maximise the work-life balance that is possible, within financial and clinical constraints.

1. Preferences. A preference refers to a staff member's desired working pattern on an ongoing basis. A preference can be applied to any month's roster. For example, a preference to work fewer nights, or to work more nights; a preference for clustered shifts within a week; a preference to work more, or fewer, weekends.
2. Requests. These are one-off needs for a specific date. These are specific to each roster period. For example, a request for a particular day off work; a request to work a particular day or night shift.
3. Last-minute post-publication changes / swaps. When staff need to make last-minute changes to meet personal commitments. For example, when a staff member realises they cannot work a rostered shift because they have a personal appointment that has fallen on the same day. At this point a swap needs to be arranged.

How you approach each of these elements when designing and building your roster will have a big impact on the experience of your team, and how well able they are to balance work with out-of-work commitments.

This guide

This guide provides information about self-rostering (which focuses on requests) and team-based rostering (which focuses on preferences). It will help you decide which approach is right for your team, and provides practical guidance for setting up a new rostering approach or trial.

Self-rostering or team-based – what's the difference?

Self-rostering is a system where staff request the shifts they would like to work, and/or their preferred days off, during a 'roster request window'. This is often enabled using e-roster systems via an 'employee online' function where each employee has a certain number of requests they can make for each roster period. The roster manager reviews the requests and declines any that they cannot grant, before finalising the roster. Self-rostering can have positive results for staff because it enables them to have more input into their working pattern. It can also benefit the roster manager because it speeds up the roster creation process. Whilst it is an individual-led process to request the shifts, it requires team members to consider the impact of their requests on others: once a shift is selected by one team member, it is not available for their colleagues to select, it is 'first come first served'.

Team-based rostering is a system which encourages staff to identify and articulate what is important to them in terms of their work-life balance, using longer-term preferences, rather than specific requests. It also focuses on understanding the needs of others in the unit and developing a shared sense of responsibility for delivering the roster. This approach aims to put in place a culture and structure that allows staff to work together to find a solution that works for everyone, with a 'lead team' established to produce the roster on behalf of their colleagues, incorporating as many preferences as possible.

In both approaches:

- **There must be a set of parameters or roster rules to:**
 - Provide an adequate skill mix and numbers of appropriately qualified staff to deliver safe care.
 - Ensure fairness, generating agreement regarding the number of weekends, night and evening shifts that each staff member needs to work over a set period of time.
- **There must not be a hierarchy of needs.** These approaches should avoid judgement about the reasons why a particular working pattern is required: there is no 'hierarchy of needs' in terms of childcare, study, caring for elderly family members, health and wellbeing, or simply 'having a life' – everyone is entitled to input into their working pattern.
- **Work-life balance cannot be synonymous with having a flexible working arrangement (FWA).** Every nurse has work-life balance needs, not just those with flexible working arrangements. Team-based or self-rostering should apply to *all* staff within a ward/unit/team.

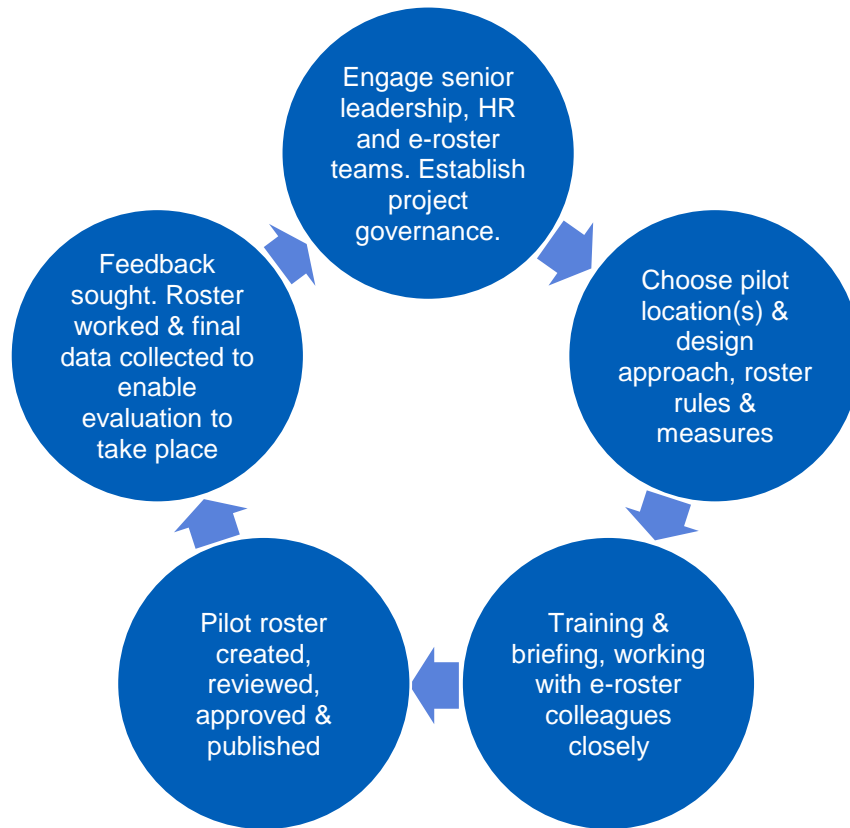
Why consider a different approach to rostering?

These approaches to rostering can counteract several problems with current rostering practice:

1. **The two-tier system.** The current system of 'flexible working arrangements' (FWAs), granted only to a few staff, creates a two-tier system: 'special' arrangements (for those with FWAs) and 'normal' staff (everyone else).
2. **'Rationing' of FWAs.** To make the system work, FWAs involving set shift patterns are routinely discouraged.
3. **Hierarchy of needs.** Often the hierarchy of needs puts childcare at the top, and then expects everyone else to be available in whatever pattern is left when childcare-related FWAs have been rostered. Apart from health needs, every other work-life need gets a very low priority.
4. **Sense of unfairness and resentment.** Many staff have limited exposure to the e-roster system and its constraints, leading to complaints about unfairness and a lack of transparency, with some people apparently getting what they want through a special relationship with the roster creator.

Overview of how to implement an alternative rostering approach

This guide gives you information about designing and implementing an alternative approach to rostering. In summary, the process is as follows. We would recommend agreeing a trial period or pilot, and communicating this to all involved, as this gives you the opportunity to review, adjust and evaluate the impact of your new approach.



1. Engage your senior leadership, HR and e-roster teams to support the new rostering approach. Establish a project team and a steering group.
2. Choose pilot location(s) and agree type of rostering solution you wish to pilot. Taking a co-design approach with the managers for the pilot locations, decide what you want to change, and how you will measure any change. Examine the current roster rules and revise these for the pilot.
3. Train individuals in how to self-roster, or lead team members in how to collect nurses' work-life preferences (for team based rostering). Agree how the roster will be produced, given the financial, operational and clinical constraints in the particular location.
4. Produce the first self-roster or team-based roster, which is then reviewed and signed off by the roster manager in the usual way.
5. Monitor the effectiveness of the approach, and continue to adapt it for subsequent roster periods.

Section 2: Getting started

Engaging leadership

One of the key requirements for the success of an alternative approach to rostering is full support and engagement from senior staff at board level and team level. Like any change in culture, it will require upfront effort to achieve long-term rewards.

- **The Trust board, especially the Chief Nurse (if a nursing area) and Director of Workforce,** need to be willing to support the new approach. They understand its principles and feel that it sits well with the current or desired culture of the hospital.
- **Senior leaders** need to be engaged and prepared to support managers to implement the approach, address challenges and push for progress. They also need to plan for the additional time that will be required for managers and team members to be briefed / trained and implement the new approach. It may be necessary to adapt policies or suspend procedures to support implementation.
- **The HR team** need to endorse the approach, and may need to provide help with briefing / engaging, training and/or gathering feedback from roster managers and team members.
- **The e-roster team** are critical for helping team members (and managers) to better understand the e-rostering system and how it can be adapted to an alternative rostering approach. They will be needed to provide guidance and training on use of the system.
- **Roster managers** need to be comfortable with the idea of empowering team members to have more input into their roster. They must inspire their staff to go through the process of change and shift the culture around rostering.

You may want to set up a project team with representatives from all these groups. Holding a launch meeting at the start of the project with this group will enable you to explain the alternative approaches, discuss the merits of team-based or self-rostering for your organisation, and identify potential teams to engage in a pilot.

This group will also be able to identify concerns, decide on measures of success, and set or change roster system rules and KPIs. This group could become a steering group throughout implementation, assessing progress, recording challenges, discussing feedback and suggesting improvements in the process. As with any change process, success is more likely if you can engage senior sponsors and champions who will sustain the new approach in the long term, keeping the topic on the agendas of standing meetings, and promoting it both internally and externally.

Communicating with all team members

Managers need to facilitate communication and information sharing with all the staff on the roster, in all the different bands. They will establish expectations about the new approach as part of the initial communication, and continue to do so throughout implementation.

Communication across the whole team can be challenging in a shift-based environment, but is essential to the success of the approach. A range of communication tools are available to you.

- You may wish to upload information about the new approach onto the rostering section of your intranet, or create a new page about the project.
- **Email** for FAQs and ongoing communication about progress
- Putting posters on **staff notice boards** in coffee rooms or staff rooms – including a QR code which staff can scan on their phones and will take them to more detailed information on the intranet page or elsewhere.
- Managers and lead team members updating staff at **team meetings** and via **whatsapp** groups if these are used
- Project team members, e.g. HR business partners, ‘dropping in’ to the ward or office location, to be available to talk to staff about the project, and answer questions
- Managers taking every opportunity to have **conversations** to disseminate information, ask for feedback, and answer questions
- Managers ensuring that any **staff on long term sick or maternity leave** are kept up to date with changes.

If you adopt a team-based approach, the lead team members will be particularly key in supporting communication, and encouraging staff to participate in the 1-1 conversations about their preferences.

It’s worth remembering that you may need to use several of these communication methods. One of the most common mistakes in trying to create any behaviour change is to underestimate the amount of communication that will be needed.

Remember also that you will need to inform new joiners about the process as they will not be familiar with this approach to rostering for work-life balance. You should also consider how you will communicate to candidates or prospective team members about the initiative and the benefits of it.

It’s really important that the manager, lead team members and senior team members all communicate consistent messaging about the approach to rostering.

Appendices 1 and 2 contain a list of FAQs which can be used as a basis for your staff communications for team-based and self- rostering approaches

Agreeing criteria for success

You may want to set up a formal trial of your new approach, and measure key indicators both before and afterwards.

We would recommend that pre- and post-implementation surveys are conducted with the staff in each pilot ward/team.

Indicators of success should be those which are most relevant for your organisation, and will vary depending on whether you choose a team-based or self- rostering approach. Some suggestions are shown in the table below:

Area	Team-based	Self-
Team member experience	Satisfaction with the rostering process Assessment of wellbeing/work life balance	Satisfaction with the rostering process Assessment of wellbeing/work life balance % of eligible staff* who participate in self rostering (per roster)
Staff input into the roster	% of staff who feel their preferences are met	% of requests which are approved
Process measures	Time taken to produce roster	Time taken to produce roster Use of/confidence using Employee Online system
Team measures	Level of understanding of rostering process Sense of collective responsibility for the roster	Level of understanding of the impact of their requests on others
Longer-term, indirect measures of impact	Retention Absence Bank/agency spend	Retention Absence Bank/agency spend

*whilst it is recommended that any rostering approach is designed to be applied to all staff, there may be some trainee nurses or staff with fixed working patterns whose working arrangements mean that self-rostering isn't appropriate or relevant to them.

You may want to adapt these questions to focus on specific issues for your team, but 5-8 indicators should be sufficient: the more questions you ask, the fewer responses you will get.

Appendix 3 contains suggested survey questions to use before and after a pilot to assess baseline and impact.

Section 3: Design

Design principles and roster rules

Whether you are implementing a team-based or self-rostering solution, you will need to agree some **design principles** and review and agree the **roster rules** which will apply to the project.

Design principles are used to describe how the project will be run. They should cover elements such as:

- That the project is a pilot, designed to test and learn
- What measures will be used to evaluate
- How feedback will be sought
- The Trust's commitment to enabling greater input into the roster and enhancing work life balance
- What is expected, and is not expected, of participants in the project

An example of some design principles is included in Appendix 4.

Roster rules exist to ensure the health and safety of the roster, and those working on it. Global rules regarding e.g. rest periods, are not anticipated to change due to the rostering approach. However, many Trusts also have local rules which relate more to 'fairness' or 'equal access' to particular shift types, for example, rules around a minimum/maximum number of nights or weekends that should be worked per roster. Sometimes this is to 'share out' shifts which attract a higher rate of pay, and other times it may be to ensure people take an 'equal share' of less popular shifts. This type of rule should be reviewed prior to implementing a new rostering approach.

By giving people more input into their roster (whether through shift requests or longer-term preferences), there should be less need for the organisation to stipulate what is 'fair'. Indeed, particularly with self-rostering, if too many rules remain then it becomes harder for team members to influence their working pattern, because the roster design will largely be set by these roster rules. It may feel uncomfortable, but at the design phase, it is worth exploring with the project team which roster rules absolutely need to remain, and removing those which are unneeded, in order to genuinely trial an alternative approach to giving staff input.

Information about roster rules is included in Appendix 5.

Other design elements

At design phase, you should also discuss and agree other design elements relating to the project, for example:

- What will happen to flexible working agreements or fixed patterns during the pilot phase? If you have too many staff members with fixed patterns it will reduce the input that others are able to have into their roster because there will be fewer shifts available. So you may want to consider if any staff with FWAs would be willing to trial the new approach and see if they can gain the flexibility they need through that. Staff with contractual flexible working arrangements will not be expected to give these up. However, it would be valuable to explore what the individual's parameters are, and whether there is any possibility of changing their agreed patterns. It is important that staff understand the implications of their arrangements on the roster as a whole.
- When managers are reviewing and approving the roster, how should they record the changes they need to make / the rationale for those changes? For example, you may want to specify a particular code that they use on the rostering system if they are unable to approve a requested shift (self rostering) or need to adjust a recommended shift (team based rostering). This will help with evaluating the approach, and will enable lead team members and/or team members to understand the decisions that are being made when their preferences or requests cannot be met.
- How will you treat team members who choose not to participate in the new approach? If they don't specify preferences (team based) or request shifts/days off (self rostering), they may find they get a roster which they are unhappy with. How will managers deal with this – and should they intervene in the roster in this case, or not?
- How will post-roster publication changes be handled during the pilot? As part of the new approach you may want to trial an adjusted approach to identifying swaps or changes post-publication.

Section 4: Establishing a lead team to support a team-based approach

If you have decided to implement a team-based approach to rostering, you will need to select a lead team to enable this. Prior to this, the project team will need to agree the measures of success (see above) and the roster rules and other design elements (see above) which will apply to the team-based approach. The 'lead team' is a group of nursing staff from different bands who take responsibility for understanding the work-life needs of a sub-group in the team (usually a group of staff at a particular band), and putting the roster together collectively.

How to select your lead team members

The role of the lead team members is to:

- **Build an inclusive roster that works for the team.** The lead team member has a 1:1 conversation with each of their sub-group, to develop an understanding of their needs and preferences in regard to their working pattern, and what is important to them. They use this knowledge to build the roster.
- **Educate and inform staff on the team-based approach** and help shift mindsets to create a collaborative culture around rostering. Lead team members work closely with their sub-group to share information on the challenges of creating the roster and the reasons why shift preferences may not always be met.

The number of lead team members will vary with team size and circumstances. Between three and five people is ideal: there needs to be a minimum of two lead team members in the smallest of teams; larger teams, where there are large numbers of similarly qualified / same level team members (e.g. Band 5 nurses), can be more challenging. The team-based approach requires enough lead team members to understand each individual's preferences, but not so many that roster planning conversations become unwieldy and difficult to schedule.

Lead team members should ideally be volunteers, but it's important to select people who have the following qualities:

- Being assertive enough to have challenging conversations
- Empathy for individual needs
- Ability to inspire the group to collaborate and take responsibility for their collective roster

The benefits of being a lead team member are:

- Building people management and leadership skills, as well as skills in roster creation
- Becoming a pioneer of the team-based approach
- The satisfaction of helping colleagues to improve their work-life balance, and in the long term, to retain them as colleagues and employees

How to train your lead team members

Most of the lead team members will not have developed a roster or used the e-roster system in a management capacity before and will therefore need some training on how it works. This needs to be a joint effort by the manager, HR team and e-roster team; your e-roster supplier may also provide support.

As well as the technical roster/system training, they will need to be trained on the team-based approach, its aims, their role, how to have a constructive 1-1 conversation, and how to work as part of a team to build the roster.

Training need	Training content	Approximate time needed	By whom
Introduction to the team-based approach to rostering	<ul style="list-style-type: none"> • aims of the approach • role of lead team members • preferences, requests, and rights – what’s the difference? • how to have a constructive 1:1 conversation • how to deal with objections • how to handle staff who have a contractual flexible working arrangement • understanding skills mix both within and across bands 	2 hours	HR team Manager and/or experienced roster creator
e-roster basics	<ul style="list-style-type: none"> • what the system looks like • how to ‘drag and drop’ to make changes • basic principles of best practice in e-rostering • what the dashboard indicators mean • Team-level and Trust-level rules and patterns in the auto-roster 	1 hour	Software provider or e-roster team
Follow-up support and answering questions	<ul style="list-style-type: none"> • making judgements about what to prioritise • when to flex rules and parameters • deeper understanding of skills mix 	To be determined by the manager depending on the needs of each lead team member	Manager or experienced roster creator

How much time will the lead team need to commit?

In addition to the training times, each lead team member will need to allow:

- **Initial 1:1 conversations:** 15-20 minutes with each of their sub-group members to understand each individual's preferences.
- **Roster creation:** 2 hours per month on average: more to begin with, but decreasing with each month's experience. Ideally lead team members would be able to work together on this at the same time, but if shift patterns don't overlap, Whatsapp can be an effective way of sharing experiences and expertise.
- **Annual update of preferences:** The 1:1 conversations should be updated annually, and proactively, by the lead team members. In the intervening period, if an individual's circumstances change, they should feel able to bring up a change in preferences with the lead team member, but it is also good practice to give every nurse a structured, annual opportunity to reconsider their needs and preferences. Lead team members also need to make time to have the 1:1 conversation with new starters, and those returning from long-term sick leave or maternity leave.
- **Dealing with last-minute swaps and changes** can be challenging if clinical staff have limited access to emails during the day. Setting up a WhatsApp group for each sub-group can be helpful as it maximises the opportunity for nurses to find someone to swap with, and reduces the burden on lead team members and managers to fill gaps.

Managers need to allocate slots on the roster for lead team members to do this work. Initial communications need to make it clear that lead team members are not expected to complete rosters in their own time.

Changing lead team members

Developing a roster which is clinically safe, meets staff preferences and uses resources effectively is a skill learned over time. Experienced roster creators including managers and the e-roster team need to provide support and guidance, making themselves available to answer questions. However, being a lead team member is not for everyone, and it's OK to replace your lead team members if they're not thriving in the role.

If a lead team member goes on long-term sick or maternity leave, other staff members will need to be trained into the role. Lead team members also need to arrange for another lead team member to complete the roster if they are on annual leave.

Collecting and collating preferences

When collecting preferences, it may be helpful for lead team members to think about colleagues' preferences in the following categories:

- **Regular patterns that are the same from week to week.** Many nurses want an element of regularity but are prepared to vary some elements of their working pattern to meet service needs. Others need a stable schedule that is the same every week.
 - 'I need Mondays off every week but otherwise I can fit in around other people's needs.'

- ‘My ideal would be set shifts across four weeks: then I could plan things.’
- **Nights on/off:** a preference to work fewer nights, or, sometimes, to work more nights. This is often related to caring responsibilities or health needs, or to maximising earnings.
 - ‘I hate nights so my ideal month would be all days and minimal nights.’
 - ‘I’d like more nights – I get more money and I save on parking as it’s free at night.’
- **Clustered shifts within a week:** some nurses prefer to cluster their shifts together in blocks; but others may prefer to spread them out.
 - ‘My least favourite pattern is having odd days here and there.’
- **After-nightshift preferences:** some people want to avoid mixing days and nights in the same week; others need more than the standard number of recovery days after a nightshift.
 - ‘I have insomnia and do not sleep well after nights. If I have to return to work too early I struggle as I have not had enough sleep to cope.’
 - ‘I would rather do nights and days in blocks; it’s the split between nights and days in the same week that’s a killer.’
- **Weekends on/off:** a preference to work fewer weekends, or, occasionally, to work more weekends, sometimes in order to share childcare with a partner or other family members.
 - ‘My ideal would include two weekends off a month, so I can spend time with my kids.’
- **Rolling patterns:** rolling patterns are not the same every week, but consist of a cycle of different types of weekly pattern, including night shifts, repeated each month or across several months. This approach is often used in the emergency services. However, it can be difficult to implement a rolling pattern across only part of a team: if half of the people on a team want a rolling pattern, the rest automatically get the complementary pattern.
- **Shift length preferences.** Some people prefer to work different shift lengths to standard (e.g. within nursing some may prefer to work shorter 8-hour shifts, than the standard) which can work if you have a need for extra support during busy periods.

Often staff will prefer a combination of these various categories, so it’s important to understand which is the priority and which is less important for each individual.

Some people will not have strong preferences for particular options – but may still want reassurance that they won’t get more than their ‘fair share’ of the less popular shifts at nights and weekends. The lead team will need to consider this against the decisions that were made at design phase, and may need to advise them to express a preference for particular shift types in order to ensure this.

Preferences and rights

It’s important to keep reinforcing the difference between preferences and rights. A right to a particular working pattern (often a regular pattern that is the same from week to week) may be formally enshrined in

a 'flexible working arrangement' in a nurse's contract of employment (see design section above for how to treat these during the pilot phase).

In addition, some nursing staff may, over time, have acquired an informal expectation of working a particular pattern, through custom and practice. If this is the case, this will need to be addressed before the new approach is launched.

A preference is not a guarantee that a particular working pattern can be achieved: the preference is an input into the roster, and has to be seen in the context of clinical and financial needs, which may have to take priority. However, awareness of everyone's preferences is the best way of maximising the chance that the preference will be met.

Gathering preferences in the 1:1 conversation

The 1:1 conversation between the lead team member and the staff in their sub-groups forms the basis for an effective roster based on staff preferences. The conversation needs to be of sufficient depth and duration to ensure that all the necessary information is gathered.

It's essential that a conversation is held with each and every one of the team members, including new starters, those with existing flexible working arrangements, and those returning from maternity leave or long-term sick leave. The guiding principle is that all nurses have work-life balance needs – not just those with existing flexible working arrangements.

The conversation should take 15-20 minutes and should be held in a quiet space to reduce distractions. Where shifts do not overlap, the conversation may need to be on the phone, but this should only be in exceptional circumstances. The meetings should be planned in advance to allow time to prepare and the following points need to be included in the conversation:

- The focus is on the pattern staff would like to work, rather than what they don't want to work.
- Staff may not wish to participate and express a preference, and if this is the case then the lead team will need to explain to them the potential impact of this – i.e. others' input will be factored into the roster and theirs will not, and they may be left with a roster that is quite different to their current 'typical' pattern, designed by the manager.
- There needs to be an understanding of what is the most important and the second most important to that individual when thinking about their work-life balance. Many nurses will have several different preferences.
- It is really important to emphasise to all staff that they are being asked about a preference, not a right. The service hours and needs and the required skill mix will always remain a priority when planning the rosters, and the needs of a team as a whole have to be considered.
- The conversation may encompass the reasons for these preferences (caring responsibilities, hobbies, health needs, study), but this should not be the focus. It's not the lead team member's role to decide what is a 'good' or 'worthy' reason for prioritising a particular person's preference over another person's.
- Requests will continue as usual: long-term preferences are not the same as date-specific requests.

- Last-minute shift swaps and changes should ideally be managed by the whole team and not just the lead team member. Solutions need to be found together.
- The booking of annual leave does not change and staff request leave as previously.

Recording preferences and using the e-roster

In teams where the auto-roster is being used effectively, it may be possible to get the e-roster team to add the preferences into the auto-roster. If these inputs are accurately maintained, the auto-roster will be much better able than any individual to maximise the chances of meeting team members' preferences alongside all the other roster requirements for covering all the shifts with appropriately-skilled people at a reasonable cost. However, in order to maximise the capabilities of the auto-roster, it is necessary to clear out all out-of-date or unnecessary team-level or trust-level rules – rules which have often accumulated in the background and can make the auto-roster much less effective. Obviously, it's important to retain rules which relate to health and safety, such as the need for appropriate recovery time after a night shift. And the auto-roster can only ever produce a certain proportion of the roster: it can never replace the discretion and judgement of a skilled and experienced individual roster creator.

If auto-roster is not well used, a more manual approach is to add a textbox to each staff member on the roster, which at least gives easy access to that person's preferences when putting the roster together, and avoids the roster creator having to refer to a separate record of the preferences.

Appendix 1: FAQs to circulate pre-implementation – team based rostering

What is team based rostering?

- Team-based rostering is an approach to building the roster which matches team members' preferences for different working patterns with the needs of the service.

What are the benefits of team-based rostering?

- The aim is to ensure that work-life balance is not limited to those with fixed working patterns or childcare responsibilities. Every team member should have the opportunity to input into their roster, while recognizing that there are both clinical and financial constraints on what is possible. Involving everyone creates a greater sense of collective responsibility, as well as transparency and fairness.

What input will I have into my roster?

- You will be assigned to a 'lead team member', who will have a short 1:1 conversation with you about your work-life needs and preferences. The focus is on your preferences, not the reasons why you have those preferences. Preferences might relate to issues such as the regularity of your working pattern, working nights and weekends, how your shifts are clustered or spread out within a week, and 'after-nightshift' preferences such as mixing days and nights in the same week, or recovery time after working nights. You will need to share what is most important to you with your lead team member.

Will I always get my preferences?

- The lead team members will try to accommodate your preferred patterns of working but this may not always be possible. Clinical requirements, such as the need for an appropriate skill mix, have to be met, and everyone else's preferences also need to be considered. Preferences are not entitlements or rights.

Will I still get [four] requests every month?

- It's important to understand the difference between requests and preferences. Preferences are long-term desired working patterns, while requests are one-off needs for a specific date. Both are opportunities to improve your work-life balance by inputting into the roster.

What is the role of the lead team members?

- A 'lead team' of 3-5 nurses from each team are trained to collect the work-life preferences of all team members. They then build the roster. The roster is still signed off by the manager in the usual way. Lead team members play an important role in informing their colleagues about the team-based approach, and creating a collaborative culture around rostering.

Will we still use the e-roster?

- Yes, the e-roster system will still track shift patterns and feed into payroll.

Are my terms and conditions of employment affected?

- No. The change is to the process by which the roster is created.

Will I have to give up my flexible working arrangement?

- Staff with contractual arrangements will not be expected to give these up. However, you may want to take the opportunity to discuss whether there is any flexibility around your current arrangement, and whether your needs have changed.

What if I need to change the roster after it's published?

- If you get to know your colleagues' work-life preferences, you're better able to find someone to swap with. Since this approach aims to create collective responsibility, it's a good idea to have a WhatsApp group within your team, to maximize the opportunity of finding someone to swap with. If you can't find a swap, talk to your lead team member.

Appendix 2: FAQs to circulate pre-implementation – self rostering

What is self rostering?

- Self rostering means using the system to select all of your shifts for the Roster period.
- Requests are made on a first-come-first-served basis, so once colleagues have requested to work a shift, that shift will not be available for other colleagues to request.
- You self roster using the Employee Online system to access (system name). This is the same system you are using now to request duties/leave and view your roster.

What do I do if I am on leave when the window for self-rostering opens?

- You will have four weeks to select your shifts via self rostering, so this should be long enough to enable everyone to input even if they have leave booked during the period. The system can be accessed remotely via mobile phones so is available to you at all times, and you can input your requested roster whilst on leave or a day off if you wish to.
- If you have concerns about being able to access the self-rostering system during your leave you should speak to (x) in advance to allow arrangements to be made before you go.

What are the rules I need to stick to?

- Each team has developed rules to ensure that the roster is safe and has the right skill mix. You will need to select your requested shifts within these rules. The rules have been designed to give you as much choice and control over your shifts as possible. However self rostering will only be successful if we all consider the impact of our roster on our colleagues and demonstrate the Trust values of kindness and team working in our approach.
- The Trust policy of max 3 nights or 3 long days in a row continues to apply for all pilot teams

How many shifts do I select for a roster period?

- If you work full-time, you may select up to 13 shifts per roster period. If you work part time, the number of shifts you work will be pro-rated accordingly. You don't have to request all your shifts within a roster period, you can select some and then allow your manager to roster you for the rest, if you don't have a preference for these.
- If you are not sure if you have requested enough shifts, please check with (x).
- If you are also booking annual leave during a roster period and are not sure how many shifts you need to select to make up the full complement of hours, please check with (x)

What if I don't want to self-roster?

- While we encourage everyone to participate in this self-rostering pilot, no one will be forced to self-roster.
- It is important to understand that if you choose not to self-roster, you will be allocated to the shifts that others didn't select through the self-rostering process, whilst ensuring the health and safety of the roster.
- As above, you can choose to self roster for part of your roster if you wish, and leave the other part of your roster to be allocated for you.

What will happen when unexpected changes create the need to cover vacant shifts and adjust the roster?

- This will be the same as it is now, when unexpected changes occur (x) will call you and ask if you can swap/cover.

How will swaps be managed?

- Swaps will follow the same approach as at present.

I have a flexible working arrangement/phased return to work recommended by Occupational Health.

What does this mean for me?

- Your arrangement will remain in place to support you as recommended by Occupational Health. Your roster will be protected and input prior to the self-rostering window being opened. You will not be able to self roster whilst you have this working agreement.

I have an existing flexible working arrangement. Will I be able to participate?

- Unless your arrangement is recommended by Occupational Health (see above), you will have the option to suspend it for the duration of the pilot, and participate in self-rostering instead. We are hopeful that in some cases, self-rostering will give you the flexibility you need, and potentially more choice and control, than a formal flexible working arrangement. It is your choice of course, and if you want to continue with your current flexible working arrangement you can do this, and you will not have the option to self roster.

Can I still work bank shifts?

- The approach and rules which apply to selecting bank shifts will be the same as at present.

What will happen for Christmas and New Year roster?

- You will be able to self roster for this period, but you are asked to request shifts which fit with the approach and guidance agreed.
- As is normal for all self-rostering periods, the Christmas and New Year roster will be signed off by (x)

Appendix 3: Staff survey questions

It's best if you can use the same questions before and after a trial period of a new rostering approach. The following key indicators can be used:

1. How much input do you feel you have into the shift patterns you work each week?
2. To what extent does the published roster typically meet your preferences / requests*?
3. How well do you understand the current rostering process?
4. To what extent are you aware of the shift pattern preferences/requests* of others in your team?
5. To what extent do the staff in your team take collective responsibility for making the roster work?
(for team based approaches)

The measurement scale for these questions is:

Not at all – A little – Enough – A lot – Fully

*use either preferences (team based) or requests (self rostering)

You may want to gather some basic demographic data as well, for example:

- What team/ward are you in?
- What Band are you in?
- Are you full-time or part-time?
- Do you have a contractual flexible working arrangement (special working arrangement / fixed working arrangement / set working pattern)?
- Do you have an informal agreement with your manager about your working pattern?

Appendix 4: Examples of design principles

Pilot Principles
<p>This is a 3-month pilot and is designed to test and learn.</p> <p>We will seek your feedback and assess the success of the pilot before making decisions about wider implementation.</p> <p>Success will be measured against:</p> <ul style="list-style-type: none">• Satisfaction of pilot participants e.g., work life balance, level of input into roster, fairness of roster, predictability of schedule• Time taken to create roster• Use of auto-roster• Key roster KPIs / roster performance measures and HR metrics
<p>'Rostering etiquette'</p> <p>Self rostering will only be successful if we all consider the impact of our roster on our colleagues and demonstrate the Trust values of kindness and team working in our approach.</p> <p>This means thinking about what your pattern of shifts means for others – i.e. if you request to work every weekend that is available, that will reduce the number of weekend shifts left for other colleagues to select in their roster.</p> <p>Think about your colleagues who are at the same Band / have the same skillset as you, and what they might want/need, and try to be mindful of this alongside your own preferred pattern.</p>
<p>Staff with set shifts e.g. those who are unable to work nights, or are working a particular pattern recommended by Occupational Health, will have their working patterns input before the roster is released for self-rostering.</p>
<p>Unless recommended by Occupational Health, employees with flexible working arrangements (FWAs) will be given the choice to suspend their arrangements and participate in the self rostering pilot, or continue with their existing arrangements in which case they will not be able to self roster.</p>
<p>What you request through self-rostering may be subject to change through the approval process to ensure the safety of the roster. We therefore encourage people to wait until the roster is published before making plans which cannot be changed.</p>
<p>It will remain the responsibility of individuals to arrange to switch shifts with their colleagues.</p>
<p>All shifts must be covered – when a shift is full staff will have to take other shifts.</p>
<p>Roster rules have been established for each pilot team. Global rules will remain to ensure the health and safety of the roster.</p>

Appendix 5: Roster rules

Roster rules must include global rules relating to rest periods to ensure safety of the roster. In addition to these, as part of your roster design you could include:

- Maximum number of nights or long days in a row
- Any minimum requirements for night shifts to be worked
- Maximum number of days off in a row
- Any minimum requirements for weekend shifts to be worked

However, it is important not to introduce more rules than are necessary, as this will limit the input that team members can have on their working patterns.

Consider whether rules are needed, and try to suspend your own view about what makes a 'good' or 'fair' roster, beyond the requirements in relation to safety and staff wellbeing. The purpose of gathering staff input via self or team-based rostering, is to enable them to articulate the requests or preferences that they believe will work best for their own work life balance.