

Policy Number	9.34
Policy Name	e-Rostering Policy
Policy Type	Divisional (Specialist Learning Disability)
Accountable Director	Mark Hindle
Author	Liz Seed Keeley Howard
Recommending Committee	SLDD Policy Procedure Committee – 26.01.17
Approving Director	Mark Hindle – Executive Chief Operating Officer
Date Approved	
Next Review Date	01.02.18

This document is a valid document, however due to organisation change some references to organisations, organisational structures and roles have now been superseded. The table below provides a list of the terminology used in this document and what it has been replaced with. When reading this document please take account of the terminology changes on this front cover

Terminology used in this Document	New terminology when reading this Document
Calderstones Partnership NHS Foundation Trust	Mersey Care NHS Foundation Trust

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

THIS POLICY REQUIRES 'ANNUAL REVIEW'

**TRUST POLICY/PROCEDURE
 COMMITTEE**

**PROCEDURE NO:
 9.34
 DATE OF ISSUE: 1 February 2017**

This policy replaces No. 9.34 dated 1.2.16

MEMORANDUM

**SUBJECT: E-ROSTERING POLICY
 (All e-Rostering Users)**

DISTRIBUTION: Procedure Manual Holders/Trust Intranet

1. This memorandum updates the e-Rostering Policy.
2. The policy should be filed in numerical order in the Procedure Manual with the following entry in the index under “E” – “e-Rostering Policy – 9.34”.

References

- Procedure 9.31 Nurse Bank Staffing
- Policy 19.0 Sickness Absence HR07 Management of Attendance
- Policy 19.1 Special Leave and Flexible Working HR 04: Leave for personal and family reasons
- New Policy HR03: Flexible Working
- Policy 19.5 Annual Leave HR-G2 Annual leave procedure
- Procedure 23.0 Shifts, Time Owing (TOIL) and Leave
- Procedure 23.1 Holiday Arrangements for all Social/Nursing Staff
- Agile Working Code of Practice ??

The Trust aims to design and implement services, policies and clinical/non clinical procedures with measures that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others.

This procedure has been assessed using the Equality Impact Assessment. The outcome of the Initial Screening Assessment was that the procedure would not adversely affect any protected characteristics.

Version:	6.1
Ratified by:	Divisional Policy & Procedure Committee
Date Ratified:	26.01.17
Name of Originator/Author:	K. Howard, Systems Administrator E. Seed, HR Manager
Name of Responsible Committee:	Divisional Policy & Procedure Committee
Date Issued:	01.02.17
Review Date:	01.02.18
Target Audience:	All e-Rostering Users

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SUMMARY OF AMENDMENTS

- 3.3.6 Staff must report lost or stolen NHS Smartcards via the Ulysses system. Replacement cards will be made by the e-Rostering Team.
- 6.1 Annual leave will be allocated according to the Trust Policy, HR-G2 Annual Leave and all leave requests should be managed within the e-Rostering system. These requests will be considered in accordance with the needs of the Service.
- 6.9 In exceptional circumstances, up to 1 week of basic contracted hours may be carried over to the following year, with the agreement of the Clinical Nurse Manager/Department¹. Forms must be submitted to the HR Department by 1st March to ensure that annual leave balances in the e-Rostering system are correct at the beginning of the financial year.
- 6.10 Special leave (*urgent domestic leave, paternity etc.*) should be allocated in conjunction with Trust Policy. HR04 Leave for personal and family reasons
- 6.13 Absences due to sickness should be updated in e-Rostering in conjunction with Trust Policy. HR07 Management of attendance
- 6.18 Maternity Support (formerly Paternity Leave) and Maternity Leave cannot be added into eHL using a special day booking. Please refer to HR 04 Leave for personal and family reasons These two absences are updated in eHL by the Payroll Team following the receipt of the appropriate paperwork.
- 6.19 Sickness over a public holiday –lose the annual leave entitlement and an override will be done to their entitlement.
- 7.2 In accordance with Trust Policy HR03: Flexible Working must be reviewed quarterly by Clinical Nurse Managers/Operation Manager for each individual to ensure fairness and equality in rostering is maintained and Service needs continue to be met.
- 16.2 The Payroll run will be reported to ESR (Payroll) each month. Please refer to the e-Rostering Payroll Process for actual deadline dates.

¹ Carry Over Annual Leave Forms available on G Drive; Common Tools/HR Forms
Policy No. 9.34 v6.1 Dated: 1/2/17
e-Rostering Policy
(All e-Rostering Users)
Review Date: 1/2/18

TRUST
POLICY/PROCEDURE

PROCEDURE NO:

9.34

DATE OF ISSUE: 1 February 2017

SUBJECT: e-Rostering Policy
(All e-Rostering Users)

1. INTRODUCTION

- 1.1 The Trust is required to make arrangements to efficiently and effectively manage the deployment of its workforce. In doing so it must continue to deliver social care/support which is of the highest quality to its patients/service users.
- 1.2 There are clinical guidelines in respect of the number of staff of each grade needed to provide the safe and effective management of patients/service users care for each shift on a ward/home.
- 1.3 All staff in clinical areas need to be rostered to meet the agreed service requirements. An assessment should be undertaken by the Clinical Lead if the minimum number is not achieved and actions may then be taken to utilise excess staff from across the Trust or proceed within the guidelines of the Nurse Bank Staffing Procedure 9.31.

2. SCOPE

The policy is applicable to all e-Rostering users.

3. ROLES AND RESPONSIBILITIES

3.1 General Responsibility

The Director of Workforce is accountable to the Trust Board for ensuring Trust wide compliance with this policy.

Clinical and Department Managers and their Deputies are responsible for implementing the policy at local level and for ensuring compliance.

All users of the e-Rostering system are responsible for complying with the policy.

eHL users must not manager their own e-Rostering data i.e. Roster Management including shifts and absences, time and attendance exceptions etc. to avoid system misuse.

3.2 Management Responsibility

3.2.1 The Ward/Home/Department Manager is accountable for appointing a responsible individual to create a roster within the constraints of the Trust Policy Guidelines, and then approving the roster.

3.2.2 The Ward/Home/Department/Manager has a responsibility to “publish” the authorised roster within the given timescales giving staff access to view the roster in their Kiosk areas.

3.2.3 The Ward/Home/Department Manager should audit the rosters 6 weekly to check for equality and effectiveness, and review the guidelines in use (*see Audit Tool, Appendix A*).

3.2.4 The Ward/Home/Department Manager should update the e-Rostering Team with regard to any changes to shift and ward requirements to ensure that the rosters produced make the most efficient use of the Trust’s resources.

3.2.5 It is the responsibility of the Ward/Home/Department Managers that expenditure does not exceed the allocated budget within the establishment(s) that they manage, along with ensuring the required baseline of qualified and support staff are rostered on to work. Concerns regarding possible budget overspending should be brought to the attention of the Clinical/Departmental Manager as soon as possible.

3.2.6 Clinical Nurse/Department Managers are responsible for completing, approving and posting payroll information within the designated timescales to ensure accurate and timely payment of salaries.

3.3 Staff Responsibility

3.3.1 All staff using the e-Rostering system must ensure that Annual/Purchased Leave is requested and authorised, via the Kiosk system, before they take the leave.

3.3.2 All staff who do not have a pattern assigned can request Strong Preferences via the Kiosk system.

3.3.3 Staff who clock in and out must do so, before the start of the shift and after the shift has ended.

3.3.4 Staff clocking in and out must use the appropriate clock in method as advised by their Line Manager.

- 3.3.5 Staff will need to provide evidence of reckonable service before amendments are made to Annual Leave entitlements².
- 3.3.6 Staff must report lost or stolen NHS Smartcards via the Ulysses system. Replacement cards will be made by the e-Rostering Team.
- 3.3.7 Staff must check their +/- hours balance, via the Kiosk system, on a regular basis and highlight to their manager if they have concerns.
- 3.3.8 Staff must check their TOIL balance, via the Kiosk system, on a regular basis and ensure they have sufficient balance prior to requesting TOIL.
- 3.3.9 Staff wanting to book a full week of Annual Leave must request the whole week Monday to Sunday which will include days off.
- 3.3.10 Annual and Purchased Leave must not be in negative balance at any time. If this does happen escalate this to your Line Manager to look and resolve the issue. Any hours overtaken at the end of the financial year will be recovered by the Trust.

4. SHIFTS

- 4.1 Where shift working is a requirement, staff will be expected to work a fair and equal share of shifts and should meet the requirements of European Working Time Directives.

Specific guidance in relation to Shifts, Time Owing (TOIL) and Leave for clinical areas as outline in Trust Procedure 23.0.
- 4.2 There should be no more than 3 consecutive long **day** shifts together (*11hours and over*).
- 4.3 There should be no more than 3 consecutive 10 hour 45 minutes **night** shifts together.
- 4.4 No more than 5 consecutive shifts will normally be worked, unless agreed between the member of staff and their Ward Manager.
- 4.5 Managers will need to ensure that members of staff have **2** consecutive days off together each week. (*Where there are issues with staffing levels, managers must ensure that staff are fully aware that this rule may be compromised*).
- 4.6 If individual staff members are finding their shifts difficult to work it is the responsibility of Ward/Home/Department Manager to review the shift pattern with the individual concerned.
- 4.7 Where a member of staff is required to move establishments on a permanent basis, the new Ward Manager must ensure that they honour the week of rostered shifts along with any Annual Leave or TOIL planned to be taken that week.

² Reckonable Service Forms available on G Drive; Common Tools/HR Forms
Policy No. 9.34 v6.1 Dated: 1/2/17
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(All e-Rostering Users)
Review Date: 1/2/18

- 4.8 Staff will be consulted with and expected under some circumstances to cover different shifts at short notice (less than 6 weeks) due to service requirements. Roster changes within 24 hours on a shift during unsocial hours could attract an unforeseen change payment as per Trust Procedure 23.0 Shifts, Time Owing (TOIL) and Leave.
- 4.9 Managers need to follow the agreed guidance with their staff in the event of changes needing to be made to a published roster.
- 4.10 Sleep In Shifts must be taken in line with Trust Procedure 23.0 Shifts, Time Owing (TOIL) and Leave.
- 4.11 Guidance around Rest Breaks is detailed in Trust Procedure 23.0 Shifts, Time Owing (TOIL) and Leave. For non clinical areas breaks should conform to European Working Time Directives.

5. TOIL (time off in lieu)

- 5.1 A maximum of 20 hours (*time off in lieu*) TOIL may be accumulated and taken in line with Trust Procedure 23.0 Shifts, Time Owing (TOIL) and Leave. TOIL that exceeds the Trust Procedure will be lost.
- 5.2 Staff must not request or take TOIL if they do not have a sufficient TOIL balance.
- 5.3 Managers should not authorise TOIL if staff do not have a sufficient TOIL balance.
- 5.4 Changing of TOIL balances due to missed breaks MUST be updated with a comment to explain the reason why that break was missed and why the TOIL was given. Managers must NOT make any changes to the Balances section of the system – other than for TOIL caused by missed breaks.

6. LEAVE MANAGEMENT

- 6.1 Annual leave will be allocated according to the Trust Policy HR-G2 Annual Leave and all leave requests should be managed within the e-Rostering system. These requests will be considered in accordance with the needs of the Service.
- 6.2 It is expected that staff will request their annual leave in line with the Agenda for Change rules, which specify that all annual leave must be taken between 1st April and 31st March each financial year. It is the staff's responsibility to ensure that they achieve this. Leave that has not been booked and authorised within this timeframe may be lost.
- 6.3 The booking of annual leave is subject to local arrangements and, in particular, staff working in clinical areas should refer to Trust Procedure 23.0 Shifts, Time Owing and Leave and 23.1 Holiday Arrangements for all Social/Nursing staff.

- 6.4 Six weekly reviews of outstanding annual leave for each member of staff should be made by the Ward/Home Department Manager to avoid accumulation of untaken leave.
- 6.5 Staff who, unless with prior agreement, do not book their annual leave in conjunction with local arrangements, may be informed by the Ward/Home/Department Manager that the leave will be automatically allocated to avoid a high percentage of annual leave outstanding at the end of the year.
- 6.7 Staff have the facility to request Annual Leave up to a rolling 14 months in advance.
(NB: Holidays such as Christmas and New Year may be embargoed and NO requests can be made in the Kiosk system, resulting in local agreements for holiday cover).
- 6.8 Fair and equal allocation of annual leave requests will be available to all staff in high sought after periods such as school holidays, summer months and public holidays such as Easter and Christmas and Eid.
- 6.9 In exceptional circumstances, up to 1 week of basic contracted hours may be carried over to the following year, with the agreement of the Clinical Nurse Manager/Department³. Forms must be submitted to the HR Department by 1st March to ensure that annual leave balances in the e-Rostering system are correct at the beginning of the financial year.
- 6.10 Special leave (*urgent domestic leave, paternity etc.*) should be allocated in conjunction with Trust Policy HR04 Leave for personal and family reasons
- 6.11 Ward/Home Department Managers must ensure all staff are allocated to attend mandatory training as part of their rota.
- 6.12 Other training should be allocated equally and in accordance with the available workforce in each individual area.
- 6.13 Absences due to sickness should be updated in e-Rostering in conjunction with Trust Policy HR07 Management of attendance
- 6.14 No changes should be made to **any** historic absences from previous months. If the eHL user feels there is a justified reason to make the change contact the e-Rostering Team prior to making any changes.
- 6.15 No deletions should be made to any historic absences from previous months. If the eHL user feels there is a justified reason to delete an absence contact the e-Rostering Team prior to making deletions.
- 6.16 All Kiosk Users wanting to book a week's annual leave should request the full week Monday-Sunday which will include days off.

³ Carry Over Annual Leave Forms available on G Drive; Common Tools/HR Forms
Policy No. 9.34 v6.1 Dated: 1/2/17
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- 6.17 When inputting periods of sickness and authorising annual leave it is imperative that Pre-Absence (underlying shifts) are added for the whole of the absence period, for all staff. The Pre-Absence shifts should be reflective of the employee's usual working pattern and contracted hours. You should ensure that staff are rostered correctly on the days either side of their period of absence.
- 6.18 Maternity Support (formerly Paternity Leave) and Maternity Leave cannot be added into eHL using a special day booking. Please refer to HR 04 Leave for personal and family reasons These two absences are updated in eHL by the Payroll Team following the receipt of the appropriate paperwork.
- 6.19 Sickness over a public holiday –lose the annual leave entitlement and an override will be done to their entitlement.

7. FLEXIBLE WORKING

- 7.1 The Trust recognises that there may be occasions when staff members are unable to work an establishments hours/shift patterns. Staff must apply to their Ward/Home/Department Manager for a suitable variation to their hours that will continue to provide cover to meet the needs of the service, by using the Flexible Working Policy.
- 7.2 In accordance with Trust Policy HR03: Flexible Working must be reviewed quarterly by Clinical Nurse Managers/Operation Manager for each individual to ensure fairness and equality in rostering is maintained and Service needs continue to be met.

8. PUBLISHING A ROSTER

- 8.1 The roster will start on a Monday.
- 8.2 No blanks should be left in the roster as each day should either have an absence or shift allocated to it.
- 8.3 A minimum of **3** weeks completed roster must be available for staff to view electronically.
- 8.4 Ward Managers must ensure that their establishments are published within the timeframes set out within the system.
- 8.5 Clinical Nurse Managers/Department Managers must ensure that the Ward Managers/Managers publish their rosters, within the timeframes set out within the system.
- 8.6 Any changes to a published roster must be authorised by Ward/Home/Department Manager in consultation with the staff member.
- 8.7 Staff who are absent from work due to suspension by the Trust must still have a roster allocated to them. The roster should be a realistic roster of what they would have worked, had they not been suspended, in order that the staff still

receive the appropriate enhanced payments that they would have received had they been in work.

9. TEMPORARY STAFF

- 9.1 Temporary staff should only be booked by adherence to Trust Procedure 9.31 Nurse Bank Staffing and are not covered in e-Rostering.
- 9.2 All staff must be made aware that they may be required to move within the Trust to cover unfilled shifts, sickness absence or to meet the needs of the service.

10. NEW STAFF

- 10.1 New staff should work with their mentor during the supernumerary period, ensuring that their induction is completed and objectives are planned. During the induction period the non working induction shift, with assumed clock ins, should be allocated.
- 10.2 Ward Managers will need to ensure that the details of new staff under their management are correct with the e-Rostering system. Any issues will need to be reported to the e-Rostering and Human Resources Team.
- 10.3 Annual Leave that has been honoured will need to be managed with the e-Rostering system with immediate effect.

11. STRONG PREFERENCES (SP) AND REQUESTS

- 11.1 The Trust's first responsibility is to provide a safe and responsive service to its patients/service users. Where staff wish to request time off the granting of this will be at the discretion of Ward/Home/Department Manager.
- 11.2 Staff who self-roster will be limited to a maximum of **6** strong preference requests over a 6 week roster. Strong preference requests will only be allocated if within the constraints of roster equality and the effective provision of service (*pro rata – e.g. 37.5 hours 6SP and 18.75 hours 3 SP*). All staff must be aware that requests will be considered but not necessarily approved.
- 11.3 Members of staff that work a Part Fixed Pattern which is work orientated, e.g. Study Leave on a specific day, are still entitled to their **6** Strong Preferences.
- 11.4 Members of staff that have an agreed Part Fixed flexible working pattern will need to consult with their Clinical Manager in regards to the number of Strong Preferences for allocation. Once agreed the Clinical Nurse Manager will need to inform the e-Rostering Team for configuration.
- 11.5 All staff must accept responsibility for their own requests and liaise with colleagues if a request swap is desired – which must be approved by Ward/Home/Department Manager. This avoids unforeseen problems with changes in skill mix and continuity of care.

- 11.6 Any issues relating to requests for child care or other flexible working issues will be managed with using the Trust Policy 19.1 Special Leave and Flexible Working.
- 11.7 Other requests may be considered by prior consultation with the Ward/Home/Department Manager, i.e. Trade Union duties.

12. SKILL MIX

- 12.1 Each area should have an agreed total number of staff and skill mix for each shift, agreed with the Clinical Nurse Managers/Ward/Home/ Department Managers and Staff Side. Agreed numbers and skill mix must be achievable within the establishment budget and the above managers should keep the e-Rostering Team updated in relation to changes to skill mix.
- 12.2 All staff where appropriate should have a documented competency for the ability to co-ordinate or take charge of the ward/home/department.
- 12.3 Staff with these identified competencies should be allocated evenly across the weekly roster to provide ongoing cover.
- 12.4 Band 7 Nurses should not be rostered for weekend or night shifts unless authorised/agreed by the Clinical Nurse Manager/Operations Manager.
- 12.5 The roster should be created using the agreed target number for each grade for each shift to ensure adequate skill mix is maintained.

13. EXCEPTION MANAGEMENT

- 13.1 Ward Managers are to manage their establishment's exceptions with appropriate actions, which include the management of their Deputy Ward Manager. Exceptions should not be managed on the actual day and should be dealt with the day after if possible; however any outstanding exceptions should be managed appropriately before the end of each month. Staff who manage exceptions on behalf of the ward management, i.e. ward clerks and other administrators, should have appropriate written authorisation to action any changes in the system.
- 13.2 Clinical Nurse Managers are to manage Ward Manager's exceptions.
- 13.3 Clinical Nurse Managers will need to ensure that Ward/Home Managers are managing their establishment's exceptions on a daily basis.
- 13.4 Ward Managers and Deputy Ward Managers must ensure that they do **not** manage their own exceptions or change any person's clocking within the system without Clinical Nurse Manager authorisation.

14. POLICY IMPLEMENTATION PLAN

- 14.1 The Clinical Nurse Managers for each Directorate/Home will be responsible for addressing the implementation of the policy with the Ward/Home/Department Managers in each clinical area.
- 14.2 It is the responsibility of all Ward/Home/Department Managers to ensure an effective roster is produced using the protocols and guidelines from this policy.
- 14.3 All members of staff in each area are to be informed by the Ward/Home/Department Manager of the new policy and any changes to be made to the rostering process in line with the new protocol and guidelines.
- 14.4 The policy will be placed on the Intranet for information.

15. MONITORING AND REVIEW

- 15.1 The Clinical Nurse Manager should review the rosters 6 weekly for each area within their Directorate/Home to ensure the policy protocol and guidelines are being met, and the production of an effective roster is meeting the service need.
- 15.2 Ward/Home/Department Managers should audit the rosters 6 weekly (*see e-Rostering Reference Tool, Appendix A*) to monitor the effectiveness of the roster to meet service need and maintain fairness and equality to all staff.
- 15.3 Regular Internal and External audits are conducted through the course of the year to check eHL users are using the e-Rostering system in line with the policy.

16. ELECTRONIC PAYROLL AND ABSENCE REPORTING

- 16.1 All absences must be updated into eHL in a timely manner and will automatically be electronically reported to ESR (Payroll) on a weekly basis.
- 16.2 The Payroll run will be reported to ESR (Payroll) each month. Please refer to the e-Rostering Payroll Process for actual deadline dates.
- 16.3 It is the responsibility of all Ward/Department Managers to ensure that management of all absences. Time and attendance and shift changes are updated in eHL prior to the deadline date.
- 16.4 It is the responsibility of all Ward/Home/Department Managers to produce the enhancement (wages) report and to check that the data is correct before the Payroll run is complete for the relevant organisations in line with the Payroll deadlines.
- 16.5 It is the responsibility of all Clinical Nurse/Senior Managers to check and agree with the enhancement (wages) report and then approve and post the relevant organisations in line with the Payroll deadlines.
- 16.6 The completed and posted payroll data is electronically sent to Payroll by automatic process on the 7th of each month therefore failure to comply with the

specified deadlines will mean the enhancements will not be sent in the electronic file.

17. EQUALITY AND DIVERSITY

Mersey Care NHS Foundation Trust is committed to ensuring that, as far as it is reasonably practicable, the way we provide services and the way we treat our staff, reflects their individual needs and does not discriminate, directly or indirectly, against individuals or groups on the basis of their protected characteristics.

The Trust does not believe that this policy represents a significant advantage/disadvantage to any individual or group of individuals on the basis of their protected characteristics and confirms that the arrangements set out within the policy/procedure are acceptable/objectively justifiable by reference to the requirements of the Trust or the needs of the service.

The Trust will regularly review this document however should you feel that the policy/procedure requires amendment prior to the review date outlined (*on the cover page*), or represents a potential source of advantage/detriment to you or another individual or group based upon protected characteristics, please make representations to the Human Resources Advisor (Equality and Diversity) to enable the Trust to consider whether an amendment may be required.

Should a member of staff or any other person require access to this policy in another language or format please contact the Human Resources Advisor (Equality and Diversity).

Please write clearly, in black ink, initial amendment and do not use tippex

e-ROSTERING REFERENCE TOOL

1.	Are staff from each establishment aware of the policy?
2.	Do the shift and break times conform to European Working Time Directives?
3.	Is there sufficient member of staff rostered on to each shift?
4.	Does the skill mix conform to the establishment(s)?
5.	Do members of staff have <u>2</u> Days off together each week?
6.	Staff members should not be rostered to work more than <u>3</u> consecutive <u>Day</u> shifts over 11 hours
7.	Staff members should not be rostered to work more than <u>3</u> consecutive 10hr 45min <u>Night</u> shifts
8.	Staff members should not be rostered to work no more than <u>5</u> consecutive shifts
9.	Have any members of staff been moved within the Trust to cover vacant shifts?
10.	Is annual leave allocated as per Policy?
11.	Is training allocated fairly as per Policy?
12.	Is the Flexible Working Policy in use for any person in the Ward/Department?
13.	Is the request system (KIOSK) used as per Policy?
14.	Are there <u>3</u> weeks of completed roster available for the staff to view?
15.	Have exceptions been managed?
16.	Have members of staff taken enough annual leave for the quarter?
17.	Has your Roster been published within the system timeframes

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
1.0	6.8.09	S. Bevan	Draft	New policy
1.1	25.8.09		Draft	Amended
1.2	27.8.09		Draft	Amended
1.3	28.9.09		Approved	E-Rostering Project Board approval – issued at Team Brief
2.0	29.11.12	E. Seed	Draft	Reviewed
2.1	11.12.12		Draft	Amended
2.2	21.12.12		Approved	Policy/Procedure Committee approval. Issued at Team Brief/Intranet updated
3.0	7.1.14	E. Seed/K. Howard	Draft	Annual review. Circulated for comments
3.1	6.2.14		Approved	Policy/Procedure Committee approval. Included on March Team Brief/Intranet updated
4.0	7/1/15	E Seed	Draft	Annual Review
4.1	2/2/15		Approved	Policy/Procedure Committee approval. Included on March Team Brief/Intranet updated
4.2	18/3/15	E Seed		Slight amendments
5.0	18/1/16	E Seed	Draft	Annual
5.1	29/1/16		Approved	Policy/Procedure Committee approval issued to core Brief/Intranet updated
6.0	20/1/17	K Howard	Draft	Annual review
6.1	26.01.17		Approved	SLDD approved. Update Intranet