Staff Rostering 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 implementing the MAPS 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, whilst also ensuring fairness to staff.
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Review Log

Include details of when the document was last reviewed.

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2	10th June 2014	Health roster Manager	Assurance Group, Trust Policy Group	Inserting changes from a project state to normal running, incorporating the e-Bank module.
3	3rd September 2015	Health roster Manager	Policy Steering Group Assurance Committee	

Table of Contents

Item	Contents	Page
1	EXECUTIVE SUMMARY	4
2	INTRODUCTION	4
3	SCOPE	4
4	PURPOSE	4
5	DEFINITIONS	5
6	RELATED TRUST POLICIES	6
7	ROLES AND RESPONSIBILITIES	6
8	POLICY	8
9	IMPLEMENTATION / TRAINING AND DISSEMINATION	13
10	PROCESS FOR MONITORING COMPLIANCE / EFFECTIVENESS	14
11	ARRANGEMENTS FOR REVIEW OF THIS POLICY	14
	APPENDIXES	
	APPENDIX A – KEY PERFORMANCE INDICATOR	15
	APPENDIX B - TRUST GLOBAL RULES	16
	APPENDIX C – JUNIOR DOCTOR CONTRACTS	18
	APPENDIX D-EQUALITY IMPACT ASSESSMENT	20

1. EXECUTIVE SUMMARY

1.1 This policy aims to support the principle of ensuring that the right people with the right skills are in the right place at the right time, to meet the demands of the services across the Trust through eRostering - HealthRoster.

1.2 The HealthRoster system is an electronic tool that can be used to aid workforce planning and effective deployment of staff. It enables managers to configure a roster that matches the demands of the service with the right staffing levels and to continually adjust the configuration depending on change.

1.3 The HealthRoster system also allows for essential reporting and monitoring across the Trust which in turn aids in the requirements for accountability and responsibility, evidence-based decision making, openness and transparency, and planning for future workforce requirements.

2. INTRODUCTION

2.1 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

2.2 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, 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.

3. SCOPE

3.1 This policy is for use by all Solent NHS staff.

4. PURPOSE

4.1 The purpose of this policy is 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. It also sets out the Trust Global Rules to ensure that employees get sufficient rest and abide by the NHS Terms and Conditions and Working Time Regulations. 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.
- Improving the effectiveness of the deployment of staff in terms of safety and productivity.
- Improving the effective utilisation of substantive and temporary staff.
- 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.
- The risk management of staff health and safety, patient safety, financial control.
- Aligning staffing capacity and patient experience.
- Improving the planning, monitoring and management of absence days e.g. annual leave, study leave and sickness, remaining within headroom targets.
- Monitoring staffing levels, vacancies, and Trust Key Performance Indicators (KPIs) and reporting to them to the relevant departments and the Trust Board.

4.2 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.

5. DEFINITIONS

5.1 **Acting Up:** When an employee covers a higher grade post for a fixed period of time and receives a higher than normal amount of remuneration in compensation.

5.2 **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-effective is taken.

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

5.4 **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.

5.5 **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.

5.6 **Employee on Line (EOL):** The web-based application which allows all staff to see their roster, request leave, request duties (where appropriate), record time worked (where appropriate) and review historical timesheet information.

5.7 **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

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

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

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

5.11 **Shift:** Period of work.

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

5.13 **Time Owing:** Accrued additional time recorded as net hours on a roster and in addition an employee's contracted hours.

5.14 **WTR:** Working Time Regulations

6. RELATED TRUST POLICIES

6.1 This policy has links with the following documents:
Trust Policies:

- Annual Leave Guidance (currently in draft)
- Sickness Absence Policy
- Bank & Agency Workers Policy
- Special Leave Policy
- Maternity Guidelines
- Parental Leave Guidelines
- Paternity Leave Guidelines
- Adoption Leave Guidelines

Other References:

- NHS Terms and Conditions of Employment
- Working Time Regulations

7. ROLES AND RESPONSIBILITIES

7.1 **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 Director of HR and OD 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.

7.2 **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.

7.3 **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.

7.4 **Roster Service Manager:**

This is usually the Departmental Manager or Matron. The Roster Service Manager 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 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.

7.5 **Roster Unit Manager:**

This is usually a Unit Manager, Ward Manager or the budget holder / nominated deputy. The Roster Unit Manager 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.

7.6 **Roster Creator:**

Usually a designated senior staff member suitably trained to create rosters for a unit. They are responsible for keeping staff details updated, administering team structures within eRostering, creating and managing rosters and analysing reports. The Roster Creator will:

- Participate in discussions and decisions regarding staff in each area.
- Understand the agreed staffing capacity and capability for each area on a shift by shift basis.
- 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.

7.7 **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 are responsible for updating the roster as it is worked and inputting Unavailability's (unavailable for normal duty or non-clinical) time, including sickness and leave. The Roster Administrator will:

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

8. POLICY

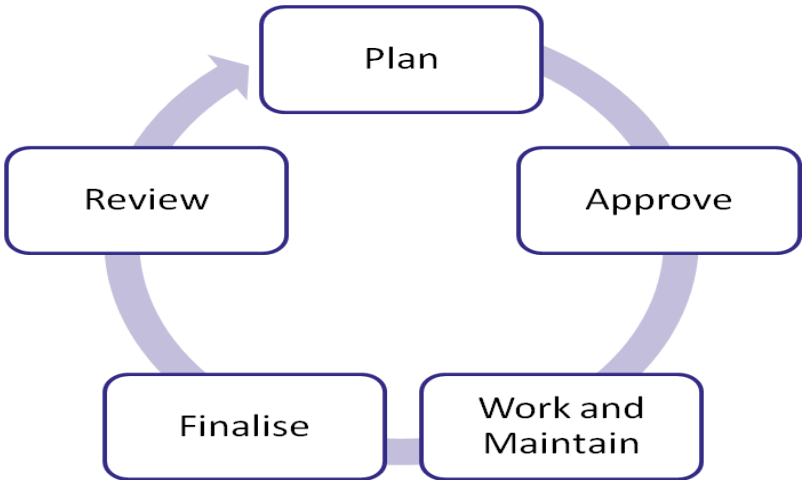
8.1 Roster Planning and Management

8.1.1 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 4 weeks in advance with 6 weeks being best practice) which will operate over a 28 day period.

8.1.2 Once a roster has been created it is firstly approved by the Roster Unit Manager and then by the Roster Service Manager before it goes live. Once the roster is live it can be viewed electronically via 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.

8.1.3 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.

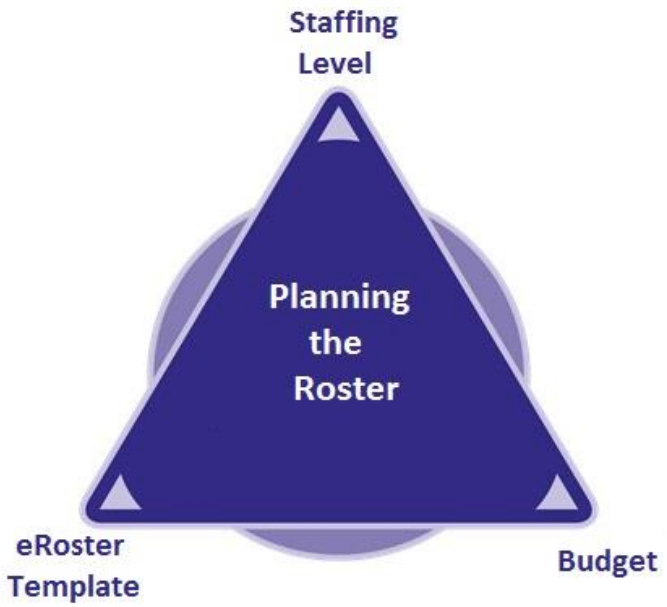
8.1.4 The Roster Planning and Management process is explained in more detail below:



8.2 Plan Roster

8.2.1 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.

8.2.2 The Staffing Level required must be within Budget and the eRoster Template which will eventually be approved and rolled out. Any deviation above 1.0WTE to the budget should be approved by the budget holder and finance business partner for the department.



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

8.3 **Approve the Roster**

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

1. First Approval – Roster Unit Manager
2. Second Approval – Roster Service Manager

8.3.4 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 should be rostered in line with New Deal 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 Employee on Line.

8.4 **Work and Maintain the Roster**

8.4.1 The Trust is under an obligation to report on staffing levels throughout the hospitals 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.

8.5 **Unfilled Mandatory Duties**

8.5.1 When a duty cannot be filled by a member of substantive staff, a Unit Manager has the option to fill the duty by:

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

8.6 **Additional Requirements for Nursing Rosters**

8.6.1 All Nursing rosters should be designed to provide safe staffing levels in line with service requirement. Rosters should be updated in line with the following steps:

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

8.6.2 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. Any deviations must be approved by Care Group ODs/COOs & Finance.

8.6.3 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.

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

8.7 **Finalise the Roster**

8.7.1 At the end of the calendar month the Roster Unit Manager is responsible for ensuring that the roster accurately reflects any changes that have occurred during the relevant period and where applicable all excess/overtime hours and all absences have been correctly input. Once this is complete, the roster can be finalised.

8.7.2 Roster Unit 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.

8.7.3 Rosters must be finalised at the end of each calendar month before the 2nd working day of the next calendar month at 11am.

8.7.4 Staff must check their individual rosters via 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.

8.8 **Payroll Queries**

8.8.1 If an employee finds an error on their roster/timesheet through employee online or on their payslip the first point of contact should always be their manager.

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

8.8.3 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.

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

8.8.5 Please note that no payment will be made if the change is more than three month old.

8.8.6 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.

8.9 **Review the Roster**

8.9.1 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, Roster Creator, and Roster Administrator. 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 HR Systems Team will act as an enabler in facilitating the sharing of best practice between departments.

8.10 **General Principles**

8.10.1 **ESR:** When making changes to rosters remember that the following also need to be completed in ESR as a parallel activity:

- End Employment
- Cost Centre Moves
- Start of and return from Long Term Sickness/Maternity/Unpaid Leave/Career Breaks

8.10.2 **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.

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

8.10.4 **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).

8.10.5 **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	

8.10.6 **Annual Leave**

- Annual Leave is arranged in accordance with the Annual Leave policy (currently being drafted) and recorded in eRostering.
- 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.

8.10.7 **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 'As & When' staff should also be 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.

8.10.8 **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 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.

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

8.10.10 **On Call:** On Call duties for Agenda for Change staff must comply Agreement in Relation to Future On Call Arrangements terms and conditions. On Call for medical staff is applied to the roster in accordance with their Terms and Conditions of employment.

8.10.11 **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.

8.10.12 **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.

9. IMPLEMENTATION / TRAINING AND DISSEMINATION

9.1 From January 2016, all staff who are nominated by the unit managers to create, administer and manage rosters through HealthRoster, are required to attend the recognised training courses provided by HR Systems:

- **Level 1: Roster Essential Skills** (Computer based course) – How to amend existing roster & manager staff absence records.

- **Level 2: Roster Administration** (Computer based course) – How to administer and amend existing rosters, manage staff absence records and leave requests, manage staff hours and working patterns, Employee Online account

administration.

- **Level 3: Roster Creator** – Create a roster in line with Trust policies, the roster cycle, and the roster publication timetable while examining quality of existing rosters via the approve/analyse roster function, roster perform and other management reports generated in the Trust using data from rosters. Explains the principles of rostering and requirements for creating a high quality roster that meets both service and staff requirements in relation to safe staffing levels and skill mix, headroom, budget and staff hours.

9.2 A pre-requisite to attending the Level 3: Roster Creator course, Level 1 and Level 2 computer based course must be completed first.

10. PROCESS FOR MONITORING COMPLIANCE / EFFECTIVENESS

10.1 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, Inpatient Staffing Modules & Roster Reviews.

10.2 E-Rostering system effectiveness will be monitored by the HR Systems Team, providing updates to the HR Quarterly Report.

11. ARRANGEMENTS FOR REVIEW OF THIS POLICY

11.1 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.

11.2 The policy will be formally reviewed no later than the end of June 2018.

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

Excess / Overtime Hours Payments

- Staff working over their contract hours can be assigned excess / overtime 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.

- Staff may request to take time off in lieu as an alternative to excess/overtime.

Recording of planned / unplanned absence

- All planned or unplanned absences, e.g. sickness, annual leave, study leave, maternity leave, special leave, unpaid leave etc, must be recorded in the eRostering System.

- The HR team must be notified of any unpaid leave by the relevant unit manager.

- 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 – JUNIOR DOCTOR CONTRACTS

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:

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

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	

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.

APPENDIX D: EQUALITY IMPACT ASSESSMENT

Step 1 – Scoping; identify the policies aims	**Answer**
1. What are the main aims and objectives of the document?	This policy outlines the practical procedures required for the implementing the MAPS 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, whilst also ensuring fairness to staff.
2. Who will be affected by it?	All Staff
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Roster Audit, Training & Workforce Reports
4. What information do you already have on the equality impact of this document?	Previous versions of Policy
5. Are there demographic changes or trends locally to be considered?	None
6. What other information do you need?	None

Step 2 - Assessing the Impact; consider the data and research	**Yes**	**No**	**Answer** (Evidence)
1. Could the document unlawfully against any group?		x	
2. Can any group benefit or be excluded?		x	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	
4. Can this actively promote good relations with and between different groups?	x		
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		Roster Managers
6. Have you used a variety of different methods of consultation/involvement		x	
Mental Capacity Act implications		x	
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		x	

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	**Answer**
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	

Step 4- Implementation, Monitoring and Review	**Answer**
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	

Step 5 - Publishing the Results	**Answer**
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

****Retain a copy and also include as an appendix to the document****