Doncaster and Bassetlaw Teaching Hospitals Roster Policy

This procedural document supersedes: CORP/EMP 35 v.3– Agenda for Change Rostering Policy.

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Amendment Form

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Version 3	22 July 2019	• Format review • Following feedback from staff representative groups confirmation that rest days will be allocated following the completion of a period of night shifts. • Following feedback from staff representative groups the following have been updated to provide clarity: • Lead in period to start of roster • Length of Roster period • Shift length definitions • Awarding overtime to individuals working part time • Updated to encompass wider audience now using eRoster • Inclusion of enhancements introduced via Roster Improvement Programme outputs • Inclusion of changes produced from output of consultancy work (BDO) • Refresh of KPI's and processes • Inclusion of accepted recommendations resulting from Lord Carter report • Enhancements made following recommendations by users	Jason Mullarkey
Version 2	January 2015	• Document transferred to new format • Updated in line with Roster Improvement Programme outputs • Introduction of consistency, standardisation, accountability and controls	Jason Mullarkey
Version 1 Minor Amendment	November 2011	• Reference regarding the security policy included at the bottom of page 4 and in item 5.2	Val Colquhoun

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1 INTRODUCTION

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust recognises the value of its workforce and is committed to supporting staff to provide high quality patient care and as such this policy has been created and structured under the principles of the DBTH Way. Whilst acknowledging the need to balance the effective allocation of the workforce with supporting staff to achieve an appropriate work life balance, it is also recognised that the Trust needs to be able to respond to changing service requirements. Therefore having a flexible, efficient workforce, which is effectively optimised is key to achieving the Trust's objectives.

This policy is for use by all staff across Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust).

This policy should also be read and followed in conjunction with any current Standard Operating Procedures in place.

2 PURPOSE

This policy is intended to support the effective and efficient management of The Trust's workforce, in aiding to optimise its capacity to deliver patient care and services, whilst also providing flexibility for our colleagues.

The workforce is the single most important and critical resource of the entire Trust. As such principles and processes need to be established and followed to ensure there is clear understanding and we have consistency and fairness in the approach to workforce optimisation.

This document is designed to provide details of the principles and processes which collectively form the roster policy. By having common principles, processes and key performance indicators which are followed we can achieve consistency and fairness in addition to efficiency and effectiveness. This document also explains the procedures and processes involved from inception of a team through to the creation and management of a roster.

3 DUTIES AND RESPONSIBILITIES

The roster policy now spans a much broader variety of services and roles, therefore for the purpose of this document and to have commonality across the entire Trust the roles will be referred to as those below. It is appreciated that role names my change during the life of this policy, hence the generalist nature and descriptions below:

Role name for purpose of this document	Actual roles included
Executive	Executive Director
Director	Divisional Director, Operational Director (AHP, Midwifery etc..), Corporate/ Directorate Director
Division Head	Divisional General Manager, Divisional Nurse, Head of Nursing (HoN), Head of Midwifery (HoM),
Department Head	Business Manager, Matron, Department Head, Head of Facilities
Department/Team Manager	Ward Manager, Team Manager
Rota co-ordinator	Those with delegated responsibility for creating and maintaining rosters

3.1 The Chief Executive & the Trust Board

The Chief Executive and the Trust Board have overall responsibility for ensuring that an adequate and effective process for providing efficient workforce planning and management is delivered throughout the Trust.

3.2 Steering Group

The steering group will provide strategic direction and a point of escalation. They will guide the development of the use of the eRoster toolkit to ensure it remains aligned to the strategic aims of the Trust.

3.3 Chief People Officer

Is accountable to the Trust Board for ensuring Trust wide compliance with the rostering policy and responsible for the eRoster toolkit.

3.4 Chief Finance Officer

Is accountable for the accuracy of financial data held within all people systems and software and is jointly accountable, along with the Chief People Officer for the control and governance of the people systems and software which includes the eRoster system.

3.5 Divisional/Corporate Senior Management Team

The Divisional/Corporate Senior Management Team is accountable for ensuring Trust wide compliance with the policy within their area to ensure that each team is able to deliver a high quality service with appropriately skilled staff.

The Director is jointly accountable, along with the Chief Finance Officer for ensuring the demand pattern/target resource level is accurate for the teams within their span of control.

The Director is accountable for ensuring the people data held within the software is accurate.

The Director will hold formal reviews of the use and content of the software so that it remains current and supports optimum staffing levels.

Teams/departments operate within their budgetary constraints.

3.6 Division Heads

Are responsible for implementing and ensuring compliance with the roster policy within their area.

Responsible for the creation and management of rosters in adherence to the steps documented throughout this policy and displayed at high level in section 5.

Responsible for ensuring compliance with the Change control process in agreeing and signing off any temporary or permanent change to resource levels and plans for each team/department in collaboration with the Management Accountant.

Ensuring that they conduct Key Performance Indicator (KPI) reviews with their leadership team and Management Accountant to ensure that the workforce resource is always managed efficiently and is optimised.

Responsible for utilising workforce dashboards and software reports to monitor and report against KPI's in conjunction with the Management Accountant and Human Resources Business Partners. Action plans should be created where KPIs are not achieved or principle and processes not followed.

Responsible for formal action plans being in place in accordance with Trust policy where KPIs are repeatedly not achieved or principles and processes not followed repeatedly (more than 3 occasions).

Reviewing and approving team/department rosters which require escalation to them as a result of them failing to achieve the KPI measures and ensuring action plans are in place and formal action taken where KPIs are not met repeatedly. Actions must be in place for all those involved in the creation and approval chain.

Responsible for ensuring all management levels are adequately trained and competent in the creation and management of efficient workforce optimisation.

Teams/departments operate within their budgetary constraints.

3.7 Department Heads

Responsible for ensuring policy implementation and compliance within their department/teams.

Monitoring, and approving rosters (level 2 final approval), making use of Roster Analyser where eRoster is used, as per the roster calendar. Rosters **must be approved and published 6 weeks** in advance of them being worked. For rotas which include Doctors in Training the rota must be published 6 weeks in advance for the whole of the rotation (6 or 12 months)

Escalating rosters which do not achieve KPI targets or where principles and processes have not been followed to their Division Head.

Arranging leave cover to ensure rosters are approved as per the calendar ready for publication for the teams to view.

Utilising the available workforce dashboards and software reports to analyse staffing, expenditure and quality in their area of responsibility and create development/improvement action plans.

Approving all non-mandatory shifts (those approved in the demand template) and where temporary staff are requested for these shifts.

Approving any and all additional hours and duties.

Ensuring rosters are approved and finalised each month by cut-off date end to enable data upload for payroll process and to enable correct payment for teams.

Ensuring their team managers are adequately trained and competent in the creation and management of efficient workforce optimisation and each team has sufficient capability.

Providing guidance and support to the Team/Department Manager or designated other in the creation of duty rosters, using the KPI's as a reference.

Notifying the Division Head and Management Accountant of the use of any additional hours or WTE above the approved staffing resource templates.

The implementation of an early intervention and recovery plan for Teams/departments failing to meet KPI's.

Reviewing KPI audits (these measures would be balanced providing evidence of effective, efficient and high quality service delivery) and ensuring the development and implementation of appropriate action plans to deliver high quality service at all times.

Teams/departments operate within their budgetary constraints.

3.8 Team Managers/Ward Managers

Ensuring policy implementation and compliance within each team/Dept.

Responsible for the safe/optimum staffing of their team/department.

Ensuring KPIs are achieved and principles and processes outlined within this policy are always followed.

Approving the roster (1st Line approval), in line with the roster calendar and final approval target timescales, which will include confirming that it meets the defined KPIs and all principles and processes have been followed.

Ensuring the records in eRoster are an accurate and up to date record of what has actually taken place/been worked.

Responsible for ensuring the updating of eRoster takes place at least weekly. This is to ensure it is always current and accurate. This is to ensure workforce dashboards and data remain current and hence accurate data is available for decision making.

Ensuring that the roster is 100% updated, accurate and finalised by the cut-off date each month for lock down so that correct details are forwarded to payroll. No change can be made after this time.

Undertaking the Level 1 validation and approval, checking the roster analysis information. The Team/Dept. Manager approves the roster and informs their line manager that it is ready for their review identifying and highlighting any areas of concern.

Ensuring that their expenditure does not exceed the allocated budget in all teams/Departments (thereafter referred to as departments).

Responsible for the safe/optimal staffing of the department even if they do not directly undertake the task of producing the roster.

Nominating a Roster Creator and deputy and ensuring that they are appropriately trained.

Ensuring that the appropriate resources are in the right place at the right time, based on the agreed and funded skill mix, with the required competencies, to deliver the service to the appropriate standard or escalate in accordance with relevant local policy (for nursing refer to Safe Staffing Escalation for Inpatient Areas Policy (Nursing and Midwifery) PAT/PS 18).

The fair and equitable allocation of annual leave and study leave.

Considering all roster requests from staff, ensuring fairness and equity in working patterns

Approving and managing requests for leave in accordance with the Trusts, policies such as the Special Leave Policy COPR / EMP 47.

Monitoring the quality of care provided through governance mechanisms e.g. audits as part of the ward/team assurance tool assessments, to ensure the resource profile and hence rostered shifts are fit for purpose.

Investigating any reports of short-staffing and take steps to prevent recurrence.

Monitoring those factors which impact on staffing levels, e.g. sickness, occupancy rates and respond to these appropriately.

Ensuring that before appointing to a vacancy, consideration is given as to the best way in which to meet the current service delivery need.

Requesting the use of additional duties and hours from their line manager.

Identifying training needs in relation to the roster software for themselves and their team members and raising this requirement with the People Systems team.

SafeCare Users – Responsible for ensuring all data is entered accurately and within deadline for each census period including staff register completion.

3.9 Roster creators

Responsible for the creation of all rosters. In their absence the designated deputy is responsible for roster creation.
For rotas with postgraduate doctors in training and Locally employed Doctors, the department should work with a member of the Medical HR team to create and check compliance of any rota

Responsible for bringing any areas of concern to the attention of the line Manager.

3.10 People Systems Team

Responsible for the production of the Trust-wide Roster Calendar.

Ensuring the eRoster toolkit remains appropriately configured and governs any requests in line with the change control process.

Providing support and on-going training to the eRoster toolkit users.

Liaising with the eRoster toolkit suppliers support team to resolve system issues as required.

Responsible for supporting the production of workforce dashboards.

3.11 Team Members/All Staff

Responsible for attending work as per their duty roster and contacting the Sick absence reporting team at the start and end of any period of sickness which causes them not being able to attend.

Adhering to the requirements set out by the roster policy.

Being reasonable and flexible with their roster requests and being considerate to their colleagues within the rules set out by the Trust.

Notifying the team/dept. manager of changes to a planned or worked shift as per policy (i.e. keep team manager/line manager updated).

Notifying the Team/dept. manager of changes to personal details, e.g. address, telephone number, etc.

Requesting shifts and annual leave using the online App.

Ensuring that personal details are kept up to date in all People Systems and software (maintaining own details on the eRoster App).

SafeCare Users – Team members allocated with in charge competency/responsibility for SafeCare are responsible for ensuring all data is entered accurately and within deadline for each census period including staff register completion.

3.12 Management Accounts

Responsible for the provision of budgetary information and supporting the management teams on the financial aspects of delivering high quality and safe care to our patients.

The timely reviewing of change requests and confirming if the requests are acceptable as per the Change Control process.

Responsible for attending and participating in the regular reviews and providing financial governance.

Reviewing the proposed resource levels of rosters being created by the E-Roster roll out project and confirming if these are acceptable within budgetary constraints.

Periodic baseline reviews to ensure rosters remain aligned to budgets.

Responsible for updating People Systems of any budgetary changes

4 TRAINING/SUPPORT

Training needs must be identified and raised by the Team Manager for themselves and their team members. Where the requirement cannot be fulfilled locally (by the Team Manager/roster co-ordinator) they must be shared with the People Systems team who are responsible for designing and delivering end user training.

All new managers must attend workforce optimisation/eRoster training as part of their induction and within the first month of their new role. This should be arranged with the People Systems Team.

Heads of department, roster approvers and anyone approving leave must attend the appropriate training provided by the People Systems Team.

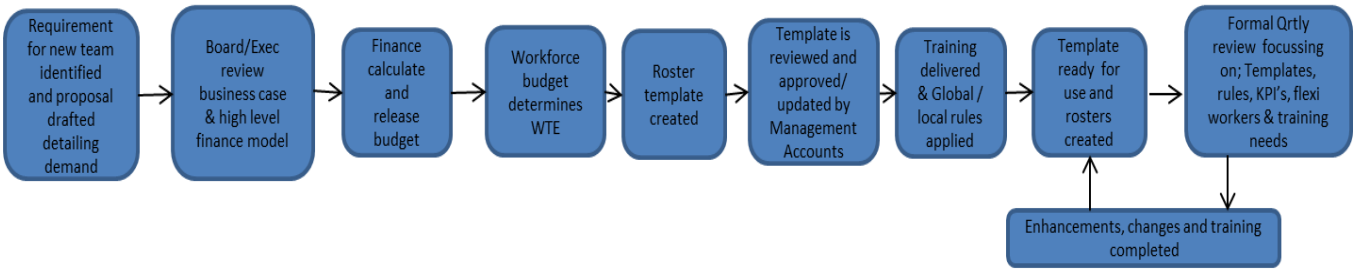
Nursing and Midwifery: All ED / Ward Managers and deputies to complete e learning programme available on ESR via E Learning for Health: Fundamentals of Safe Staffing modules.

5 PROCEDURE

When initially establishing a team a resource plan must be created and approved by the Director and Management Accountant which must contain a workforce demand pattern and an aligned workforce model with shift plans. The high level process for which can be seen below and also found in this document's appendices (Appendix 3).

Creating a rota template:

Suppliers	Inputs	Processes	Outputs	Customers
Management	Business requirement		Roster template	Patients
Team Members	Demand		Budget	Visitors
Finance	Policy		Live rosters	Team members
Management/ Leadership team	Funding		Workforce MI	Management/ Leadership team
Workforce MI	Training & development			Finance
	Rules			
	Roster process			
	Review process			

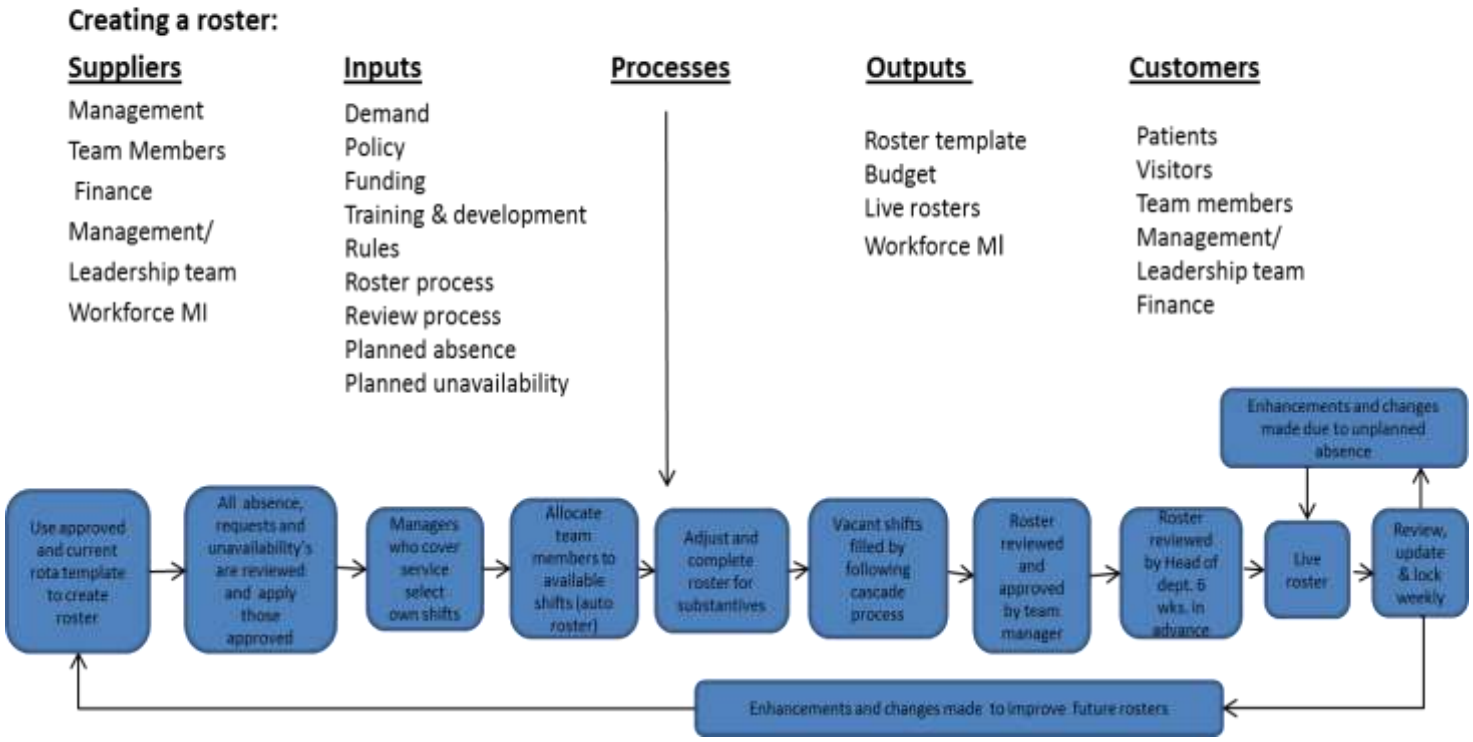


For rotas being created for training doctors and Trust doctors their rota may NEED to change due to more or less doctors being allocated to DBTH. As such Management Accountants and Medical HR must create time to work together ensure any rota created is compliant and published within specified timescales within Schedules 3 and 4 of the Terms and Conditions of Service for NHS Doctors and Dentists in Training. Any risk of this not being completed should be escalated to Chief People Officer, Chief Finance Officer and/or Medical Director.

The relevant Director of the Division and the Director of Finance hold joint accountability in determining the required resource for each Team/department.

The Director and their management accountant are responsible for creating the proposed structures and workforce requirements for approval by the appropriate Executive Director (either Chief People Officer, Chief Operating Officer, Chief Nurse dependent upon department proposing new or changed roster) and Chief Finance Officer, and they will retain accountability for these. This approval applies to all new and all amended rosters.

Once established these resources are then the responsibility of the local leadership team (Division Matron/Dept. Manager and Team Manager) who must ensure these requirements are met. This is achieved by creating the individual roster which must then be approved for each period of use and reviewed to assess efficiency and effectiveness to feed into development of future rosters. The high level process for this is below (Also available in Appendix 4).



5.1 Establishment & Budget

Working with colleagues in management accounts and the central People Systems team, the Division Heads, working within their budget, decide upon the workforce requirements for each team. The utilisation of the resource is then planned to mirror the teams demand pattern by creating shift patterns and hands per shift plans. These are then used as a template for the creation of each roster, and these templates become the teams' resource demand pattern and as such should be adhered to.

Any change to this template must be in accordance with the change control process (Appendix 3) so that patient safety is protected and there is sufficient control on costs.

Any additional temporary resource requirements above these approved templates (additional hours/shifts etc..) must be escalated for approval to Divisional Head.

Change requests must adhere to the change control process and no changes will be made where this is not the case.

Templates must undergo a formal review quarterly to ensure they remain current and to maintain levels of governance and control. They must always be reviewed as a result of a change to the budget, establishment or in post headcount (e.g. number of beds. acuity rates of patients etc.).

5.2 Roster creation

It is the responsibility of the team manager to allocate their team members into the available shifts as per the agreed template of shift patterns and hands per shift. Only approved shifts which exist within the roster demand template can be allocated. No additional shifts or duties are to be created without pre-approval by the Divisional business manager for that department and an audit trail recording this must be created to support later scrutiny.

In order to achieve this, their team members should have minimum restrictions to their working patterns, and the ward/department should have the least number of local rules in place.

The person creating the roster will take into account any approved requests and create the roster. The majority of each roster will cover a period of 28 days (4 weeks) and therefore team members will be allocated to shifts over the 28 day roster period (where a roster is created over a different length of time, the same steps will be taken and principles apply with adjustment for the difference in period length). The roster should be created, approved by the Matron/Head of Department and available to view in its final state at least 6 weeks in advance of it taking effect. Therefore team members should be able to view their shifts 6 weeks before the roster period starts. Teams whose rosters are subject to a great deal of change due to the nature of the service must seek approval to allow them to work to a reduced lead in time. If approved they must produce their rosters 4 weeks in advance (currently applies to Theatre and clinics teams only).

Once created and approved rosters must be reviewed a minimum of weekly until they start to ensure they remain fit for purpose/appropriately staffed.

5.3 Electronic Rostering (e-Roster)

You may also refer to your local operational framework.

This is a computerised system specifically designed to support ward/dept. managers, matrons and senior managers in efficient and effective workforce planning. This is a

management aid, and hence the objective of its introduction is to enhance and improve the management of the teams by being a user friendly method of handling all aspects of workforce planning.

This tool has been implemented across the organisation and is now in use across all non-medical staff groups, and whilst this is in use in the vast majority of teams, roll out continues to include all teams.

It rosters staff to an agreed duty requirement, manages staff availability and contracts which allows clear visibility of the workforce.

It will also track and produce reports for absence, leave, additional duties, overtime and bank/agency use.

The Trust has a planned calendar that ensures that all eRosters will be produced on the same day. A copy is on the Intranet and in the ward operational policy document.

The aim of this policy is to ensure that duty rotas are produced to an agreed standard, which is consistent Trust wide for all areas whether utilising the e-Roster system or not.

eRoster aims to:

- Ensure safe/appropriate staffing for all departments using fair and consistent rotas.
- Minimise clinical risk associated with the level and skill mix of staffing levels.
- Improve monitoring of sickness and absence by department/ward and/or individual, generating comparisons, whilst identifying trends and priorities for action.
- Improve planning of clinical and non-clinical non-effective working days e.g. annual leave, sickness and study leave.
- Ensure that the required number of inpatient beds is safely staffed to meet elective and emergency demand.
- Provide effective management of establishments.
- Support flexible and self-rostering where it is used effectively and fairness is guaranteed for all.
- Allocate shifts on a fair, consistent and transparent basis.
- Enable creation of meaningful reports and data for analysis, decision making and audit.

5.4 Key principles, inputs, steps and variables to take into account when creating the roster

The purpose of this section is to give detail and clarity on the key aspects of managing and maintaining an effective roster, to provide consistency, fairness and efficiency. These key aspects are:

- Shift Allocation
- Requests
- Staffing levels
- Vacant shifts
- Temporary staffing
- Staff redeployment
- Shift duration
- Roster production
- Headroom & unavailability
- Managing Annual leave
- Managing special leave
- Flexible working
- Monitoring & Compliance

5.4.1 Shift Allocation

Where applicable all staff are expected to cover a locally agreed number of weekends/nights/on-call during a set period. The only exemption is where a flexible working arrangement has been agreed with the appropriate senior manager and approved in writing by HR for a set period of time for which these shifts are exempt.

Unsociable hours/weekend shifts should be evenly distributed and fair in accordance with agreed contractual restrictions.

All critical and difficult to fill shifts must be allocated to substantive team members first along with shifts which attract enhanced rates of pay. Where this is not possible this must be by exception and an approved action plan in place to resolve the exception.

All staff should have an annual (as a minimum) review of their shift patterns and any flexible working agreement in place with their Team Manager, and any extensions authorised by the appropriate senior manager. This may be incorporated into their annual appraisal and any further agreements must be documented in the personal file.

Staff will be able to change a shift on an approved roster only if another appropriately skilled/competent member of staff is available to work the shift- and only with authorisation from their Team Manager. This avoids unforeseen problems with changes in skill mix, continuity of cover and the risk of the shift remaining unfilled.

Where absence has occurred due to sickness, or in accordance with the Special Leave Policy CORP/EMP 47, the shift leader/co-ordinator takes responsibility that any shortages in staffing are reported immediately to the appropriate Manager who must accept responsibility to ensure the shift is adequately covered/appropriate action is taken.

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

Senior staff with the same skill sets should work opposite shifts. They should work in a way that provides optimum use of their skills over the working week.

Each Team Manager must have an agreed and documented procedure with their staff in the event of changes needing to be made to a roster when available to view. There must be an auditable history of any changes to a roster.

Shift changes should be kept to a minimum and authorised by the Team Manager or designated deputy.

Staff are responsible for shift changes and these must be approved by the Team Manager.

The roster template must be within budget and must provide a roster which when reviewed on a day to day basis meets all aspects of demand and required service provision for the team. This roster demand template must be reviewed quarterly to ensure it continually meets the demands of the ever-changing service requirement.

5.4.2 Requests

To provide a consistent workforce, requests cannot always be guaranteed. The granting of requests will remain at the discretion of the Team Manager.

All wards/departments will implement consistent approach to managing requests from team members. Requests permitted will be categorised as priority and non-priority requests. The number of priority requests per individual will be based upon the contractual hours worked, and these priority requests will always have precedence when trying to accommodate everyone's requests when creating the roster. Additional requests are permitted, however these will only be considered after the whole team's allotted priority requests have been accommodated.

The priority requests per person are on a pro rata basis as follows:

Under 26 hours	=	2 requests
26 to 30 hours (inclusive)	=	3 requests
Above 30 hours	=	4 requests

Where a flexible working agreement is in place = 2

Two months of forward planned rosters will be visible at any one time for staff to make requests to allow for fair accessibility for all staff. Rosters will close to requests 6 weeks prior to the start date of the roster.

Late requests may be considered by the Team Manager only under special circumstances.

Any issues relating to requests for personal patterns on a regular basis should only be considered on an exception basis and must be justifiable and where possible kept to a minimum. Any agreement made/in place must be reviewed formally on at least an annual basis to ensure they remain appropriate, and those deemed no longer appropriate must cease. Any formal review should be documented.

It cannot be assumed by staff that the roster will be written to accommodate them. Requests may be denied, as the needs of the service must take priority. Staff must be considerate of their colleagues, and that they are fulfilling their requirement to work a fair share of unsociable hours.

League tables of shift approval history within the eRoster system will be used to facilitate the decision making process when approving or denying requests.

Teams wishing to employ flexible or self-rostering must make their request to their Director, who will consider and if they wish to support the request they will raise this with HR Services and People Systems who will take the appropriate steps in accordance with the Trust's policy.

5.4.3 Staffing levels/Skill Mix

You may also wish to refer to individual ward operational framework.

A risk assessment by the ward / department manager should be completed if the minimum number is not achieved, then a plan of actions drawn up, approved by the Division Head and taken to utilise staff from across the Trust or proceed within the Safe Staffing guidelines for Inpatient Areas Policy (Nursing and Midwifery) PAT/PS 18, or equivalent for the staff group in question. Refer to escalation procedures for local plans of action to take.

All staff planned to take charge of a ward/team/department must be able to demonstrate their ability to coordinate the workforce and take charge of the ward / team /department. This competency will be assessed annually as part of their appraisal.

5.4.4 Vacant Shifts & Temporary Staffing

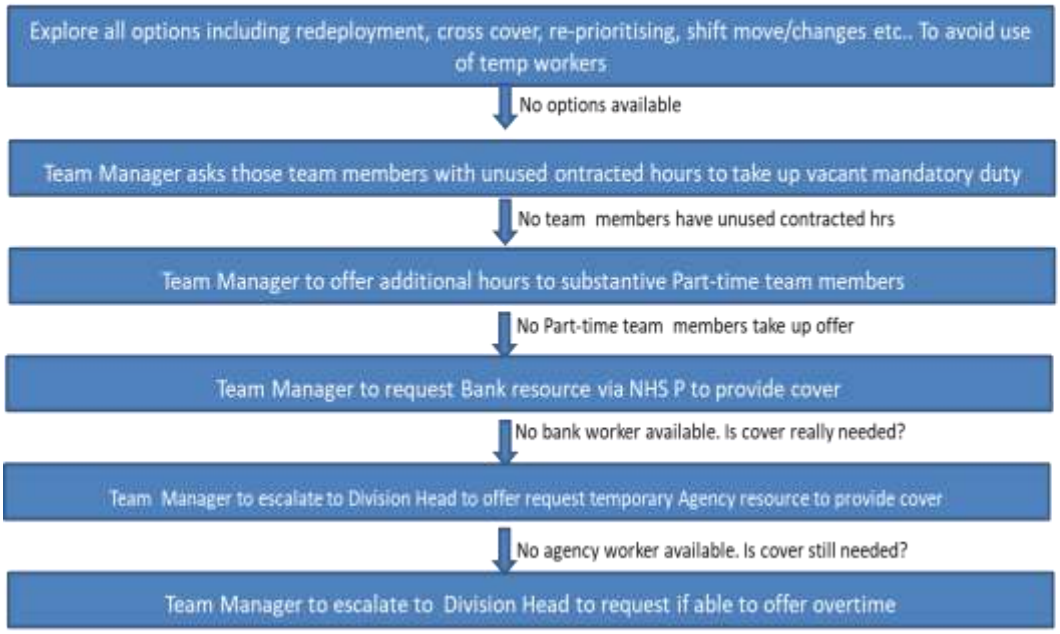
There are clearly defined steps to follow in order to fill vacant shifts, and these should always be followed in the order defined within the below process. **Only vacant mandatory shifts (shifts which exist in the roster template/demand shift pattern and are signed off/approved by the Director and management accountant), hence only those with pre agreed funding approval, can be filled. Any additional shifts/duties to those approved in the template/demand pattern must be approved in accordance with the change control process. No duty can be added or filled without approval in accordance with the change control process.** Use of bank staff must not be viewed as the norm and the opportunity to utilise substantive staff through the use of unused hours, or by adjusting rosters or redeployment should be considered and attempted first.

As part of the collaborative working agreement across South Yorkshire collaborative worker banks have been established enabling any substantive employee the opportunity to work via the bank within DBTH or any other South Yorkshire Trust where there are available shifts. These collaborative worker banks are available via NHS P for Agenda for change colleagues and LMS for Medical colleagues. Also as a part of the collaborative working agreement any substantive member of an NHS organisation within South Yorkshire cannot work within their own or any other NHS organisation within South Yorkshire via an agency (unless there is a temporary exception by agreement across South Yorkshire) . This therefore means that a member of the DBTH team cannot work in DBTH or any other South Yorkshire organisation via an agency (work through NHS P as a member of the collaborative bank is encouraged).

A substantive member of the team cannot work via the bank if they have unworked contracted hours which total the equivalent of a shift or more, they must use these contracted hours first.

For ALL teams using both eRoster and NHS P as their supplier of bank workers, the interface between DBTH's eRoster and the supplier system should always be used to submit requests for temporary workers. This is to ensure all controls are in place and followed and there is fully documented auditable history.
<u>The steps are:</u>

Flow chart of sequenced steps which must be followed in order to fill vacant mandatory shifts:



Bank/agency staff should be booked according to the above process steps (these steps comply with the escalation process in Safe Staffing Escalation for Inpatient Areas Policy (Nursing and Midwifery) PAT/PS 18).

Requests for temporary staff must be released/submitted at the earliest time. Vacant shifts due to vacancies, maternity, known events or long term sickness must be released/submitted no less than 28 days in advance of the shift date.

Temporary staff must not be used to cover for annual leave, non-mandatory training or be included in the establishment numbers for calculating allowances such as annual leave, study etc.

All staff in pay bands 2 to 7 are eligible for overtime payments, where the situation is in line with the Agenda for Change Terms and Conditions of Service, however the offer of overtime must be pre-agreed with the Division Head or higher.

In line with the Agenda for Change Terms and Conditions of Service, overtime payments are applicable where an individual has worked over and above the AfC contractual full time hours which are 37.5 hour per week. A number of our staff work shift patterns and rotas which can be worked over a period of weeks. In such situations, overtime payments are only applicable where an individual works hours over and above the full time allocation of the period of the rota i.e. 37.5 hours multiplied by the number of weeks in the rota cycle, deducting any time owed to the Trust from a previous rota cycle. As rota cycles may vary, this calculation must be made over whichever is the greater; either a minimum of 4 weeks or the whole rota period.

In the event of any doubt, this rule should be clarified with the People Systems team BEFORE agreeing to overtime payments. In the event of this rule not being followed this will be corrected by the People Systems Team or payroll services provider.

In the case of part time members of staff, any additional hours worked over and above the number of contracted hours (after deducting any time owed to the Trust) would be paid as additional hours up to full time hours, 37.5 per week.

In addition to the above, staff may request to take time off in lieu as an alternative to overtime payments. However, staff that, for operational reasons, are unable to take time off in lieu within three months should usually be paid at the overtime rate. This process should be applied after any hours owed to the Trust are deducted.

Managers must ensure that any overtime is approved by the Divisional Head in advance of confirming with the team member and the shift being worked.

Escalation (Refer to Trust/Local Escalation Policies):

Escalation will be undertaken when, either a Division or NHS
P draws attention to a major problem with staffing, including:

- Reduced resources, including staffing
- Emergency bed pressures
- Infection outbreaks or to control infection
- High level of unfilled requests of bank or agency
- Unexpected, high increase of incoming workflow
- High dependency patients above those normally managed in critical care

5.4.5 Workforce sharing/Redeployment/ Utilising contracted Hours

Utilising staff across teams should always be considered as an option before any additional/temporary resource is requested, and any additional costs incurred (this includes overtime).

Any team requiring resource which it cannot provide itself must liaise with teams having resource with matching skills and abilities to establish if there is suitable, available resource which could be temporarily redeployed to meet demand.

Similarly, if a team has individuals with excessive unused contracted hours and their roster demand template has been filled, they must not create additional duties to balance the unused hours. They must liaise with teams who have need of the same skills and abilities and offer to temporarily redeploy resource where service demand requires it.

Where a colleague has unused contracted hours equal to or more than the length of a shift they:

- Cannot work via the bank until these contracted hours have been worked
- Cannot be offered overtime payment until these contracted hours have been worked
- Cannot carry more than the number of hours equal to a shift into the next 'roster period'
- Must be willing to be redeployed to teams in need of the same skills and abilities to provide support

There will be occasions when staff are required to work in other areas of the Trust to provide a safe and efficient service as stated in the employment contract.

The competence and skills of an individual will be assessed to ensure they are appropriately matched to the requirements of the ward/department they are being moved to.

Specifically for clinical roles: The appropriate Clinical lead (Consultant, Site managers, Matron, Divisional bleep holder/Manager etc. dependent upon staff group involved) will agree and authorise which areas someone can be moved from and to.

5.4.6 Shift Duration

The Trust has a responsibility to ensure the health and wellbeing of its staff, and to comply with working time regulations and Agenda for Change (A4C) or 2016 Doctors and Dentists in Training terms and conditions of employment. These principles must, as far as practicable, be implemented to protect all employees at work.

This policy refers to the term 'handover' and for the purpose of this policy is the time where 2 shifts overlap as one finishes and the next starts. This is the time when the individual coming to the end of their shift updates the individual starting their shift of any information to assist continuity of the service being provided (this could include incident details, patient records, ongoing service issues etc.). Further clarification can be found in the Handover Policy PAT/PA 31.

For the purpose of clarity, a break will be defined as a rest period.

Any alterations to shift times, rest periods and handovers must be completed through the change control process (Appendix 2) to ensure they remain within budget.

In line with the Agenda for Change and terms and conditions of employment (A4C) and the European Working Time Directive (EWTD), all shifts in excess of 6 hours must include a minimum of 20 minutes unpaid break. It is recommended that any shifts of 12 hours or more have a minimum of 40 minutes unpaid break.

For example:

Shift start time	Shift finish time	Rest allocation	Actual hours paid (worked)	Actual hours on site
07.00	15.00	30 minutes	7hrs 30 minutes	8 hours

Shift start time	Shift finish time	Rest allocation	Actual hours paid (worked)	Actual hours on site
07.00	20.00	1 hour	12 hours	13 hours

All shifts across all wards/departments should be standardised to ease redeployment and temporary staffing. Any wards/departments not adhering to the standardised shift times must be on an exception basis and approved by the Associate Director of Nursing.

Shift lengths are often referred to as Short, Standard or long. Using guidance from the NHS Improvement "Nursing and midwifery e-rostering: a good practice guide" (updated August 2018), the suggested shift length times (excluding rest allocation) should be:

Short shifts are approximately 6 hrs
Standard between 7.5 hrs – 10 hrs
Long over 10 hrs

For Doctors in Training please refer to Schedule 3 of the Terms and Conditions of Service for NHS Doctors and Dentists in Training

Wherever possible start and finish times should be standardised across staff groups and within Divisions to support ease of cross resourcing and redeployment.

Any changes to shift patterns must be in accordance with the change control process. Temporary change must be discussed with and approved by your Head of Department in accordance with the change control process and finally approved by your accountant. Once approved it must then be communicated within your division. Permanent changes must also be in accordance with the change control process and hence approved by both Director and Management Accounts before taking affect.

The Team manager or the delegated responsibility 'in charge' is responsible for facilitating breaks effectively whist minimising the impact on the service provision.

No periods of duty should exceed 13 hours (inclusive of unpaid rest period).

The maximum number of consecutive shifts for staff to work is:

Non-medical

- Short/Standard – 8.
- Long – 3

Medical

- Short/Standard – 7
- Long - 4

Staff requests to work more than 3 long shifts consecutively will be considered if they specifically request this in writing to their line manager. Where long shifts are worked, the individual's performance must be monitored by their line manager to ensure there is no detrimental impact of working long shifts on the team member or the service they are delivering.

Where a request has been granted to work more than 3 long shifts this must not exceed a maximum of 5 consecutive shifts, and this maximum must only be by exception.

For clinical (non-medical) colleagues following a period of long night shifts being worked 1 sleep day plus 1 days rest should be allocated to allow the individual to readjust and recover before the next shift is worked.

For Doctors following any night shift or run of nights, 46 hours of rest are required and any period of 7 consecutive days also requires 46 hours off.

These rules apply to bank, non-bank and combination of bank and non-bank shifts.

Rest periods must be planned, and taken, within working time. Both A4C and EWTD stipulate that rest breaks should not be taken at the start or end of a shift.

If, in exceptional circumstances, the needs of the service do not permit you to take a rest break at the planned time, the unused entitlement should be taken at another point, in agreement with your line manager.

Any additional or under worked hours from regular shift patterns must be managed by the Team manager on a monthly basis. These hours may be either worked/taken back in lieu to meet service demands or in exceptional circumstances and in agreement with the Division Head the manager will agree to pay such hours. It is expected that this time shall be used during the following roster period. In exceptional circumstances hours may be carried over, but in all instances must be used within 3 months. The maximum time to be carried over to the next period must not exceed +/- 1 shift.

Where handover periods (shift overlap time) exist, they must not exceed 30 minutes in length and any exception to this must be approved by the Director. Provision must be made to allow adequate and safe handover of incident handling, clinical and managerial functions.

Attention must be given to the activities taking place during this handover period to ensure it is efficient and effective. This must be agreed with the Head of the Department and Division.

Where weekend working takes place staff should be allocated a minimum of one weekend off per roster however this may be at the discretion of the Ward/Team manager based on service requirements. The Ward/Team Manager will document in their local rostering rules the number of weekends and nights each member of staff is required to do in a 4 week roster. This should be a guide only and may be subject to change to meet the needs of the service and managed by the Ward/Team Manager.

5.4.7 Roster Production/Responsibilities

The manager is accountable for either completing the roster or appointing a responsible individual to create the team's roster within the constraints of the Roster Policy. Accountability for rosters lies with the Team Manager. Any issues relating to the roster must be escalated to the Head of Department before final authorisation.

Publication of rosters will be scheduled across all teams in the Trust to be available for requests, authorisation and publication at the same time. This will apply in due course when e-Roster has been implemented. All non-medical rosters will commence on a Monday, medical rosters will ordinarily commence on Wednesdays in line with rotation dates.

Rosters should not be published before final authorisation by the Head of Department or identified deputy.

Rosters must be completed at least 6 weeks in advance of the start date (an exception to this rule is where the rota to be filled is for those working in theatre and clinics as these rosters are built following the confirmation of the consultants plans. As such they must publish their completed rosters 4 weeks in advance). This will enable staff to better manage their personal arrangements and to afford temporary worker suppliers (NHS Professionals) sufficient time to fill vacant shifts. However, staff are expected to be reasonable in terms of alterations to shifts in order to meet changes in circumstances. In these cases 72 hours' notice of a change would be expected and the change only permitted if appropriate cover can be arranged.

All rosters should be composed to adequately cover the hours of service. For many this may be 24 hours (or agreed set hours) and should be done by utilising permanent staff proportionally across all shifts. Hard to fill shifts and shifts which qualify for enhanced rates of pay such as; nights, weekends, bank holidays and specific shifts given a high priority on e-Roster must be filled first. Weekend shifts and Bank Holidays (nights and days) specifically should be filled first with substantive team members and every effort should be made to avoid the use of temporary workers for these shifts..

All staff groups included in the roster e.g. Department Administration/Clerical staff /Housekeepers should be entered as is appropriate.

The manager has a responsibility to give staff accessibility to view the authorised roster.

If any of the staff are working non–standard shifts, such as late starts, this should be entered into eRoster to avoid misinterpretation.

The roster must be maintained regularly by being fully updated no less than weekly to ensure its accuracy, and once locked for payroll no further changes can be made.

The roster must be approved and locked for payroll by the cut-off date provided to avoid the risk of incorrect or delayed payroll/pay to team members. Additional payroll extractions will not be possible and therefore instances will be escalated to the Director.

Where students work alongside mentors (e.g. nurses/midwives) all shifts should have details of this arrangement included within the roster to provide an auditable trail. They must be identified as supernumerary.

With an agreement between the relevant education authority (e.g. University) and manager in their first year of training students can work long shifts /nights.

5.4.8 Headroom & unavailability limits

Typically, teams have an allowance included within their budget to account for time when team members will be unavailable to undertake their duties (i.e. due to annual leave, sickness, attending/completing mandatory training, attending 1:1's and appraisals etc.). In some teams it is necessary to provide level cover and therefore this allowance should be used so that the roster can still be filled. Where this allowance has been applied it will include occasions when team members are on annual leave, absent due to illness, on mandatory study leave, and taking emergency carer's leave. To support the ability to manage this unavailable time and still deliver the required level of service, each of these categories carries a target. By meeting these targets the service level will still be achievable under normal circumstances (this may require otherwise vacant shifts being filled in teams such as nursing, and/or the re-prioritising of tasks where filling otherwise vacant shifts is not an option e.g. in teams providing support, such as the Corporate Divisions).

As achieving the targets for each category is key to delivering the required level of service, these form the performance indicator measures for the efficiency and effectiveness of the roster. The responsibility for achieving these is held jointly by the Team Manager and the Department Head, with the overall accountability lying with the Division Head.

Teams who are fully established must always use the contracted hours of their substantive team to fill shifts, including circumstances where available resource is reduced due to; illness*, study leave/training, annual leave etc. (*where sickness is excessive, additional cover may be arranged on the approval of the Department Head,

and only where an action plan agreed with the Department Head is in place to manage the excessive sickness levels.).
Managers must use these individual allowances intelligently to 'balance' the number of team members unavailable to work. For example, where there are more people on study leave than the target suggests the number of people permitted on leave should be limited accordingly and vice versa.

Each category is explained in more detail below and for the purpose of this document the nursing headroom targets have been used to provide examples of the calculations involved. Therefore, teams must confirm their own targets to be used in calculations. The total percentage of unavailability should equate to the overall percentage headroom that is built into each establishment.

The calculation of the % unavailability for each category is the same. It is based only on the number of whole time equivalents (WTE) in post (i.e. WTE of people in post, it does not include vacancies or temporary workers). The allowance for each team is calculated by multiplying the total number of WTE in post by the % target for the category.

For example the calculation for the annual leave allowance for a team with an establishment budget of 25 WTE, with 20 WTE currently in post (i.e. 5 vacancies) would be:

Budget establishment = 25 WTE
Currently in post = 20 WTE
Annual leave allowance 15% of current in post

Currently in post x % leave allowance = Maximum number of WTE permitted to be on leave

20 WTE x 15% (0.15) = 3WTE

This **allowance is aligned to the number of WTE in post** and therefore must be adjusted in accordance with the fluctuations of WTE in post numbers which result from new starters and leavers.

Headroom allowance (for those areas where this applies)
The baseline headroom allowance for all areas is 22.5% of the contracted/in post WTE for the team (temporary adjustments may be introduced in some areas periodically and as such Divisional Leadership teams will confirm if any temporary adjustments are currently in place. Please see below) . This headroom allowance is made up of allowances for annual leave, study, sickness and other leave as listed below. These individual allowances are all based on the contracted/in post WTE of the team and should not be exceeded, however most importantly the overall headroom allowance must not be exceeded (managers can work within margins for the individual allowances if the combination always remains with the overall headroom allowance).

22.5% is the baseline for all areas where headroom allowance applies, however this may be temporarily adjusted if agreement and approval has been granted with the Executive Team, Finance and Divisional/directorate leadership. If a temporary adjustment has been agreed and approved, the Divisional/Directorate leadership team are responsible for informing their management team of the adjustment and the period it is to be in place.

The baseline 22.5% headroom allowance of the contracted/'in post' WTE of the team is made up of:

Annual Leave 15%
Study 1.5%
Sickness 5%
Other Leave 1%

5.4.9 Working Day

This category is used to record management/supervisory time and non-clinical time for clinical based roles. The percentages achieved will vary from team to team as they are heavily influenced by the relative size of the team.

5.4.10 Study Leave

This allowance category is used to record SET training. It should total no more than **1.5% of current WTE in post**.

Any additional training and development must be managed within the teams substantive resource/headroom allowance and temporary workers/cover should not be used.

Study leave should be allocated in conjunction with the DBTH Leave Policy CORP/ EMP 49.

Managers must ensure each team member is allocated annual mandatory study days. This training is equally as important as delivering clinical care and must be protected. The responsibility for identifying such needs lies with individual staff in conjunction with their Line Manager.

Study Leave should be for a maximum duration of 7.5 hours per day (excluding unpaid rest period).

Other study leave should be allocated equally and in accordance with the available workforce headroom in each individual area (i.e. the maximum WTE unavailable should

not exceed the headroom target set for the team. If granting study leave would take the team's unavailable WTE beyond the headroom target, alternative arrangements should be made).

Fair and equal allocation of study leave should be available to all staff and requested following the appropriate Trust procedure.

Where the service requires a higher than average study leave (for example where there is a high proportion of trainees) this exception must be agreed by the Divisional leadership team.

5.4.11 Parenting/Maternity Leave

This category is used to record time for the traditional maternity/paternity time and new adoptions etc. There is no target allocated, and it is not included in the budgeted headroom figure.

5.4.12 Other Leave

This is used to record time when leave has been granted for exceptional circumstances such as carers leave, emergency leave etc. This should total less than 1% of current WTE in post.

5.4.13 Annual Leave

Each team operating rostered shifts should maintain 15% of their workforce on annual leave throughout the year to enable the whole team to utilise their annual leave entitlement without the need to backfill with temporary workers or the redeployment of team members. The annual leave threshold should be set at 15%, and this will be based on the current number of people in the team and not the budget establishment (i.e. vacancies and temporary cover not to be included, this is to avoid exceeding headroom and budget). Calculation of 15% to be based on actual WTE in post (i.e. No. WTE in post x 15% = A/L allowed). Teams must aim to have a level 15% workforce on A/L across the year and should not aim to average this out over each roster period as this could hide issues or shortfalls within the roster.. Exceptions to this must be approved by the Chief People Officer. This allowance can be used flexibly between grades if the skill mix allows.

If a team has a significant vacancy position when annual leave for the year is being planned then annual leave should be based on that current situation and adjusted as the vacancy position improves. Managers are advised to discuss this with their Divisional Head prior to approving leave for the next financial year

5.4.14 Managing Annual Leave

Annual leave should be allocated according to the DBTH Leave Policy CORP/EMP 49. The annual leave granted should be 15% each day (or as near to this figure taking into account the varying size of teams) to be based on actual WTE in post (i.e. vacancies and temporary workers are not to be included). Teams are to aim to have 15% workforce on A/L throughout the year to effectively manage resource evenly, and exceptions to this must be approved by the Chief People Officer as the accountable person for the roster policy. The allowance can be used flexibly between grades if skill mix allows.

For all colleagues (with the exception of consultants and SAS doctors) annual leave should be allocated in hours for each team member. For consultants and SAS doctors have leave will be allocated in days or PAs.

The manager or designated deputy must approve all annual leave before it is taken.

The annual leave entitlement must be taken within the year to which it is allocated. Responsibility for managing annual leave is jointly owned by the individual and their line manager.

Each Team should calculate how many staff should be taking annual leave at any one time. The team should be made aware of the need to maintain this number constantly throughout the year.

Ideally, staff should take their annual leave entitlement evenly throughout each year.

Fair, personal and equal allocation of annual leave requests should be available to all staff in high sought after periods such as school holidays and summer months, and public holidays such as Easter and Christmas.

The allocation of leave during the school holidays should not be increased. Annual leave requests for school holidays will be shared equally amongst those requesting.

Quarterly reviews of outstanding annual leave for each member of staff should be made by the Team Manager to avoid accumulation of untaken leave.

Any leave of longer than 2 weeks in duration must be formally requested in writing to the Department Head for approval and a copy of the request must be kept in the personal file.

Managers must be aware that leave taken by staff on term time contracts must be included in the total WTE allowed on annual leave and recorded as such. Therefore during their periods of leave the remaining number permitted to be on annual leave must be adjusted accordingly (total team A/L, including term time contract leave to

adhere to 15% target). Term time contracts should be reviewed annually as per the Flexible Working Policy CORP/EMP 48.

For those working in teams where their shift patterns run over 7 day working weeks, when annual leave of at least a week is being requested 2 days of rest adjacent to the annual leave booking will be permitted to ensure any shifts worked do not infringe upon the annual leave.

5.4.15 Sickness

Sickness must be reported by the individual via the sickness absence team by calling in to them and the individual must also contact their line manager (or delegated deputy) to notify them that they will not be able to work. Both actions should be completed at the earliest possible time and sufficient notice should be given to allow for appropriate cover to be agreed (notification period must be in accordance with local procedure).

The sick absence team will update all People Systems (eRoster, ESR, ER Tracker etc..) the same day as the notification has been received. As such managers must not update sickness records in any People Systems as this will result in inaccurate and inconsistent data being held across these systems. Any issues or inaccuracies should be reported to the Sickness Absence Team to update/amend.

Total sick absence for the team should be at or below the specific target set for your division/directorate, as such please refer to your specific target. For nursing areas a 5% sickness allowance will be included within the overall headroom KPI measure (subject to review).

5.4.16 Roster KPIs

The effectiveness of rosters will be monitored to give reassurance that the available workforce is optimised. To do this each roster will be measured against the following Key Performance Indicators (KPIs):

- Headroom
  - Annual Leave 15% of in post WTE
  - Sick absence 5% of in post WTE
  - Study Leave 1% of in post WTE
  - Other Leave 1% of in post WTE

- Roster Lead in time 6 weeks (4 weeks for Theatres and Clinics)
- Use of NHS P interface (where applicable) 100% compliance
- Deliver service within establishment WTE
- No individual within the team to carry forward contracted hours equal to or more than the length of a shift into the next roster period.

5.4.16 Flexible Working

The Flexible Working Policy CORP/EMP 48 should be used as a process by any staff unable to work 'normal' working hours/ shift patterns to apply in writing to the Team Manager for a suitable variation to these that will continue to provide cover to meet the service need. A formal response must be provided by the team manager to any application. Applications may not always be granted and decisions will need to take into account service need and impact on patient care. If an application is declined the team manager will provide reasons in writing.

For those individuals who have an approved flexible working agreement, whilst this is in place there will be no provision for requests to be made over and above the pre-agreed flexible arrangement. Thereby avoiding further restrictions on colleagues who do not have a flexible working agreement and who have limited opportunity to flex.

The Trust recognises that there may be occasions throughout their employment when staff are unable to work the 'normal' shift pattern used in their workplace.

In line with the Trust's Flexible Working Policy, employees who wish to change their hours of work should first discuss this with their Manager.

Any flexible working arrangements should be openly acknowledged and published, i.e. the number of part time posts a ward can permit, the number of fixed days (personal patterns) that staff work, which can be safely accommodated per unit.

Flexible working arrangements are subject to review every 12 months.

5.4.17 Fraud

Staff must ensure that all changes to the original roster are updated in real time to ensure accuracy and to ensure audit and counter fraud requirements are met.

For this rostering procedure to be successful, there is an element of trust between DBTH and the member of staff. However, it is to be acknowledged that any activity that is considered as potentially fraudulent will be required to be referred to the Local Counter Fraud Specialist (LCFS) for investigation, in accordance with the Fraud, Bribery and Corruption Policy (CORP/FIN1D

Exception reports will be scrutinised on a regular basis to review working/overtime hours of staff involved in the rostering process. All exceptions will be reviewed, and if considered potentially fraudulent, such instances will be reported to the LCFS and HR for further investigation.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Effective adherence to this policy will deliver efficient and effective rosters with the right people in the right place at the right time providing the expected service and safe care where relevant. Therefore key performance indicators and parameters will be set and monitored, and for roster users analysis reports will be utilised from the roster software. Each roster will provide evidence of efficient and effective workforce planning.

Managers and Heads of Department must review/audit their rosters and shift patterns quarterly as a minimum requirement of the Trust (see audit tool, Appendix 1), to monitor the effectiveness of the roster to meet service need and maintain fairness and equality to all staff. However, the frequency is dictated by the Trust's requirement at the time and therefore may be more frequent. Any local SOP in existence should be referenced to confirm the required frequency.

The frequency of the reviews will ultimately be driven by the requirement and needs of the Trust at the time. To review quarterly would be the minimum requirement to ensure all aspects of the roster remain current and are delivering the requirement.

Additional audits will also take place and be conducted by independent parties, the results of which will be presented to the executive board for review.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Roster KPI's	Heads of Departments & Heads of Divisions	Monthly in advance of roster approval and as part of roster review meetings.	Utilising weekly performance reports (generated from roster software where eRoster is used). Reported to Roster Steering Group, and Board of Directors
Shift fill rates	Heads of Departments & Heads of Divisions	Weekly	Utilising weekly performance reports (generated from eRoster software where eRoster is used).
Skills mix	Heads of Departments & Heads of Divisions	Weekly	Utilising weekly performance reports (generated from eRoster software where eRoster is used).

Suitability of shift patterns and associated roster rules	Heads of Departments & Heads of Divisions	Quarterly	Utilising roster reports to analyse and match resource to demand

7 DEFINITIONS

Rota
A planned series/pattern of unfilled shifts over a set period of time specifying start/finish times, and number of people required on each shift.

Roster
A planned series/pattern of shifts over a set period of time having had specific people allocated to them.

KPI
Key **P**erformance **I**ndicators. These are the important measurable attributes of how something has performed. This could be an individual, a team, a process, a product, indeed almost any item.

eRoster
A software solution to aid the allocation of resources (for the purpose of this policy this is people) to a rota.

Unavailability
For the purpose of this policy this refers to the time spent by an individual on tasks which do not directly contribute to the delivery of the service (e.g. annual leave, sickness, study time)

Demand
The volume of incoming work tasks which dictates the amount of resources required to deliver the targeted/required service level.

Establishment
The total number of people (whole time equivalent/WTE) which the budget affords the team to employ.

Budget
The permitted total cost for a team to be fully functional.

Requests
For the purpose of this policy, these are the individual preferences raised by an individual to make a specific selection within a roster period (e.g. if an individual asks to be allocated a specific shift).

Vacant shifts
Shifts which appear within the rota but remain unfilled.

Headroom
For a team to function and deliver the required service effectively there has to be allowances made for events which naturally occur and events which need to occur in the delivery of the service. These events include such things as training, meetings, annual leave, sickness etc. The amount of time needed for these events to take place is estimated and an allowance is then awarded to the team to account for this time so that the events can take place and the service is still delivered. This allowance is called 'headroom'.

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 5)

9 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016).

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy document should be read in conjunction with

- Related local SOP's
- PAT/PS 18 - Safe Staffing Guidelines for wards and departments (Nursing Midwifery and Theatres)
- CORP/EMP 47 - Social Leave Policy (incorporating Carer's and Emergency Leave)
- CORP/EMP 49 - DBTH Leave Policy (including Annual, Study, Professional and Duty for all staff, including medical)
- PAT/PA 31 - Handover Policy
- PAT/PA 28 - Privacy and Dignity Policy
- CORP/EMP 1 – Sickness Absence Policy
- CORP/ICT 11 – Information and Communications Technology (ICT) Business Continuity Policy
- CORP/EMP 48 – Flexible Working Policy
- CORP/EMP 27 – Equality Analysis Policy
- CORP/EMP 4 – Fair Treatment for All Policy

APPENDIX 1 – AUDIT TEMPLATE

Rostering Audit Template

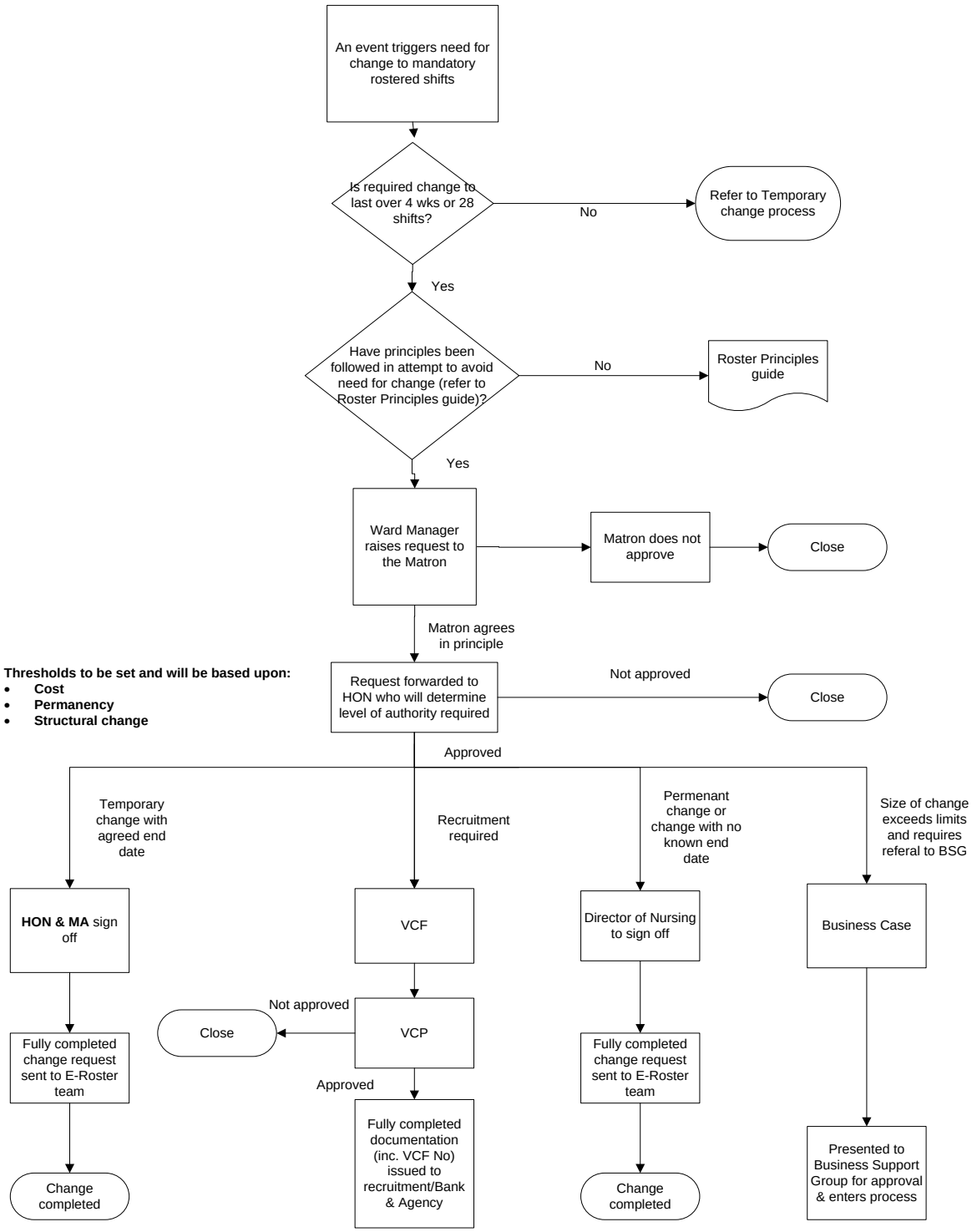
Ward / Department:
Audit completed by: **Date:**

	Yes/No	Comments	Actions
1) Are all staff aware of the policy?			
2) Do the shift and break times conform to European Working Time Directives as set out in the policy?			
3). Does the roster template (shift times/lengths, hands per shift etc.) match the approved budget and is it authorised by the Head of Department and Finance?			
4). Are the current roster rules appropriate for the current in post headcount and are they designed to support the delivery of roster KPI targets?			
5) Are the approved rosters achieving the balanced KPI targets? • Approved 6 wks. in advance • Annual leave 15% of in post WTE • All unavailability metrics met • Total workforce cost in budget			
6) Is the Skill mix maintained?			
7) Has the policy been adhered to when the rosters are created?			
8) Has the Trusts temporary staffing process been followed?			
9) Are the rosters operating within budgetary constraints?			

	Yes/No	Comments	Actions
10) Are any of the Work-Life Balance Procedures in use for any person in the ward/department?			
11) Does the team have adequate but not excessive handover time?			
12) Are break time guidelines being followed?			
13) Is there evidence of quarterly/annual review of existing flexible work patterns?			
14) Does Matron/Head of Department approve roster?			
15) Is annual leave 15%?			
16) Is there evidence of quarterly review of the roster template (existing shift/work patterns)?			

APPENDIX 2 – CHANGE CONTROL PROCESSES

Long Term/High cost/Permanent change request process



Thresholds to be set and will be based upon:

- **Cost**
- **Permanency**
- **Structural change**

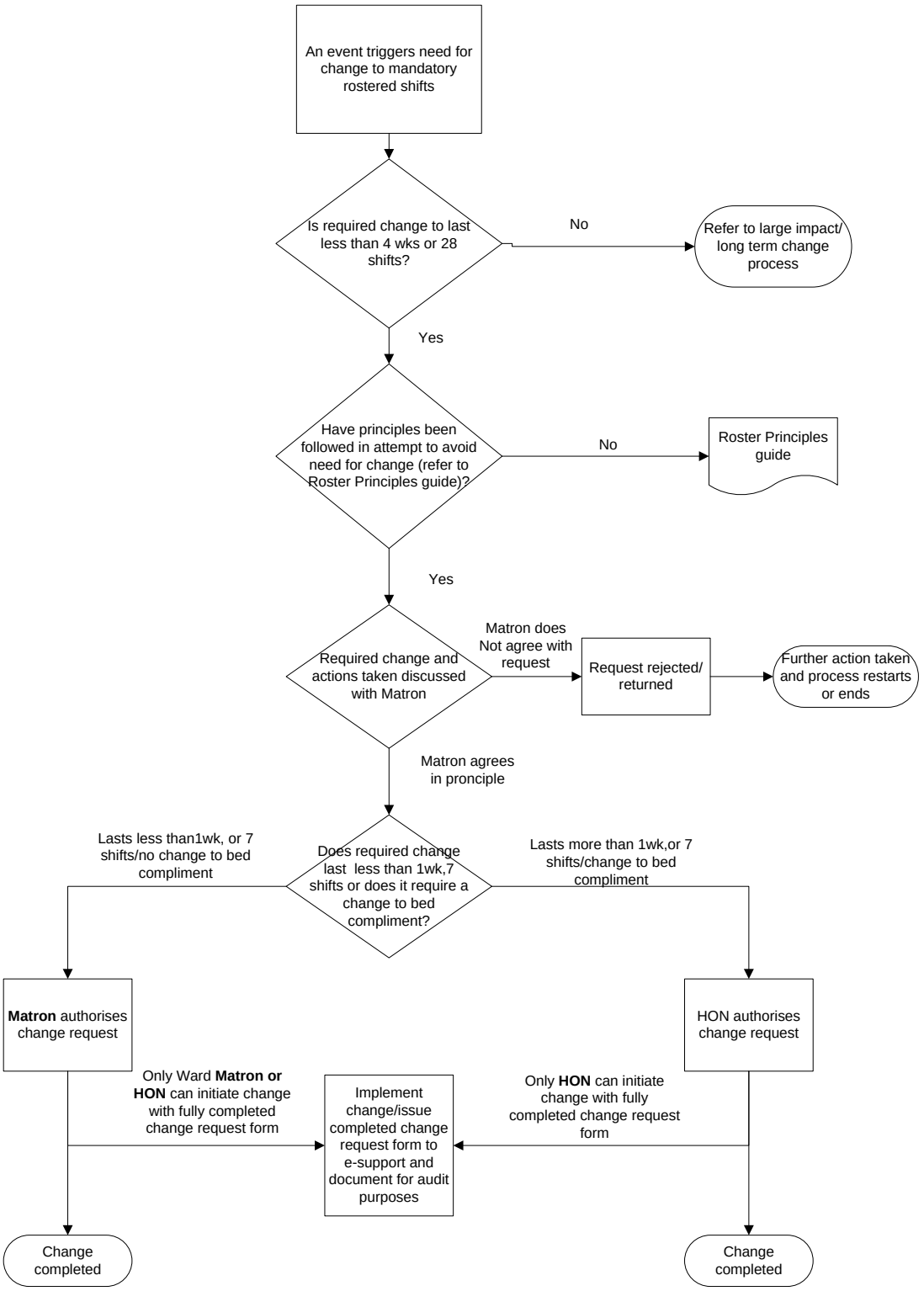
Please Note:

HON = Most senior divisional nurse/ Manager

MA = Accountant

If proposed long-term/ permanent change exceeds budget, a business case MUST ALWAYS be presented to BSG/ CIG for approval, in ALL cases.

Roster temporary Change request process



Please Note:

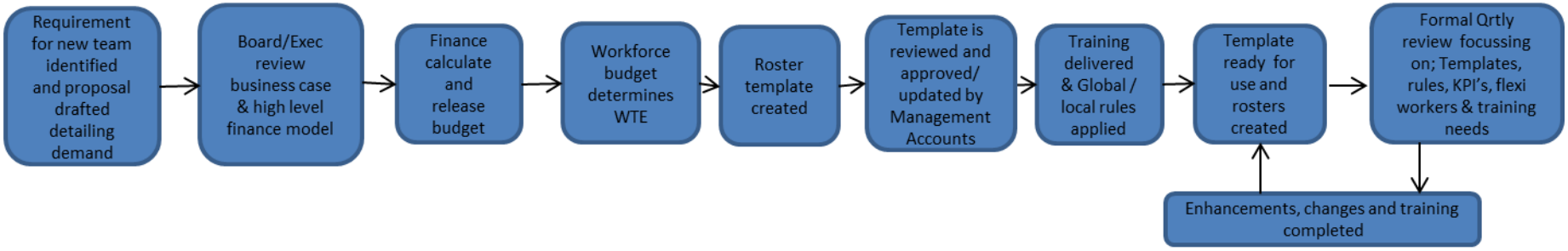
HON = Most senior divisional nurse/ Manager

MA = Accountant

APPENDIX 3 – CREATING A ROTA TEMPLATE

Creating a rota template:

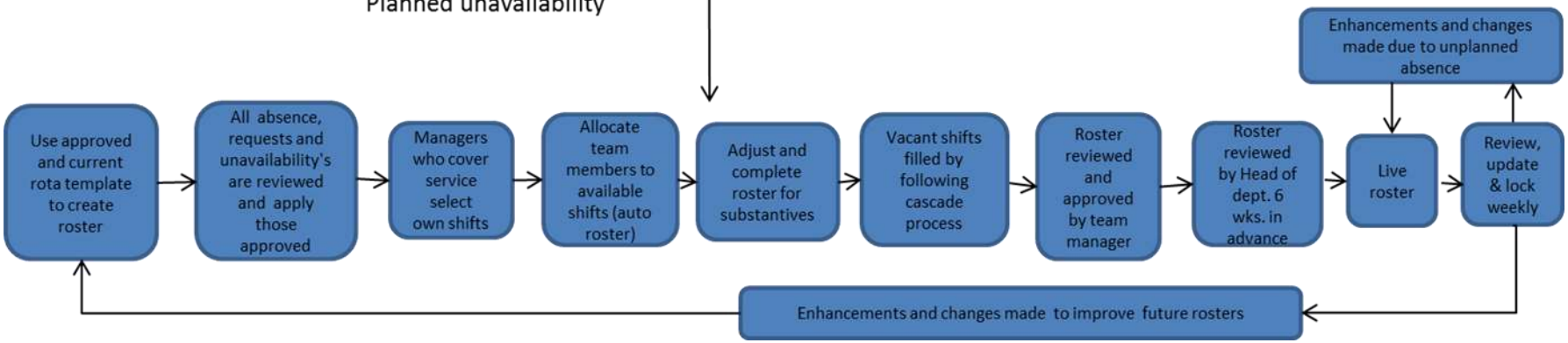
Suppliers	Inputs	Processes	Outputs	Customers
Management Team Members Finance Management/ Leadership team Workforce MI	Business requirement Demand Policy Funding Training & development Rules Roster process Review process		Roster template Budget Live rosters Workforce MI	Patients Visitors Team members Management/ Leadership team Finance



APPENDIX 4 – CREATING AND MANAGING A ROSTER

Creating a roster:

Suppliers	Inputs	Processes	Outputs	Customers
Management	Demand		Roster template	Patients
Team Members	Policy		Budget	Visitors
Finance	Funding		Live rosters	Team members
Management/	Training & development		Workforce MI	Management/
Leadership team	Rules			Leadership team
Workforce MI	Roster process			Finance
	Review process			
	Planned absence			
	Planned unavailability			



APPENDIX 5 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/ Project/Strategy	Division/Executive Division and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP/EMP 35 v.3	People & Organisational Development	Jason Mullarkey	Update to existing policy	August 2023

1) Who is responsible for this policy? People and Organisational Development

2) Describe the purpose of the service / function / policy / project/ strategy? To deliver efficient, effective and safe care, whilst also providing clarity and consistency for all teams.

3) Are there any associated objectives? Enables efficient and effective utilisation of our people and also accurate reporting of staffing models.

4) What factors contribute or detract from achieving intended outcomes? – Joint staff side agreement, teams acceptance, ownership of accountabilities and responsibilities, effective monitoring and control, people development, and adherence to the policy

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - **No**

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] –

6) Is there any scope for new measures which would promote equality? [any actions to be taken] **One of the specific outcomes of the policy is to deliver consistency of approach and hence equality to the methods of managing work patterns**

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	**No**	
b) Disability	**No**	
c) Gender	**No**	
d) Gender Reassignment	**No**	
e) Marriage/Civil Partnership	**No**	
f) Maternity/Pregnancy	**No**	
g) Race	**No**	
h) Religion/Belief	**No**	
i) Sexual Orientation	**No**	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick outcome box

Outcome 1 √	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: August 2026

Checked by: Adam Evans Date: April 2024