

Rostering Policy and Procedure (HR-030)

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Executive Lead (name & job title):	Steve McGowan - Director of Workforce and OD
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<i>Approved by:</i>	<i>Steve McGowan - Director of Workforce and OD</i>
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1. Introduction

Staff rostering is fundamental to providing services that are safe and effective whilst at the same time enabling resources to be deployed in the most efficient way within the Humber Teaching NHS Foundation Trust. The Trust is committed to ensuring all staff rosters are based on service needs and providing the best level of care and support to service users, within agreed resources.

The purpose of this policy is to support managers in deploying staff in a way which takes account of the important of work life balance without compromising the most effect and efficient way to meet the needs of service users. The policy recognises that it is also important that staff rosters are drawn up fairly, transparently and in a timely manner, considering the need to both appropriately plan care and as far as reasonably possible, support staff to achieve a positive work life balance.

2. Scope

This policy applies to all Trust employees, except medics (i.e. Doctors). All employees will be treated in a fair and equitable manner, recognising any specific needs on an individual basis, and making adjustments as reasonable and necessary.

3. Definitions

W&OD	Workforce and OD
TCNC	Trust Consultation and Negotiation Committee

4. Duties and Responsibilities

Chief Executive

To assure the Board that this policy and procedure is acted on through delegation to the appropriate business units and committees.

Trust Board

To ensure that this policy is acted on through delegation of responsibility for the development and implementation of the policy to the appropriate directors and committees.

To ensure the policy, procedure and guidelines comply with UK law requirements.

To ensure the policy and procedures are monitored and reviewed formally through the appropriate committees e.g., Trust Consultation & Negotiation Committee (TCNC).

Directors and Assistant Directors

The Directors and Assistant Directors will ensure that this policy is acted on through a process of policy dissemination and implementation in collaboration with Trust senior managers.

General Manager, Service Manager, Matrons and Senior Clinicians

Ensure all staff within their area of responsibility are informed about the contents of this and other associated policies and procedures. It is also their responsibility to ensure approval is completed in a timely manner and there are regular reviews of staffing restrictions.

Workforce and OD

W&OD/HR Team will provide appropriate advice and support.

Trade Union Representatives

All public-sector organisations that employ more than 49 full-time employees are required to submit data relating to the use of facility time in their organisation. Where Trade Union representatives work in a rostered team, facility time should be recorded on the roster.

Rostering Team

The Rostering Team must ensure that the e-roster is published within a minimum of 6 weeks of the rota starting, but ideally posted in 12 weeks. This, however, is dependent on the ward creating the rosters for their staff.

Employees

All employees will comply with this and any other associated policies and procedures.

5. Policy Statement

The aim of this policy is to ensure that duty rosters are produced to an agreed consistent set of standards Trust-wide, and are based on agreed, funded establishments. All nursing, midwifery and associated support staff are required to comply with this policy.

Failure to adhere to this, or any other associated policies, may result in disciplinary action being taken.

6. Production of Staff Rosters

The designated manager identified as responsible for producing and managing staff rosters must ensure the following:

- The roster reflects the needs of service users, represent a cost-effective way to cover service requirements and are an efficient utilisation of permanent staff.
- The roster is produced at least 6 weeks in advance and commences on a Monday.
- In the first instance, permanent staff (and/or staff on temporary or fixed term contracts included in the establishment) should be used to cover the required shifts.
- Any gaps in the roster should then normally be filled by using time owing (Please see Appendix 3 Time Owing Protocol) and/or time off in lieu.
- The roster must reflect the agreed skills, grade mix and staff numbers required and should not include staff or a grade mix above this unless approved by the

General Manager.

- All shifts are fairly and equitably allocated to staff in accordance with their hours and the agreed skill and grade mix and staff numbers required.
- The roster must clearly show who is in charge on each shift.
- The roster must comply with all reasonable requests; however, this should not compromise the needs of service users or be at the expense of having to use overtime, bank, or agency staff. All staff must have equal access to requests for particular shifts/time off and popular breaks (Bank Holidays and School Holidays).
- Requests for days off are counted as requests.
- Rules relating to all types of leave, e.g., the Annual Leave, Study Leave and Working Time Regulations are adhered to as set out in the relevant policy or as detailed in this document.
- Shifts given a high priority must be filled first, i.e., nights and weekends. It should not be routine to use overtime bank/agency staff permanently on night shifts.
- Any staff working non-standard start or finish times are entered on the roster to avoid misinterpretation.
- Deputy Charge Nurse (Band 6) time should be distributed across all shift patterns.
- Only where it is impossible to cover all the required shifts through the allocation of available staff and using time owing and/or time off in lieu, should consideration be given to the use of bank staff. The deployment of bank staff should be in keeping with the agreed skill and grade mix and required staff numbers.
- When using bank staff, managers must not compromise the safety of service users and other staff and must ensure that the bank staff have the required induction and training to work in that clinical area.
- In situations where it is not possible to cover all the required shifts by the time owing, time off in lieu or bank, then the use of overtime or agency must be approved by the senior on-call manager, when out of hours. The designated manager must clearly state and record the reason for the request for overtime or agency staff.
- Once rosters are approved, staff wishing to alter their roster should, in the first instance, attempt to exchange shifts with other appropriate team members. Any changes are made within equal grade bands and with consideration to the overall skill mix of all the shifts not being changed. Changes to rosters should be at no additional cost.
- All changes are authorised by either the ward manager or designated deputy as soon as possible or at least before the start of the shift. Changes must not result in overtime expenditure or use of nurse bank or agency staff. Only in exceptional circumstances can When there are unforeseen circumstances, i.e., a member of staff going off sick at short notice or additional hours are needed, then the most cost-effective method available must be used which normally means the following order:
 1. Use 'time owed' from individuals on the roster if available.
 2. Use time off in lieu of individuals on other rosters, providing the individual has the correct skills is the correct grade.
 3. Use additional part-time staff hours (up to 37.5 hours)
 4. Use of bank staff, if available.
 5. Only in exceptional circumstances after the above options have been fully explored should overtime or agency be used, and this must be approved by the appropriate Care Group Director.
- Changes be made and retrospectively approved by the manager or deputy.

- Except in instances of operational necessity, at least 24, and ideally 48 hours' notice will be required to request a change to a set roster. However, in consultation with a member of staff, the manager may require a change of roster with less notice e.g., an urgent clinical situation.

7. Annual Leave

It is important that annual leave is allocated fairly and, in a cost-effective way.

The Trust currently, as part of staffing establishment, allows for an additional 22% funding for staff cover for leave and sickness. The roster will be created to ensure minimum and maximum levels of leave are maintained. Rosters should take consideration of this allowance before considering using Bank/agency/overtime to cover absence.

In order to facilitate the creation of workable duty rosters throughout the year all staff should comply with the Trust's Annual Leave Policy.

- The authorised line manager must ensure that all annual leave requests are authorised/denied 4 weeks in advance of request period.
- Annual leave must be booked or cancelled before a roster is finalised.
- Each department will calculate how many qualified and unqualified staff may take annual leave (including Bank Holidays) in any one week, with a defined limit for each band.
- Matron/Service Managers will ensure that Senior Sisters/Charge Nurses take action to avoid the accumulation of untaken leave by staff.
- Booking of holidays, flights etc should not be booked until the annual leave request has been approved by authorising manager.
- It remains the responsibility of each individual to monitor their own leave allocation and ensure it is taken before 31st March.
- Staff should take approximately 40% of their annual leave entitlement by 31st August each year with approximately 35% being used between September and December leaving 25% to be taken between January and March of the annual leave year except:
 - By prior arrangement with their line manager
 - Due to the needs of the service
 - As a result of ill health/maternity leave

8. New Starters

New starters should always discuss prebooked annual leave with their prospective manager during interview stage or before appointment. Negotiations may be made to honour prebooked annual leave however this cannot be guaranteed.

9. Skill Mix and Staffing

Each area should have an agreed level of staff with specific competencies on each shift, to enable appropriate cover which should include (but not limited to):

- Giving medication
- IV administration

- Taking charge of the shift
- Ability to perform assessments and observations
- Managing a cardiac arrest
- Specialist skills relevant to specific areas e.g. chemotherapy competencies
- There must be a designated person in charge for each shift and this must be clearly identified on the published roster.
- Senior staff should work opposite shifts to achieve a balance of skills across all shifts.
- Band 7 Senior Managers/Unit Managers should routinely work Monday to Friday and not weekends, unless on the Trust Site Cover roster.
- Band 7 Senior Managers/Unit Managers should not work nights without prior approval from the Matron/Service Manager.
- Trust Bank Staff are members of the team for their given shift and their individual skills must be utilised appropriately.
- Staff supplied by the Nurse Bank should not be asked to take charge of a shift unless previously agreed with the bank nurse.

10. Flexible Working and Staff Preferences

Flexible Working Arrangements

The Trust supports the principles of flexible working and gives staff the right to request flexible working from their first day of employment. However, flexible working arrangements must be set against the need to ensure safe levels of staffing to deliver the right quality of care and reduce clinical and non-clinical risk. The Trust's Flexible Working Policy provides a framework for agreeing flexible working patterns without compromising the needs of services users or incurring increased costs.

Under the "Part Time Workers Regulations", part time workers should not be treated less favourably than comparable full-time employees. The Trust recognises staffs' right to request flexible working. These requests need to be considered fairly, consistently and in a transparent way whilst balancing and reflecting the needs of service users and other members of the team. Flexible working arrangements can be reviewed at any time in light of service needs.

Staff Preferences

Managers should be sensitive to the requests of staff for time off or to work particular shifts. However, requests may not always be granted and service needs must take priority and there should be no additional costs. For areas/wards which are not on an e-rostering system, the process of requesting shifts and annual leave can be locally determined e.g. request book, roster template for specific period available to staff, different colour pens for requests, however the following principles should be included.

Systems for staff to request shifts should be available for a minimum of 6 weeks in advance to ensure fairness for all staff.

Requests

Requests will be considered in the light of service needs to a maximum of 4 requests in 4 weeks (pro rata).

For those staff with Flexible Working arrangements where it has been agreed that requests will form part of the arrangement, the number of requests will be limited to 4 in

4 weeks (pro rata)

The Charge Nurse/Unit Manager is responsible for approving all requests. Personal patterns are not to be considered as requests.

Requests should not be used where a person has had reasonable adjustments made to the role as advised by Occupational Health due to a Health Need.

Any issues relating to requests for childcare or other Improving Working Lives issues must be dealt with using the Trust Flexible Working Policy.

Information held within the e-rostering system will be used to facilitate the decision-making process when approving or denying requests.

Swapping Shifts

One swap per week, per individual is considered to be sufficient; any additional swaps must be authorised by the ward manager.

NB personal patterns must be agreed via Flexible Working Guidelines and this includes current arrangements for staff to work opposite shifts to partners. If there are current arrangements for staff to (as far as reasonably possible) work opposite shifts, then (subject to it not compromising safety or incurring additional expense) the Trust will look to honour them: however, no guarantees for new arrangements will be given. If annual leave is being taken during this time, off-duty requests should be pro rata.

Requests should have a closing date and no further requests accepted after this date, in order to prepare the roster. Requests should close 6 weeks before the roster being worked e.g., Requests close – 2 weeks to compile off duty – 4 weeks' notice of off duty – off duty starts.

Staff Development

Study leave should be prioritised in line with the current Trust Statutory and Mandatory training policy requirements. The Band 7 Senior Manager/Unit Manager will:

- Calculate and utilise the available number of study leave days in each roster.
- Prioritise mandatory training requirements for staff which may include induction, updates, etc.
- Produce the roster ensuring staff have the required mandatory training.
- When required give as much notice as possible.

Attendance

Sickness Absence will be managed in accordance with the Trust's Managing Attendance Policy.

11. Principles of Effective Rostering

Roster Guidelines at a Glance

The purpose of these guidelines is to ensure the effective utilisation of the workforce through efficient rostering.

The key elements of the guidelines are:

- All duty rosters must commence on the same day of the week and be published at least 4 weeks in advance in accordance with the Trust's Roster Calendar. The production of rosters is the responsibility of the Unit Manager
- There is a 2 stage process for approving rosters: a
 - Level 1: Roster Creator/Unit Manager Approval
 - Level 2: Senior Nurse/Modern Matron/Service Manager approval

The approval of rosters must consider the roster analysis information and the KPIs.

The Healthroster system will be used by all staff to make requests for, days off, preferred shifts or other variations in work rosters. Requests will be calculated according to individual hours of work, as set out below and will be considered in light of service needs.

Staff Hours per Week	Total Numbers of Requests per 4 Week Roster
31 to 37.5 hours	4 requests
21 to 30 hours	3 requests
11 to 20 hours	2 requests
1 to 10 hours	1 request

Although all requests will be considered and in a fair and equitable manner, requests cannot be guaranteed.

The following points must also be adhered to:

- Staff will be required to work a variety of shifts and shift patterns to fit the needs of the service. Reasonable requests can be made in relation to flexible working however if this impacts on established working patterns staff will be consulted.
- Staff may have a minimum of one weekend off per 4-week roster, (unless they specifically request not to have weekends off). Additional weekends off can be rostered if the departmental requirements allow.
- The number of consecutive standard day shifts recommended for staff to work is 5. Staff may, however, be required to work up to a maximum of 7 days in a row as a result of some shift patterns.
- The number of consecutive 12-hour shifts (long days) recommended for staff to work is 2. Staff may work up to a maximum of 3 if they specifically request this.
- Night Duty should not exceed a maximum of 4 consecutive shifts.
- In principle, all staff should have 11 hours rest before their next shift. In general, all shift patterns across the Trust allow for an 11-hour break between late/long day to early shifts. It is however recognised that this provision is not always achieved, and, in this context, the compensatory rest provision will apply.
- All staff must have 24 hours rest in every 7 days OR 48 hours rest in every 14 days.
- Staff must not work more than an average of 48 hours per week over a 26-week reference period.

- All shifts of 6 hours or more (up to 12 hours) must include a minimum of a 20-minute unpaid break and a minimum of a 40-minute unpaid break for shifts of 12 hours or more. Night shifts must include a 30-minute unpaid break.
- Annual leave must be booked at least 4 weeks in advance of the roster period, except in case of domestic emergencies and authorised by the Charge Nurse/Service Manager/ Unit Manager. A maximum of 14 consecutive calendar days of annual leave can be requested. Any more than this will need approval from the Matron/Service Manager.

Shift Allocation

- All staff must be expected to work a fair and equal share of early/late and night shifts unless exceptions have been agreed e.g., following a period of sickness in line with the Managing Attendance policy.
- All staff are be expected to cover weekend and night shifts during a set roster period unless flexible working entitlement has been granted in line with policy e.g. Flexible Working for which these shifts are exempt or where reasonable adjustments have been made due to Occupational Health Advice as per Equality Act.
- A night duty roster can be used to allow staff to identify when they will be expected to cover night shifts on the understanding that this may need to change due to service need.
- In the event that a night roster is used, it will be on the understanding that sufficient cover must be available to ensure annual leave requests can be approved.
- In the event that staff have existing night only or day only contracts there is an expectation that staff will undertake an agreed number of alternative shift patterns to maintain their skills and competencies, identified during an annual Appraisal review.

Changes to Shifts

- In the event that a member of staff wishes to change a shift their first responsibility is to explore alternatives with their own colleagues following the considerations re: skill mix, minimum staff numbers etc.
- All shift changes must be authorised by the ward manager/service manager or their deputy and should not incur the use of temporary staffing or agency staff.
- Booking of all temporary staffing must be authorised by the authorised Manager or the Senior Nurse on call out of hours.
- Due to unforeseen circumstances, it may be necessary for the ward manager/ service lead to change the existing roster to maintain a safe and efficient service.
- Staff will be notified of changes to the roster with as much notice as possible depending on the nature of the circumstances and taking into consideration opportunities for the staff to view the roster.
- Any time worked by nurses/staff over and above their contracted hours must be sanctioned by the Ward/Unit Manager/Nominated Deputy and recorded on the roster.
- Any time claimed back, via time owing must be recorded and approved by the Ward/Unit Manager. These shifts should be allocated on the roster as 'Time Owing' and recorded as taken.

Staff Redeployment

During staff shortages it is accepted that staff may be required to work in other clinical areas to provide a safe and efficient service. The Matron/Service Manager or other designated person for each area is responsible for the redeployment of staff within the area to meet service requirements. Out of hours, this decision will be made by the on-call manager.

It is accepted that in the event of serious unanticipated pressures, e.g. a Major Incident, staff will be redeployed, taking into consideration their skills and competencies, to provide the best patient care. The Healthroster system will be used to manage workforce redeployment in this event.

Breaks During Shifts

All shifts of 6 hours or more (up to 12 hours) must include a minimum of 20 minutes unpaid break and a 40-minute unpaid break for shifts of 12 hours or more in accordance with Agenda for Change and the European Working Time Directive.

The Ward/Unit Manager or person in charge and the individual are responsible for ensuring that breaks are taken. If breaks are unable to be taken at an agreed time due to clinical need, they should be taken as soon after this point as possible.

Breaks should not be taken at the end of a shift, as their purpose is to provide rest time during the shift.

Headroom Allocation

Headroom allocation is the percentage uplift to account for predictable absences such as annual leave, sick leave etc.

The Trust currently, as part of the staffing establishments, allow for an additional 22% funding for staff cover for annual leave, sickness and training. The roster will be created to ensure minimum and maximum levels of leave are maintained and this should be taken into consideration before workers contemplating using Bank or Agency workers.

Annual Leave	14% (approximately)
Sickness Absence	4% or below
Study Leave	2%
Management day, non-clinical day	Less than 1%
Maternity Leave/Special Leave	1%

Time Owing/Lieu Time Management

Some wards/departments operate a time owing or lieu time system for managing additional time worked. The following principles apply to the management of time owing/lieu time:

- Lieu time can only be accrued for a genuine service reason and must be an exception to normal practice.
- Time owed in lieu may be recorded for any additional period in excess of 15 minutes worked.
- Additional time worked must be recorded in a locally agreed way and agreed by the Ward/Department Manager or their nominated deputy.
- Any time claimed back, must be authorised and recorded on the roster by the Ward/Department Manager or Roster Coordinator.
- Time owed must be taken within 3 months of being accrued. Staff who are unable to take time off in lieu within three months, for operational reasons, can be paid either at the overtime rate or can be paid via an allocated bank shift subject to approval.

Working Time Directive

In constructing staff rosters as managers should take account of the European Working Time Directive (EWTD). Advice and support regarding the EWTD are available from the HR Directorate and any doubts should be discussed with the relevant HR Manager.

The following issues should be adhered to in the drawing up of rosters as:

- Every shift exceeding 6 hours must include at least 20 minutes unpaid break.
- Breaks cannot be taken at the beginning or end of the shift as their purpose is to ensure staff rest time during the shift.
- Where an individual is working for another employer, these hours must be declared to the ward manager.
- Members of staff who do not wish to opt-out of the 48-hour working limit will not suffer any discrimination.
- Under the EWTD night staff cannot opt out of the 48-hour working maximum. Night staff are defined as staff who regularly work nights. For example, this would include staff on rotating shift patterns who work one week in three, on nights.
- A night working risk assessment should be carried as per EWTD.

Appendix 1 – Document Control Sheet

Document Control Sheet – Rostering Policy

This document control sheet, when presented to an approving committee, must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose			
Consultation/Peer Review	Date:	Group/Individual	
<i>List in right hand columns consultation groups and dates - ></i>			
Approving Committee:	TCNC	Date of Approval:	7/3/13
Ratified at:	Governance Committee	Date of Ratification:	4/3/13 (subject to approval at TCNC)
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>		Financial Resource Impact:	
Equality Impact Assessment Undertaken?	Yes [x]	No []	N/A [] Rationale:
Publication and Dissemination	Intranet [x]	Internet []	Staff Email []
Master Version held by:	Author []	HealthAssure []	
Implementation:	Describe implementation plans below – to be delivered by author:		
	<ul style="list-style-type: none"> • Point 1 • Point 2 • Point 3 		
Monitoring and Compliance:			

Document Change History:			
Version Number/Name of procedural document this supersedes	Type of Change i.e. Review/Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.00		4/3/13	New Policy approved TCNC 7/3/13, ratified Governance committee 4/3/13 subject to approval at TCNC
2.00		18/3/16	Overhaul of existing policy
2.2	Reviewed	23/11/21	Reviewed – amended against national checklist
2.3	Minor Change	23/02/2022	Review and minor amendment Approved by Executive Director of Workforce and OD (23-Feb-22)
2.4	Minor Change	04/10/2022	Minor change to “Time Owing/Lieu Time Management” part of section 11. Approved by Steve McGowan as a result of Audit. Review date extended by director sign-off – Karen Phillips (10/01/2024) and again (22/02/24) and again (19/09/24).

Appendix 2 – Equality Impact Assessment (EIA) Toolkit

Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document of Process or Service Name: **Rostering Policy**
2. EIA Reviewer (name, job title, base and contact details): **Alison Meads**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Sims of the Document, Process or Service

To set out the requirements that must be met for approval, ratification and dissemination of all Humber Teaching FT policies.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma

Equality Target Group 10. Age 11. Disability 12. Sex 13. Marriage/Civil Partnership 14. Pregnancy/Maternity 15. Race 16. Religion/Belief 17. Sexual Orientation 18. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? f) who have you consulted with g) what have they said h) what information or data have you used i) where are the gaps in your analysis j) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Disability	Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day-to-day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Sex	Men/Male, Women/Female	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Marriage/Civil Partnership		Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Pregnancy/Maternity		Low	There is no evidence that this protected

			characteristic is negatively affected by the implementation of this policy.
Race	Colour, Nationality, Ethnic/national origins	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above	
EIA Review	Alison Meads
Date Completed: 08/06/22	Signature: Alison Meads

Appendix 3 – Time Owing Protocol

TIME OWING PROTOCOL AND GUIDANCE

The Trust acknowledges that on occasion the demands of the service will require that employees will have to work extended hours of duty for which they may accrue time owing where authorised, as an alternative to overtime.

The provision of this guidance offers a framework by which the accrual and redemption of time owing can be fairly and sensibly managed for the benefit of the staff and the service.

It is the responsibility of the unit management team to ensure that time owing is kept to a minimum and that, wherever possible, staff are able to complete their span of duty at the correct time.

It is recognised that it may not be practical to record periods of less than 15 minutes. Therefore the procedure for accruing and taking time owing for periods of less than 15 minutes will be determined at a unit level and need not be formally recorded.

In the context of this guidance additional time worked must be in relation to the needs of the service and is not to be used as a method of building up hours to take off at another time.

It is not intended that time owing is used as an alternative to emergency leave. Time owing will be accrued and taken as plain time.

The ability to take time owing and/or carry forward time owing shall not be unreasonably withheld.

Approval

Approval should be sought from the person in charge of the Unit, or their deputy, before the time that the additional hours are worked. However, it is recognised that this is not always possible e.g. in emergencies etc. In these circumstances authorisation of the Time Owing must be obtained at the earliest opportunity.

Employees may only accrue a maximum of one shift owing in any calendar month.

A maximum of one shift owing only may be carried forward to the next month. One single period of time owed should not be carried forward beyond two months.

Time owing may not be redeemed at a time when the quality of care to clients would be affected or where it would result in the need to pay other staff enhanced rates to cover the hours.

Bank, agency or overtime must not be used to facilitate an individual to take back time owing.

Time owing should be taken back by a member of staff within three months of the additional time being worked. Managers should make every effort to assure any time owing is taken at the earliest possible opportunity. In the case of exceptional circumstances that any time owing is carried over the three month period this will be paid as per A4C section 3.1

Requests to take back time owing must be made to the appropriate manager for authorisation.

It is not expected that time owing will be taken as a whole shift unless authorised by the appropriate manager.

The time to be taken back must be identified on off-duty records.

Appendix 4 – Time off in Lieu Recording Form

Time off in Lieu – Recording Form

Name..... Line Manager

Directorate:

Location:

Date	Reason Time Accrued/Taken	Staff Member Initials	Duty or Line Manager Signature	Time Accrued	Time Taken	Balance in Hours and Minutes (Cumulative)
	Balance Brought Forward					
	Balance Carried Forward					