eRostering Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	This policy outlines the practical procedures required for the use of Healthroster system throughout the trust to assist managers with the generation and maintenance of effective rosters. The purpose of this policy is to ensure the effective utilisation of the workforce through efficient rostering, while ensuring fairness to staff.
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Amendments Summary:

Amend No	Issued	Page	Subject	Action Date
4	November 2019	Various	Changes to: Training provision, Access levels, Roles & Responsibilities, Finalisation Section – weekly payroll added. Replacement of Employee Online references to Allocate Me	November 2019
5	October 2022	Various	Add: 3.8.2 Net Hours guidance Add: 3.9.2 Night worker section Amendment: 3.9.2 Edit to sickness recording for bank staff – now only need for absences requiring certification. Add: 4, 4.1 & 4.2 Access requirements Edit: Sections 5, 6, 7, 8 & 9 reordered to 6, 7, 8, 9 & 10 Edit: 6.2 (previously 5.2) HealthRoster training required yearly rather than every 2 years Edit: 6.3 (previously 5.3) access to HealthRoster system removed if compliance skill expires	September 2022
6	November 2022	All	No material changes necessary, only updated EIA appendix template with new form. Suggestions received from LCFC which have been incorporated.	November 2022

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2	June 2014	Andy Neal	Assurance Group, Trust Policy Group	Inserting changes from a project state to normal running, incorporating the e-Bank module.
3	September 2015	Sara Fleming	Policy Steering Group, Assurance Committee	
4	November 2019	Sara Fleming	Policy Steering Group, Trust Management Team Meeting	
5	October 2022	Fee Amos	Chair's action approved amendments made following audit	Changes outlined in above table
6	November 2022	Helen Pretty	Policy Steering Group, Clinical Executive Group	3 year review due, no major material changes as outlined above

SUMMARY OF POLICY

This policy underpins the principles of eRostering to: ensure the effective utilisation of the Trust's workforce by ensuring that the right people with the right skills are at the right place at the right time, to meet the demands of the service through eRostering – HealthRoster. With the aim to ensure the needs of the patient are placed firmly at the centre of the management of the workforce.

This is achieved through: the creation of rosters based upon the demand and budget of the service, enabling services to be staffed correctly and safely on a shift-by-shift basis.

Ensuring that rosters are fair, consistent and fit for purpose, within budget and headroom expectations and with the appropriate skill mix and staff numbers, in order to ensure safe, high quality standards of care or service. (3.2. Roster Planning and Management)

Improve the effectiveness of the deployment of staff in terms of safety and productivity and utilisation of substantive and temporary staff. (3.4 Unfilled Mandatory Duties)

Improving the planning, monitoring and management of absence days e.g. annual leave, study leave and sickness, remaining within headroom targets. (3.1. Approving the Roster & Appendix: A)

This policy also set out:

The roles & responsibility of all Solent NHS Trust employees with regards to eRostering. (3. Roles & Responsibilities & 3.6 Finalise the Roster)

Trust Global Rules to ensure that employees get sufficient rest and abide by the NHS Terms and Conditions and Working Time Regulations. (Appendix: B)

The responsibilities and process of finalising a roster to pay bank/locum duties, enhancements, excess hours, overtime and on calls. (3.6 Finalise the Roster)

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eRostering Policy

1. INTRODUCTION & PURPOSE

1.1. The Trust supports the principles embedded in the National Quality Board's (NQB) guide on 'How to ensure the right people, with the right skills, are in the right place at the right time' which are:

- Accountability and Responsibility
- Evidence-based Decision Making
- Supporting and Fostering a Professional Environment
- Openness and Transparency
- Planning for Future Workforce Requirements
- The Role of Commissioning

1.2. The NQB's approach addresses a number of key concepts that aim to ensure the needs of the patient are placed firmly at the centre of the management of the workforce. There is no universal ratio or formula that calculates the perfect number of staff compared with the requirements of the service. Team managers must therefore use agreed Trust tools, professional judgements and expertise to assess the requirements of the service in relation to staff numbers, acuity and dependency, capacity, capability, and patient safety, whilst taking into consideration adequate rest and headroom. Once staffing levels have been defined, they must be continually reviewed and improved upon to address any changes in demand.

1.3. This policy outlines the Trust requirements for eRostering and sets out the key performance indicators by which the effectiveness of the system will be monitored.

2. SCOPE & DEFINITIONS

2.1 This policy applies to Agenda for Change, Medical & Dental, permanent, bank, fixed term contract employees employed that hold a contract of employment or engagement with the Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy.

2.2 The following definitions are used in this policy

Acting Up: When an employee is acted up or seconded into a higher banded role on a temporary basis for a period of six months or less, unless the employee is covering a period of maternity/adoption/shared parental leave where it can be for up to one year or less, they will have their pay adjusted but they will not move onto the new pay progression system. This will be shown as acting up allowance on their payslip.

Excess Hours: This applies to non-medical staff; the agreed excess hours payment will apply whenever hours are worked over the contract hours and less than the full time hours, for the reference period (roster period) unless a Time Owing non-unavailability is taken.

Extra Duty Claims: This applies to junior medical staff. The agreed extra duty claim will apply whenever duties are worked over the contracted rota.

On Call Payments: On-call systems exist as part of arrangements to provide appropriate service cover across the NHS. A member of staff is on-call when, as part of an established arrangement with his/her employer, he/she is available outside his/her normal working hours – either at the workplace, at home or elsewhere – to work as and when required.

Overtime: This applies to non-medical staff Agenda for Change contracts in band 1-7 (see Section 3 of Agenda for Change T&C). The agreed overtime rate will apply whenever hours are worked over the full time hours for the reference period (roster period) unless Time Off in Lieu is taken.

Allocate Me /Employee on Line (EOL): The web and mobile based application which allows staff to see their rosters, request leave, request duties (where appropriate), record time worked (where appropriate) and review historical timesheet information.

HealthRoster: The current electronic system for eRostering from Allocate Software.

Unavailability: Relates to absence periods that staff are not available for core service delivery and managed within Headroom allowance.

One request: One period of work, including rostered days off (annual leave is not a request).

Shift: Period of work.

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

WTR: Working Time Regulations

Headroom Allowance: The Trust headroom allowance of 22% has been developed to ensure that non-effective time (period of time when staff aren't at work) is taken into consideration when planning a roster. The headroom allowance is comprised of the following parameters (see Appendix A for further information):

- Annual Leave
- Study Leave
- Sickness
- Parenting Leave
- Working Day

3. PROCESS/REQUIREMENTS

3.1 Approving the Roster

3.1.1 Before rosters are worked they must be reviewed and approved at two stages:

- Partially Approval – Roster Unit Manager
- Full Approval – Roster Service Manager, with budgetary responsibility

3.1.2 The approval and publication of working rosters will be aligned to the published roster calendar. The roster will be measured against key performance indicators (KPIs) as specified in Appendix A which is applicable to staff employed on Agenda for Change and Trust Contracts (see Appendix B for Trust Global Rules). Medical staff must be rostered in line with 2018 and WTR requirements (Appendix C). Any roster that falls outside of the set parameters must be

reviewed and scrutinised for approval / rejection. If the roster is not approved, it will be returned to the Roster Creator to make the necessary adjustments to resubmit. When Second Approval has been reached the roster is automatically published to Allocate Me/Employee on Line.

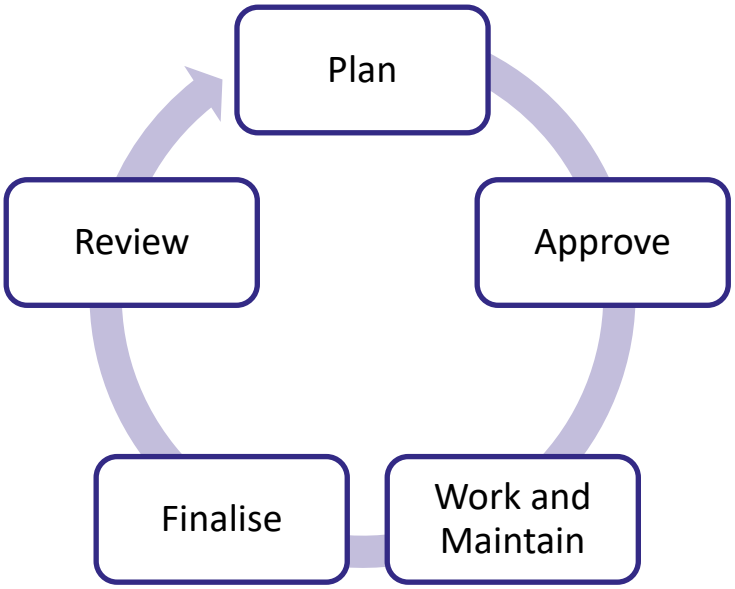
3.2 Roster Planning and Management

3.2.1 A roster is a tool that is used to ensure that the right people 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, adequate rest and headroom. The HealthRoster system enables a Roster Creator to plan a roster ahead of time (minimum of 6 weeks in advance with 8 weeks being best practice) which will operate over a 28 day period.

3.2.2 Once a roster has been created it is firstly approved by the Roster Unit Manager and then by the Roster Service Manager, with budgetary responsibility, before it goes live. Once the roster is live it can be viewed electronically via Allocate Me/Employee Online by the individuals who are scheduled to work on it, and the Roster Administrator can make shift by shift adjustments to take into account any changes in circumstances that may arise e.g. sick leave. Once the roster comes to a close after the 28 day period, the Roster Unit Manager and the Roster Service Manager have up until the payroll deadline in the subsequent calendar month to review and finalise the roster to ensure that all the information contained within it is correct. The roster is then automatically sent to payroll for processing.

3.2.3 The roster must be continually reviewed by the Roster Unit Manager and the Roster Service Manager to ensure that it remains fit for purpose and the link between service requirements and human resourcing is maintained.

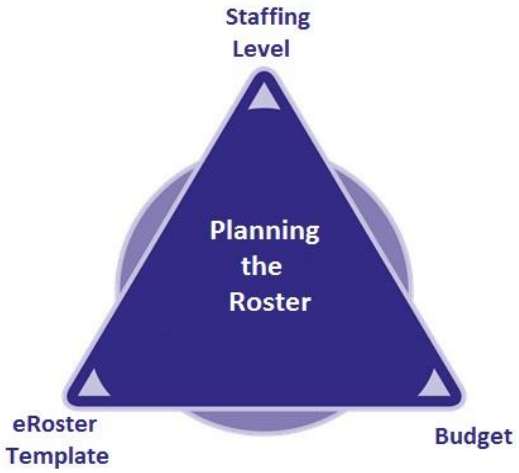
3.2.4 The Roster Planning and Management process is explained in more detail below:



3.2.5 The effective planning of a roster will help to ensure that the demands of the service are met by ensuring that the right people, with the right skills, are in the right place at the right time. In order to undertake the planning exercise, the Roster Service Manager, Roster Unit Manager, and Roster Creator must combine their expertise to assess the requirements of the

service in relation to staff numbers, capacity, and capability, whilst taking into consideration adequate rest and headroom (Staffing Level). Whilst there is no universal ratio that is applicable to all types of worker, there are a number of Trust and NHS guidelines that can be used to reach an informed decision over the best way to staff a service.

3.2.6 The Staffing Level required must be within Budget and the eRoster Template will be restricted to this. Any deviation above 1.0WTE to the budget must be approved by the budget holder and finance business partner for the service line.



3.2.7 All rosters must be completed and approved at least 6 weeks in advance. Best Practice dictates that rosters, especially those with variable shift patterns, should be completed 8 weeks before the start date. All rosters will start on a Monday and run for a 28 day period in accordance with the roster publication timetable that can be viewed on SolNet.

3.3 Work and Maintain the Roster

3.3.1 The Trust is under an obligation to report on staffing levels throughout the Trust on a shift by shift basis. Any changes that are made to the published roster must be updated in real time; this includes shift changes, additional duties, temporary staff duties, sickness and other Unavailability shifts. It is the responsibility of the Roster Unit Manager to ensure that this is done, but the task may be delegated to a Roster Administrator or another member of staff who has received the necessary training.

3.4 Unfilled Mandatory Duties

3.4.1 When a duty cannot be filled by a member of substantive staff, a Unit Manager has the option to fill the duty by the means of the most cost effective way:

- Reviewing allocated unavailability time for substantive staff.
- Redeployment of staff from other areas.
- Awarding excess hours
- Requesting bank.
- Awarding overtime
- Agency Staff in exceptional circumstances

3.5 Additional Requirement for Nursing Rosters

3.5.1 All Nursing rosters must be designed to provide safe staffing levels in line with service requirement. Rosters must be updated in line with the following steps and sign off with Chief Nurse:

- Review of current structure.
- Identifying service, changes, problems and issues.
- Recommending required resolutions.
- Proposing new structure.
- Analysis of costing and budget.
- NICE Guidelines

3.5.2 Each ward area will have an agreed total number of staff and skill mix for each shift, agreed with the Matron/Manager and achieved within the departmental budget. Sign off by the chief nurse, any deviations must be approved by Service Line Operational Directors (OD) & Finance.

3.5.3 In areas where the workload is known to vary according to the day of the week and time of day, staff numbers and skill mix should reflect this.

3.5.4 All ward rosters will have one staff member identified to take charge of each shift.

3.6 Finalise the Roster

3.6.1 It is the responsibility of the Roster Unit Manager & Roster Service Manager to ensure that the roster accurately reflects any changes that have occurred during the relevant period and where applicable all excess/overtime hours and absences have been correctly input. Once this is complete, the roster can be finalised.

3.6.2 Roster Unit Manager & Roster Service Manager needs to ensure that no overtime or excess has been assigned to a member of staff who owes the Trust hours and special attention is paid to bank holiday shifts & sickness period to avoid over/under payments.

3.6.3 Rosters for substantive staff must be finalised by 11am on the 2nd working day of the next calendar month unless otherwise notified.

3.6.4 Rosters for bank & agency staff must be finalised on a weekly basis by 11am on Monday morning of the following week.

3.6.5 Staff must check their individual rosters via Allocate ME/Employee Online to ensure that the roster is a true reflection of the hours they have worked and the electronic timesheets are as expected. Any discrepancies should be escalated to the appropriate line manager.

3.7 Payroll Queries

3.7.1 If an employee finds an error on their roster/timesheet through Allocate Me/ Employee Online or on their payslip the first point of contact should always be their manager.

3.7.2 It is the manager responsibility to investigate the error & contact the necessary department to correct the mistake.

3.7.3 If error relates to overtime, excess or enhancements and this is caused by a mistake on the roster the manger must follow the 'Roster Adjustments Process' to correct the mistake.

3.7.4 Any monies owed to the employee or to be reclaimed will be made on the next available payroll run.

3.7.5 No payment will be made if the change is more than three months old.

3.7.6 If the employee query relates tax, Pension or NI contributions these should be address to the Payroll Team, and queries regarding contracted hours or grades should be directed the HR Team.

3.8 Review the Roster

3.8.1 All roster patterns must be reviewed on a regular basis to ensure that they remain fit for purpose by the Roster Service Manager, Roster Unit Manager. This process helps to ensure that lessons learnt can be incorporated into a new roster so that the demands of the service are matched with the most effective staffing levels. The HealthRoster Team will act as an enabler in facilitating the sharing of best practice between departments.

3.8.2 Roster Unit Managers/Roster Service Managers should routinely scrutinise Net Hours balances to ensure they are maintained and within recommended parameters of acceptance (+/- 12 hours). If the Net Hours balance on a roster as a whole or, for an individual staff member, becomes excessive, the HealthRoster Team will work with the service to correct the roster. In the instance that a service requests any hours balance to be 'zeroed' an Hours Initialisation form will need to be requested from the HealthRoster Team and must be completed in full. This would need to be approved by Service Line Operational Directors (OD) & Payroll Advisory Forum (PAF) before the HealthRoster Team can action.

3.9 General Principles

3.9.1 Health and Wellbeing: Individuals should take the responsibility to ensure that they are well rested and fit to work. Working patterns should be compliant with WTR especially the mandatory rest times and NHS Terms and Conditions of Employment and take account of health and safety and fatigue.

3.9.2 Night Working: The Working Time Directive Regulations impose obligations on Solent NHS Trust to ensure, as far as it is reasonably practicable, the health, safety and welfare at work of its employees. It is also the duty of employees to take reasonable care of their own health and safety and to co-operate with the Trust's managers in ensuring that the Regulations are implemented effectively. One element of the Regulations is for Solent to offer night worker health assessments. Employees who fulfil the criteria of a night worker are entitled to night worker health assessments by the Trust's Occupational Health Service on a regular basis, to check they are fit to carry out night work.

3.9.3 Take Charge: All nursing rosters will identify a member of staff to take charge on each shift

3.9.4 Key Performance Indicators (KPIs): The KPI definitions and parameters are listed in Appendix A and applicable to staff employed on Agenda for Change and Trust Contracts (not medical staff).

3.9.5 Requests

- Annual Leave requests are excluded from the total number of requests allowed in a roster period.
- Where applicable (not including medical staff), staff should make requests to work specific shifts via Employee Online. The requests will be considered in the light of service needs. Staff rostered to rolling programmes, shared or personal patterns of work will not be able to request specific shifts. They will need to swap their duties with their colleagues.
- The number of requests an individual can make will be calculated according to their hours of work. A full time member of staff can make 6 shift requests in a four week period. Part time staff can request a prorated number of shifts in a four week period.

Staff Hours per week	Maximum number of requests per 4-week roster	Please Note:
35 to 37.5 hours fully flexible	6 requests	The granting of requests cannot be guaranteed.
29 to 34 hours	5 requests	
22 to 28 hours	4 requests	
16 to 21 hours	3 requests	
10 to 15 hours	2 requests	
4 to 9 hours	1 request	

3.9.6 Annual Leave: is arranged in accordance with the Annual Leave policy and recorded in HealthRoster. Each department should calculate how many staff at each grade / band can be given annual leave at any one time. The Rostering Unit Manager will be responsible for ensuring that staff take leave as calculated and should allocate leave where necessary following consultation with the individuals concerned. Unavailability rules are available to support managers with review and approval of Annual Leave requests. Annual leave should be managed to comply with the KPIs found in Appendix A.

3.9.7 Recording Sickness: When sickness records are entered onto the roster, any duties previously planned will be cancelled. Managers are responsible for ensuring that only one sickness episode is entered for each period of absence. Sickness for bank/locum staff should only be recorded when a certificate has been provided and recorded on the roster with zero hours against each daily timesheet. When staff are absent due to sickness the planned working hours that have been scheduled on eRostering should be entered onto the system and not the contractual hours. This will enable accurate measurement of lost productive hours.

3.9.8 Flexible Working: Any variations to these working patterns or 'personal patterns' may be worked subject to the service requirements, but must be agreed with the Rostering Unit Manager. A written record of the agreement will be kept in the personnel files, held by the manager, of the individual for all variations in working patterns and will be reviewed at least annually and at appraisal by the Rostering Unit Manager and the employee in accordance with the Flexible Working Policy.

3.9.9 Competencies: Where applicable, competencies are assigned to staff and shifts where specific skills are required to ensure service requirements are met.

3.9.10 On Call: On Call duties for Agenda for Change staff must comply with 'The Agreement in Relation to Future On Call Arrangements' terms and conditions. On Call for medical staff are applied in accordance with their Terms and Conditions of employment.

3.9.11 Headroom: The Trust headroom allowance is defined in Appendix A and is made of the following parameters

- Annual Leave
- Study Leave
- Sickness
- Parenting Leave
- Working Day (Management Time - where applicable).

The proportions of the different elements of headroom allowance are defined in Appendix A. The service demand plus headroom allowance need to be accounted for within the staff budget. It is the responsibility of Rostering Unit Managers and Rostering Service Managers to review the level of headroom achieved for any given roster prior to approval.

3.9.12 Daily Staffing and Incident Planning: Managers have the facility to view daily staffing for their own departments. Duty Managers have the facility to view daily staffing and incident planning for the whole Trust.

4. ACCESS REQUIREMENTS

4.1 **Obtaining Access:** Access to the eRostering system will only be given once the appropriate training has been completed and, an access form has been received by the HealthRoster Team. The form must be completed by Manager within the service, or member of team who is Band 7 or above . Access to the system cannot be requested by the same person the access is for.

4.2 **Access Reviews:** The HealthRoster team will review access to the system on a biannual basis. Any account that has not been used for 3 months will be suspended. The HealthRoster Team together with the roster manager and/or administrator, will review users who have access to each individual roster to ensure that the right people can view the relevant roster(s). Roster Managers/Administrators should inform the HealthRoster Team of staff leaving a service so their access can be removed accordingly.

5. ROLES & RESPONSIBILITIES

5.1 Corporate Responsibility: **The Chief Executive and Trust Board** hold corporate accountability for ensuring there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision. Responsibility is delegated to the Chief People Officer to ensure that there are systems and processes in place to capture accurate data on staffing levels and skill mix, staff movements, training and turnover to inform decisions on workforce planning.

5.2 The Health Roster Team: **The HealthRoster Team** are responsible for ensuring that the eRostering platform is fit for purpose and is operational at all times, and to coach and advise users on the functionality of the system to ensure it is maximised to its full potential.

5.3 **Duty Manager:** This is usually the Executives on Call and Manager On Call who have the facility to view daily staffing and incident planning for the whole Trust

5.4 **Roster Service Manager:** This is the Service Line Manager or Matron with budgetary responsibility. They will

- Review and approve rosters submitted from units/wards.
- Reallocate staff and authorise the use of temporary staffing solutions if necessary and where required.
- Continuously review and monitor staffing capacity and capability across areas of responsibility.
- Produce data/information to inform the Trust Board and management of the organisation, and to inform workforce planning.
- Hold Unit Managers to account for having appropriate staffing capacity and capability on a shift by shift basis, and following escalation procedures where necessary.
- Finalise the roster on a weekly/monthly basis ensuring that the rosters accurately reflects any changes that have occurred during the relevant period and where applicable all excess/overtime hours and absences have been correctly input.

5.5 **Roster Unit Manager:** Ward or Unit Manager with budgetary responsibility**.** They will

- Produce and manage safe and efficient staff rosters ensuring that rosters are updated on a shift by shift basis.

- Measure quality of care and outcomes achieved for patients and the capacity and capability of staff on a department to department basis.

- Respond in a timely manner to unplanned changes in staffing, changing patient acuity/dependency numbers, including the request for the use of temporary staffing where shortages are identified.

- Escalate concerns to line manager where staffing capacity and capability are inadequate to meet patient needs.

- Understand the evidence based methodology used to determine the nursing, midwifery and other staffing in each area of responsibility.

- Finalise the roster on a weekly/monthly basis ensuring that the rosters accurately reflects any changes that have occurred during the relevant period and where applicable all excess/overtime hours and absences have been correctly input.

5.6 **Roster Creator:** A designated experienced staff member suitably trained to create rosters for a unit. They will

- Create & manage safe and efficient staff rosters

- Be responsible for keeping staff details updated, administering team structures within eRostering, analysing reports.

- Understand the agreed staffing capacity and capability for each area on a shift by shift basis.

- Participate in discussions and decisions regarding staff in each area.

- Raise concerns regarding staffing and/or the quality of clinical care each area when they arise.

- Ensure that key competencies are regularly updated e.g. Take Charge, Professional Registration.

5.7 **Roster Administrator:** This is usually someone in an Administrative role, for example a Unit/Ward Clerk, Unit/Ward Secretary. This could also be any suitably trained member of staff. They will

- Be responsible for updating the roster as it is worked and inputting unavailability's, including sickness and leave.

- Understand the agreed staffing capacity and capability for each area on a shift by shift basis and escalate any concerns regarding staffing and/or the quality of clinical care each area when they arise.

5.8 Employees: Employees must not rely on any paper rosters that have been created by line managers and potentially held in a department or ward. Individual employees will always be personally responsible for logging onto Allocate ME/Employee Online to check rosters for accuracy unless there are extenuating circumstances such as a power outage or national emergency where controls have been revised.

6. TRAINING

6.1 All staff who are nominated by the Service line Manager or above to recreate, administer or manage roster through HealthRoster are required to attend a 'Licence to Roster' course/s based on the level of access they require.

6.2 The rostering licence will expire 12 months after undertaking the course.

6.3 To renew the licence, the staff member will be required to undertake another 'Licence to Roster' course or 'Roster Up skilling & Licence renewal' course. If an individual's 'licence to roster' skill expires, access to the HealthRoster system will be removed until such a time as the individual has attended the relevant training.

6.4 The courses are as follows:

6.4.1 Roster Administration Course (Part 1) – All users
The aim of the course: to give the user an understanding & skills require to manager the roster on a day to day basis by updating the roster as it is worked and inputting unavailability's, including sickness and leave.

6.4.2 Roster Creation Course (Part 2) – Roster Creator, Unit Manager, Service Manager
The aim of the course: for users to be confident & efficient in the creation of safe and efficient rostering

6.4.3 Roster Manager Course (Part 3) – Roster Unit Manager, Service Manager
The aim of the course: users to have a good understanding & knowledge of how to manage review and approve rosters. Learn how to finalise the roster on a weekly/monthly basis

ensuring that the rosters accurately reflects any changes that have occurred during the relevant period and where applicable all excess/overtime hours and absences have been correctly input.

6.4.4 Roster Up Skilling & Licence Renewal – All users

The aim of the course: to provide users with updated knowledge & understanding of policy changes & functional changes within the HealthRoster systems suite of products.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 Compliance with the eRostering policy and agreed parameters will be monitored by Rostering Service Managers using reports generated from Roster Perform for their service areas. Trust performance with respect to eRostering will be highlighted via the monthly workforce report and safe staffing review.

7.2 E-Rostering system effectiveness will be monitored by the HealthRoster Team, providing updates to the Workforce Group. The document manager must be able to demonstrate the effectiveness of the document at the point of review, for example by; carrying out audits, reviewing incidents that may have occurred related to the document, discussing the document at team meetings. Any subsequent issues/findings resulting from the review should be incorporated in the new version of the document.

7.3 Any concerns identified by the HealthRoster Team or any other Trust employee in respect of rostering or timesheet fraud must be reported immediately to both the Trusts Local Counter Fraud Specialist (LCFS) and HealthRoster Team in line with the Trusts Counter Fraud, Bribery and Corruption Policy. The LCFS will engage and work with Roster Team Manager when appropriate to do so, to collate and analyse relevant data to support any investigation. In any instances where a reported fraud concerns a Roster Team Manager the LCFS will engage with that employee's direct line manager.

7.4 The LCFS will report annually to the HealthRoster Team Manager on the number of instances of reported fraud where E-Rostering systems have been misused or abused to enable the Trust to consider further in respect of monitoring and improving controls.

8. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

8.1 In line with Trust policy, equality and human rights impact assessment has been completed and no significant issues have been identified. It is understood that no employee will receive less favourable treatment on the grounds of disability, age, sex, race, religion or belief, gender reassignment, pregnancy or maternity, marriage or civil partnership, working patterns or Trade Union membership or non-membership in relation to the application of this policy. The equality and human rights impact assessment is included at Appendix D. This policy has also been assessed and meets the requirements of the Mental Capacity Act 2005.

9. REVIEW

9.1 This document may be reviewed at any time at the request of either at staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review

10. REFERENCES AND LINKS TO OTHER DOCUMENTS

10.1 This policy has links with the following Trust Policies:

- Annual Leave Guidance (currently in draft)
- Managing Absence & Wellbeing Policy
- Bank Agency and Locum Workers Management Policy
- Special Leave Policy, Maternity SOP, Paternity Leave SOP, Adoption Leave SOP, Shared Parental Leave SOP
- AFC starting pay & AFC progression policy
- Equality, Diversity, Inclusion and Human Rights Policy

10.2 Other References:

- NHS Terms and Conditions of Employment

Appendix: A

Key Performance Indicators

Applicable to staff employed on Agenda for Change and Trust Contracts (not medical staff)

Group	Key Performance Indicator	Unit	Amber Threshold	Red Threshold	Trust Target
Headroom Effectiveness	Overall Downtime Limit	Percentage	25%	27%	24%
	Overall Downtime Limit (exc. Parenting)	Percentage	22%	-	22%
	Sickness	Percentage	4.5%	5%	4%
	Annual Leave Minimum	Percentage	12%	11%	15%
	Annual Leave Maximum	Percentage	17%	18%	15%
	Study Day	Percentage	2.5%	1.5%	2%
	Working Day	Percentage	0.5%	0.8%	1%
	Parenting*	Percentage	1%	1.5%	2%
	Time Worked	Percentage	77%	76%	78%
Rostering Effectiveness	Over Contracted Hours (4 weekly)	Percentage	1.4%	1.5%	1%
	Unused Contracted Hours (4 weekly)	Percentage	1.4%	1.5%	1%
	Additional Duties (Hours, 4 weekly)	Count	-	-	7.5%
	Bank / Agency Usage - Hours	Percentage	5.8%	10%	-
Fairness	Requested Roster	Percentage	30%	40%	
Safety	Shifts without Charge Cover	Count	-	1	0
	Nursing to Patient Ratio (tbc)	Hours	n/a	n/a	-
	Registered Skill Mix	Percentage			60%
	Unfilled Duty Hours	Percentage	8	12	0
Establishment	Percent of Demand Bank Requested	Percentage	4.1%	10%	-
	Post Vacancies	WTE	3%	5.8%	5.8%

*Parenting cannot be directly managed but has been built into the headroom allowance to ensure rosters are created with this absence in mind. Parenting thresholds are for guidance purposes only.

Appendix: B

Trust Global Rules

Applicable to staff employed on Agenda for Change and Trust Contracts (not medical staff)

Standard Day Shifts

- Staff should be rostered for 2 consecutive days off per week wherever possible.
- The maximum number of consecutive short shifts recommended for staff to work is 8
- Ideally, a Day or Early shift should be rostered before days off.

Long Days (Greater than 10 hours)

- Where Long Days are agreed, the maximum amount of hours worked should not exceed 13 hours.

Maximum Working Week

- Employees should not work more than 48 hours per week on average over a 17 week period unless a '48 hour opt out agreement' form is completed.

Weekends

- All staff should have a minimum of 1 weekend off in 4. This can average over a 3 month period. Staff requesting to work weekends can be exempted from this rule.

Nights

- Working time on a Night shift should not be longer than 12 hours
- Staff should not work more than 4 nights in a row in a 7 day period unless consulted and agreed between staff and the Rostering Unit Manager
- The maximum number of nights that a worker should be expected to work in a 28 day period is 8. This excludes staff who specifically request to work a greater number of Nights.
- Alternation of days and nights should not occur more than once in a seven day period.

Rest Periods

- All shifts of more than 6 hours (up to 12 hours) must include a 30 minute unpaid break in accordance with NHS Terms and Conditions.
- Shifts of 12 hours or more must include two 30 minute unpaid breaks.
- The Manager or person in charge and the individual are responsible for ensuring that breaks are taken.
- Breaks should not be taken at the start or at the end of a shift, as their purpose is to provide rest time during the shift.
- All staff must have 11 hours rest before their next period of work. Where this cannot be achieved, staff should receive unpaid compensatory rest breaks at a later point in time.
- All staff must have a minimum of 24 hours continuous rest in every 7 days or 48 hours rest in every 14 days.

Time Owing / Time Off in Lieu

- Time owing should be agreed by the appropriate Line Manager or other designated member of staff and entered on eRostering, as soon as the member of staff has worked over their rostered hours. This will be visible on the Roster and will be shown as a cumulative figure.

- All staff must not accrue more than 10 hours in Time Owing
- Time owing must be taken within three months of accruing

Excess / Overtime Hours Payments

- Staff working over their contract hours can be assigned excess and overtime, bands 1-7 only, hours by the Roster Unit Manager.
- Hours in excess of contract hours but less than full time hours, per assignment, can be awarded as excess hours.
- Hours in excess of full time hours, per assignment, can be award as overtime hours for bands 1-7. Bands 8a above must be taken as TOIL
- Staff may request to take time off in lieu as an alternative to excess/overtime but this must be taken within three months of the date accrued.

Recording of planned / unplanned absence

- All planned or unplanned absences, e.g. sickness, annual leave, study leave, union duties, maternity leave, special leave, unpaid leave etc, must be recorded in the eRostering System.
- Once a month, sickness and annual leave absence will be extracted from eRostering and transferred to ESR as long as the Rostering Unit Manager has finalised the roster.

Appendix: C

Trust Global Rules

Working Time Regulations apply in parallel to the New Deal contract. For each parameter, where there are differences, the more stringent of the requirements will apply. In addition to the limits on contracted hours and hours worked, the New Deal lays down maximum periods of continuous duty, minimum periods of off duty between duty periods and minimum periods of continuous off duty for each type of working arrangement. These are as follows

Working pattern	Maximum average duty hours per week		Maximum continuous duty period (hours)		Minimum period off duty between duty periods (hours)		Minimum continuous period off duty (hours)	
	New Deal	WTD	New Deal	WTD	New Deal	WTD	New Deal	WTD
Full Shift	56	48	14	13	8	11	48 + 62 in 28 days	One of 24 hours in each 7 day period or Two of 24 hours in each 14 day period or One of 48 in each 14 day period
Partial Shift	64	48	16	13	8	11	48 + 62 in 28 days	
Non-resident On-call rota	72	Silent	32 (56 at weekends)	Silent	12	11	48 + 62 in 21 days	

A Summary of the New Deal and WTD Guidelines on Duty Hours and Rest Periods

Irrespective of the number of duty hours and working pattern, no junior doctor should be expected to actually work more than an average of 56 hours per week (over the cycle of the rota), although they may be on duty for longer. The maximum consecutive duty days for all working patterns is 13 days.

Summary of New Deal rest periods (all targets to be met on 75% of duty periods)

Working arrangement	Natural breaks	Minimum total rest during duty period	Minimum continuous rest
Full Shift	✓	Natural breaks	30-minute break after approximately 4 hours continuous duty
Partial Shift	✓	25% of out of hours	Frequent short periods of rest are not acceptable
Non-resident On-call rota	✓	50% of the out of hours	5 hours (between 22.00 – 08.00)

A natural break is a 30-minute continuous break after approximately 4 hours of work; natural breaks are required for all duties regardless of the work pattern.

Individuals are responsible for ensuring breaks are taken during the working day, if you have problems in taking the required breaks you must inform a line manager or Consultant so that cover can be arranged for breaks to be taken.

Changes to a working pattern

Any changes to the agreed working pattern for junior doctors cannot be made without consultation with the group. The nationally prescribed re-banding process must be followed. To obtain approval for a change to a rota, the Trust must:

- Ensure a consultation within the department has been undertaken with all stakeholders involved with the rota (including all affected post holders)
- Agree a rota, which meets all New Deal and European Working Time Directive requirements.
- Obtain confirmation from the Educational Tutor that the proposed change will not adversely affect the educational content of the post.
- All affected post holders have been consulted on the proposed changes and have agreed to the change.
- Obtain provisional and then formal approval from the Senior Trust Signatory.

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the Solent e-learning module:

https://mylearning.solent.nhs.uk/course/view.php?id=170

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	People Services	
Title of Change:	N/A	
What are you completing this EIA for? (Please select):	Other	*Updates to system*
What are the main aims / objectives of the changes	To ensure system remains updated and relevant for users.	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: *(e.g. adjustment to the policy)*
Sex			n/a	
Gender reassignment			n/a	
Disability			n/a	
Age			n./a	
Sexual Orientation			n/a	
Pregnancy and maternity			n/a	
Marriage and civil partnership			n/a	
Religion or belief			n/a	
Race			n/a	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	/ No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Please select	
Have you taken into consideration any regulations, professional standards?	Please select	

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	■	☐	☐
What action needs to be taken to reduce or eliminate the negative impact?	n/a		
Who will be responsible for monitoring and regular review of the document / policy?	People Services		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	*Helen Pretty*	*Date:*	*15/11/2022*

Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	**Disability**	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	• Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime.	Further guidance can be sought from: Solent Disability Resource Group
2.	**Sex**	A man or woman	• Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation	Further guidance can be sought from: Solent HR Team
3	**Race**	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	• Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic	Further guidance can be sought from: BAME Resource Group
4	**Age**	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	• Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge	Further guidance can be sought from: Solent HR Team
5	**Gender Reassignment**	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	• Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.	Further guidance can be sought from: Solent LGBT+ Resource Group
6	**Sexual Orientation**	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	• Lifestyle • Family • Partners • Vulnerable to harassment and hate crime	Further guidance can be sought from: Solent LGBT+ Resource Group
7	**Religion and/or belief**	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	• Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	**Marriage**	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	• Pensions • Childcare • Flexible working • Adoption leave	Further guidance can be sought from: Solent HR Team
9	**Pregnancy and Maternity**	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	• Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility	Further guidance can be sought from: Solent HR team