

Roster Policy

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Roster Policy Version Control Sheet

Version	Section	Amendments	Author	Date
1		New Policy	Andrea Clegg	Jul 2013
1.1	Appendix 3	Link Added	Sue Birkhill-Robshaw	Jan 2014
1.2	Whole Document	Change of CE name and extension	Karen Stinson	Jul 2014
1.3	Review Date	Extension agreed at EPG	EPG	Feb 2015
2	Whole Document	Minor amendments throughout	Laura Herrick	Jun 2015
2.1		Extended	Corporate Assurance Team	Sept 17
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3	Whole document	Roles reviewed, repetition removed	Laura Herrick	July 18
4	Addition	Section on TOIL added in from the flexible working policy	Clare Nock	November 2019
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Roster Policy

Policy Statement

Background	<p>Lincolnshire Community Health Services Trust recognises the value of its workforce and is committed to supporting staff to provide safe high quality patient care and service delivery. Whilst acknowledging the need to balance the effective provision of service with supporting staff to achieve an appropriate work life balance, it is recognised that the Trust needs to be able respond to changing service requirements. Flexible, efficient and robust rostering of the workforce is key to achieving this objective.</p> <p>Achieving adequate staffing numbers and skill mix must always be the priority. All other factors are secondary to this, including requests, personal preferences, and study leave.</p>
Statement	<p>This policy sets out the good practice rostering principles that should be applied to all staff in order to efficiently deploy and manage the workforce by :-</p> <ul style="list-style-type: none">• Ensure that services/wards are safely staffed to meet patient and service need;• Improving the utilisation of existing staff and reducing bank and agency spend by consistently applying principles of good rostering.• Minimise clinical risk associated with fluctuating staffing levels and skill mix;• Ensuring that rosters are fair, consistent and fit for purpose, with the appropriate skill mix, in order to ensure safe, high quality standards of care and service delivery.• Improving the planning of workforce non-availability e.g. annual leave and study leave• Enabling the requirements of the European Working Time Directive to be balanced with the needs of service delivery
Responsibilities	Please see section 2
Training	In house management and leadership training
Dissemination	Website/Intranet
Resource implication	Rostering is an important aspect of staff management, impacting on the staffing budget and the necessity to be able to provide cover needs to be taken into account when determining establishment and in workforce planning.

1. Introduction

- 1.1. This Policy and Procedure applies to all staff of Lincolnshire Community Health Services NHS Trust. Although some corporate functions may not require rota's etc. the principles of having staff consistently available to deliver the functions of the service area in the most effective and efficient manner is applicable to all areas.
- 1.2. This policy aims to ensure that no employee receives less favourable treatment on the grounds of age, disability, religion or belief (or lack of religion or belief), gender, sexual orientation, marriage and civil partnership, transgender (gender reassignment), pregnancy and maternity or trade union membership, or is disadvantaged by any conditions or requirements which are not justified by the job.
- 1.3. Any flexible working arrangements should be openly acknowledged and published. These arrangements should ensure that the needs of the service/ward are a priority and that they can be safely accommodated i.e. part time posts, flexi time, annualised hours. For further information on flexible working arrangements, please see Trust Policy on Flexible Working.
- 1.4. Shift patterns will be developed locally, through open and transparent consultation with all staff, to ensure the best possible use of staff in meeting the service requirements. These standard shifts must meet the requirements of good employment practice, financial accountability and European Working Time Directive. For further information in relation to the Working Time Regulations, please refer to the Working Time Regulations Policy.
- 1.5. There should be an open and transparent process for booking of annual leave, including a local agreement to ensure that adequate cover is maintained at all times which is communicated to all the team and provides the employee with evidence that the leave requested had been agreed by the manager.
- 1.6. Employees are encouraged to discuss their changing circumstances with their manager both of whom may also suggest different ways of working which are not listed specifically in this policy. A clear procedure for employees to follow when applying to work flexibly is detailed in Flexible Working document.

2. Responsibilities

Role	Responsibilities
Heads of Services	<p>Ensuring that a quality roster is produced, maintained and finalised in line with the Key Performance Indicators:-</p> <ul style="list-style-type: none"> • Monitoring and managing the use of bank staff and overtime within the Business Unit/ service • Authorising the annual leave requests of senior managers and Matrons; maintaining adequate senior cover across the Business unit/ service to allow for the cross cover of management responsibilities • Monitoring the accruing and utilising of time owing by Matrons/ senior managers
Matrons/Locality Leads/Senior Managers	<ul style="list-style-type: none"> • Notifying the /BU Management Accountant of any additional hours agreed above the required staffing resource. • Ensuring that all staff are aware of the local and • Trust wide policies for rostering. • Moving staff between areas if there is a need to rationalise the skill mix in any particular area; (As much notice as possible will be given to staff that have to work in another area.

	<ul style="list-style-type: none"> • Authorising the annual leave requests of • department heads, Ward Managers and Clinical • team leaders; maintaining adequate senior cover across the Business unit/ service to allow for the cross cover of management responsibilities • Monitoring the accruing and utilising of time owing by Ward Managers/Clinical Team Leaders/ heads of departments; • Seeking advice from the HR Advisor on the granting of leave in special circumstances and applying the granting of leave consistently • Monitoring and managing the use of bank staff and over time by their areas of responsibility
Clinical Team Leaders/Department Heads	<ul style="list-style-type: none"> • Completing rosters or nominating a Roster • Creator and deputy and ensuring that these staff are appropriately trained • Remain responsible for safe staffing of the ward/ services even if they do not directly undertake the • task of producing the duty roster • Monitoring and approving the ward / service duty roster on completion • Providing guidance and support to the designated other in the creation of duty rosters, using the principles of good rostering and Annual Leave booking parameters.
Roster Creator/ Line managers	<ul style="list-style-type: none"> • Ensuring that there are enough staff in the right place at the right time, based on the agreed and funded skill mix, with the required competencies, to meet the needs of the service. Where this is not possible it should be escalated to the Clinical • Team Leader/senior manager • The fair and equitable allocation of annual leave and study leave • Considering all roster requests from staff, ensuring fairness and equity in working patterns.
All Staff	<ul style="list-style-type: none"> • Attending work as per their duty roster • Adhering to the requirements set out by the roster policy • Being reasonable and flexible with their roster requests/ working patterns and being considerate to their colleagues within the rules set out by the • Trust • Working their share of less desirable shifts e.g. nights and weekend shifts • Notifying the Ward Manager/Clinical Team Lead/ line manager of changes to a planned or worked shift • Notifying the Ward Manager/Clinical Team • Lead/line manager of changes to personal details, e.g. address, telephone number, etc.
Staff Organisations and Trade Union representatives	<ul style="list-style-type: none"> • To be familiar with and work with the policy and its requirements. • Should be consulted with and be part of the regular review of this policy.

3. Principles of Good Rostering for Clinical Teams

- 3.1. Each ward/service will have an agreed minimum of staff to work each shift based on current professional judgement. This is to be displayed in the front of the off duty rota file or on Health Roster; Any decision to work below this minimum number will require the completion of a risk assessment which is to be based on the number of patients on the caseload/ward, the acuity and dependency of the patients. The nature of the risk will then denote the level of escalation required within the business unit or out of core hours the on call rota. Actions should be taken to utilise staff from across the Trust or proceed within the authorisation of bank. This should continue to be monitored with the Head of Clinical Services/Matron & Clinical Team Leader to ensure "Fill Rates" are maintained to ensure safe staffing levels.
- 3.2. Whilst in most cases the duty rota will be completed by the relevant Clinical Team Leader/Ward Manager where the task is delegated the Clinical Team Leader/Ward Manager retain responsibility for the completed rota.
- 3.3. There will always be a minimum of six weeks of rota completed and available to staff. The numbers and skill mix of the rostered staff must reflect activity levels in the services/wards;
- 3.4. No rota is to be issued until signed off by the CTL
- 3.5. When completing the duty rota it must be done in a way which reflects the need to release staff to complete mandatory training.
- 3.6. Consideration must also be given to the number of consecutive shifts worked by each individual staff member, and there should be a break between day and night shifts to give staff periods of rest between shifts (Appendix 1 the working time directives for full guidance). All rosters should be composed to adequately cover 24 hours (if operating a 24 hour service) or agreed service operation hours utilising permanent staff proportionally across all shifts.
- 3.7. Nights, weekends, bank holidays must be filled first within the staffing establishment. Band 7 leaders should generally work 4-5 week day short shifts per week or the prorated equivalent for part time staff. Band 7 leaders must be visible, accessible and have maximum presence in their areas of responsibility. Core hours will be defined by the service and will be published and communicated to all staff in Induction.

4. Principles of Good Rostering Non Clinical Teams

- 4.1. All workforce employed within Lincolnshire Community Health Services whether directly patient facing or supporting the clinical teams play a vital role in the delivery of safe high quality patient care for these reasons we must ensure that all services are covered on a consistent basis.
- 4.2. Ensuring that there are enough staff in the right place at the right time, to meet the needs of the service. Where this is not possible it should be escalated to the senior/department manager.
- 4.3. The agreed hours of working meet the operational needs of the services and are not based on individual preferences.
- 4.4. The fair and equitable allocation of annual leave and study leave.
- 4.5. All requests from staff are considered, ensuring fairness and equity in working patterns.

5. Flexible Working Arrangements

- 5.1. Service needs are paramount, but in line with the Flexible Working Policy, consideration will be given to flexible working patterns, however, this needs to be fair and equitable to all staff.
- 5.2. In order to meet service need all staff will be deemed to be able to work fully flexibly, other than those staff with a formal flexible working agreement or agreed adjustment for medical reasons to work a fixed pattern. Fully flexible in this instance means working a combination of, early, late and night shifts.
- 5.3. With flexible days off or for non-clinical teams can work any day within the operational hours of the service.
- 5.4. Staff who wish to be considered for a flexible working pattern should apply for a formal flexible working arrangement as per the Flexible Working Arrangement Policy.

6. TOIL

TOIL is the accrual of time which constitutes additional hours worked beyond contractual hours. TOIL should only be worked with the consent of the appropriate manager and the individual should make arrangements with their manager when to take back the time.

Individuals should ideally not accrue more than 15 hours TOIL for full time staff or pro rata for part-time staff in any calendar month. Any hours accrued during a month should usually be taken within the following 3 months.

7. Off Duty Requests

- 7.1. Staff need to be aware that, whilst a request can be made, there may be times when the organisation is unable to honour it. All requests will be considered based on that "moment in time" of what the service delivery can accommodate. In granting of a request a manager MUST take into consideration the skill mix.
- 7.2. Each ward will have a designated system for the recording of requests;
- 7.3. Other than exceptional circumstances, staff should make no more than 4 requests in any 4 week period;
- 7.4. In the event that a number of staff have made the same request, the ward manager/clinical team leader may ask each staff member why the request has been made so that they can prioritise who to grant the request to.

8. Breaks during shifts

- 8.1. All shifts of 6 hours or more (up to 12 hours) should include a 30 minute uninterrupted unpaid break in accordance with the contract of employment, Agenda for Change and the European Working Time Directive.
- 8.2. All shifts of 12 hours or more (days and nights) should include a 60 minute uninterrupted unpaid break in accordance with the contract of employment, Agenda for Change and the European Working Time Directive
- 8.3. The ward manager/Clinical Team Lead 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 need, they should be taken as soon after this point as possible. Breaks must not be taken at the end of a shift, as their purpose is to provide rest time during the shift. To be taken at the end of a shift would be a breach of the European Working Time Directive.

- 8.4. All official breaks, within the working shift, should be taken or compensatory rest allocated. As such claims based on untaken breaks will not routinely be valid as a basis for accruing time owing; If a situation arises in which members of staff are continuously reporting they are unable to take a break a risk assessment should be completed. Reviewing working patterns for alternative methods of service delivery should be considered within the risk assessment. This needs to be logged within the Business Units clinical governance framework.
- 8.5. Sleep within clinical and public areas on Trust premises on any shift is not allowed. Staff may rest in designated rooms within their break period, and must return to the clinical area to work at the set time.

9. Rest Breaks between Shifts

- 9.1. All employees should receive an uninterrupted weekly rest period of 35 hours (including the eleven hours of daily rest) in each seven day period for which they work for their employer. Where this is not possible they should receive equivalent rest over a 14 day period, either as one 70 hour period or two 35 hour periods.

10. Annual Leave

- 10.1. For each service/ward there is to be an agreed maximum number of staff that can take annual leave in any one week 11-17% of total staffing hours, which takes into account the skill mix of the team and allows safe staffing levels to be maintained. This also allows for staff that have the maximum amount of Annual Leave awarded through Agenda for Change terms and conditions.
- 10.2. Each service/ ward should calculate the total of qualified and unqualified staff hours which MUST be given annual leave in any one week (see Appendix 1). This will be displayed either in the front of the off duty rota file, or in a separate annual leave file. Where there is no Qualified & unqualified staff split just 1 box should be completed.
- 10.3. To control the number of staff off at any one time and allow staff to proceed with the booking of their flights and accommodation by no later than the January of previous financial year staff will be asked to make their annual leave requests to the Clinical Team Leader/Ward Manager in the locally agreed format.
- 10.4. No holidays or travel arrangements should be made until the clinical team leader/ward /dept manager has agreed the annual leave request.
- 10.5. All requests will be considered and each staff member notified as to whether or not their request has been granted.
- 10.6. All requests for annual leave greater than 2 weeks should be submitted in line with the requirements of the Trust's Annual Leave Policy
- 10.7. Staff should, wherever possible, make sure their annual leave requests are evenly distributed throughout the year and booked in advance as far as possible 75% of annual leave allocation should be taken by the end of December, except:
- by prior arrangement with the line manager;
 - due to the needs of the service; or
 - As a result of ill health/maternity leave.
- 10.8. Within small teams it is acknowledged that to enable the team members to take a full week annual leave they will go over the 11-17% threshold, to maintain cover of the service all other planned staffing unavailability must not be authorized during this time.

- 10.9. Managers should actively encourage staff to take annual leave where the levels fall below the 11%.

11. Faith Holidays (including Christmas and New Year period)

- 11.1. As there is a high demand during this time annual leave will be given at the discretion of the Clinical Team Leader/ ward manager in conjunction with the Matron.
- 11.2. The amount of annual leave taken during school and bank holidays should remain within the 11% -17% range. Discussions should be encouraged between those requesting time off so that each member of staff has an equal chance of being granted annual leave. Annual leave requests for school holidays will be shared equally amongst those making requests.

12. Time Owing Definition

- 12.1. For the purposes of this policy, time owing arises when a member of staff agrees, at the request of his/her manager, to work additional hours above his/her contracted hours; where possible this should be done in advance of the hours being worked.

- 12.2. This guidance does not apply to “flexi time schemes” where the individual exercises a degree of control over the accrual of time and/or there are established rules for the scheme.

12.2.1. Accrual of Time Owing

- Managers will use the form (appendix), and ensure each episode is authorised by the manager.
- Whilst time owing may be accrued, in order to support the efficient running of a Service/Department, at no point should a member of staff accrue more than 9.5 hours' time in lieu;
- All official breaks, within the working shift, should be taken or compensatory rest allocated. As such claims based on untaken breaks will not routinely be valid as a basis for accruing time owing;
- If a situation arises in which members of staff are continuously accruing time owing, this pattern of working within the Team/Department/Service should be reviewed by the manager to determine whether there is an alternative method of delivering the service;

12.2.2. Taking of Time Owing:

- Where practicable for the service/ward, time owing should be taken within four weeks of the episode giving rise to the time owing;
- Time owing may not be anticipated, i.e. a member of staff may not take time in lieu on the basis that he/she is due to work time in the future;
- Time owing may only be taken with the prior approval of the relevant Manager, either in short time periods around existing shift pattern e.g. making a late start or early finish, or as a full shift if overtime or Bank Nurses are NOT required to cover the shift;
- Time owing may not be carried forward between annual leave years, other than: Where the Easter holiday period falls in March and it is impractical for the Clinical Team Leader/ Ward Manager to allow time off in lieu before the end of the leave year;

13. Cancellation of Study Leave

- 13.1. Consideration may need to be given for the need to cancel any non-essential study leave. However, the need to cover the service/ward must be balanced against the need for staff to maintain their competence levels through attendance at training.

- 13.2. In the event that study leave has to be cancelled the Clinical Team Leader/Ward Manager must:
- In the first instance cancel any self-directed study which can be given at a later date.
 - Explore the possibility of changing the staff member's days off so that they can still attend in their own time if they wish;
 - Notify the training department of the cancellation; Re-book a place on the training for the staff member at a later date.

14. Use of Bank Staff and Overtime

- 14.1. Prior to using bank staff, or issuing overtime, consideration is to be given to the fact that there may be staff within other services & Business Units who can be moved to cover the shift, or changes made to individual staff shifts.
- 14.2. In the event that changes are to be made to a staff member's allocated shift, As much notice as practicable will be given of the change.
- 14.3. Only once all other options have been explored can Bank staff be used.
- 14.4. It must not be routine to use Bank/ Agency or overtime when completing a roster. Neither should it be routine to use Bank/ or Agency staff permanently on night shifts.
- 14.5. When booking bank staff they are to be asked to attend duty for the shortest time necessary.
- 14.6. With regards to the use of overtime, other than at weekends, bank holidays or due to an emergency situation, it should be authorised by either the Head of Clinical Services or nominated deputy.
- 14.7. In all cases where overtime is used it should be linked to the appropriate risk assessment as previously mentioned.
- 14.8. Prior to booking staff to work overtime consideration is to be given to using the most junior staff member it is safe to use. If this is not appropriate the overtime is to be on a like for like basis i.e. a registered practitioner should not be used to fill in for an unregistered practitioner.

15. Action if a staff member's shift needs to be changed

- 15.1. Any change to a staff members shifts or work base once the rota has been published should be where possible, a request, which is negotiated with, and with the agreement of the staff member effected by the change. However under exceptional circumstances where service delivery would be compromised this may not be possible and there may be a required shift or base change.
- 15.2. When asking someone to change their shift at short notice, consideration needs to be given to any personal commitments they may have such as paid child care.
- 15.3. The staff member is to be given as much notice as possible of the change.
- 15.4. Whoever makes the change is responsible for contacting the staff member and negotiating/notifying them of the change.
- 15.5. This notification is to be made directly to the staff member, and not left as a message on an answer phone, as it cannot be assumed that the staff member will receive the message.
- 15.6. In the event that direct contact can't be made with the staff member alternative arrangements are to be made to cover the shift.

15.7. If a member of staff needs to request a change to their off duty once the rota has been signed off, such requests are to be made to the line manager. In the event that it is an emergency and neither the line manager nor the deputy is on duty the change should be done by the person in charge of the shift on a like for like basis.

15.8. Any staff member who needs time off for a planned appointment such as to the Dentist, Doctors or Hospital should do so in their own time by requesting to work their shifts around the appointment or using annual leave or time owing in accordance with the Special Leave Policy.

16. Dealing with Disputes

16.1. As far as is reasonably possibly the Trust will endeavour to honour staff requests however, in the event that this is not possible the Ward Manager/Clinical Team Leader will meet with the staff member and explain the reason why. Notice of any requests which cannot be honoured is to be given as far in advance as possible to allow time for the staff member to make alternative arrangements.

16.2. In the event that the staff member is dissatisfied with the outcome of their meeting with the Ward Manager/ Clinical Team Leader they should then take the matter up with the Service Manager/Matron who will make the final decision.

16.3. Should the staff member still be dissatisfied they are to refer to the Trusts Grievance procedure.

17. Working Time

17.1. All rotas must adhere to the European Working Time Directive (EWTD), Working Time Regulations, and in line with the corporate shift pattern principles. Any staff working in excess of 48 hours must sign the appropriate opt out documentation. For further information, please see Working Time Regulations Policy.

18. Associated Policies and Procedures

18.1. This policy must be read in conjunction with existing Trust policies including:-

- Annual Leave and Bank Holiday Policy
- Annual Leave Policy
- Education Training and Development
- Mandatory Training Policy
- Flexible Working Opportunities Policy
- NHS Terms and Conditions of Service
- Your attendance matters policy
- Managing Stress at Work Policy
- Special Leave Policy
- Temporary Workers Policy
- Family leave policy
- NHS constitution
- Grievance policy
- Trade Union Recognition Agreement
- Any other relevant unit policies

Appendix 1

NHSLA Monitoring Template

This template should be used to demonstrate compliance with NHSLA requirements for the procedural document where applicable and/or how compliance with the document will be monitored.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multidisciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
Do the shift and break times conform with EWTD	Audit	Clinical Team Leaders	Audit	Heads of service	Service Area	
Are the approved minimum numbers of staff rostered for each shift	Confirm & challenge meetings	Clinical Team Leaders	Confirm & challenge meetings	Heads of service	Service Areas	
Is there a request system in place as per policy	Audit	Clinical Team Leaders	Audit	Heads of service	Service Area	
Is A/L allocation between 11-17%	Confirm & challenge meetings	Clinical Team Leaders	Confirm & challenge meetings	Heads of service	Service Area	
Is there evidence of 6/12 review of flexible working arrangements	Audit	Clinical Team Leaders	Audit	Heads of service	Service Area	
Agency & bank usage reducing	Audit	Clinical Team Leaders	Audit	Heads of service	Service Area	
Are staff moved around the business unit to cover staffing shortfalls	Audit	Clinical Team Leaders	Audit	Heads of service	Service Area	

Appendix 2

Equality Analysis

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:-

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty. Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Quurban Hussain Equality and Human Rights Lead.

Scope Roster Policy

Name of Policy/Procedure/Function*

Roster Policy

Equality Analysis Carried out by: Laura Herrick

Date: July 2018

Equality & Human Rights Lead:

Date: Rachel Higgins

Director/General Manager

Date: Maz Fosh

*In this template the term policy/service is used as shorthand for what needs to be analysed. Policy/service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.

Section 1 – to be completed for all policies
Scope Roster Policy

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	Enable the effective utilisation of the workforce through efficient rostering. To help managers and employees ensure that everyone has an equal and fair ability to request specific shifts and planned absences such as holidays, training days etc. encouraging staff to maintain a healthy work life balance		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	To minimise clinical risk associated with the fluctuating skill mix and available staff to meet service demands. Ensuring safe high quality is delivered at all times To provide transparency and clarity around working times so that all staff are managed equitably and fairly and that staff take their rest breaks.		
C.	Is there is any evidence that the policy/service relates to an area with known inequalities? Please give details	None Known		
D.	Will/Does the implementation of the policy/service result in different impacts for protected?	None Known		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Laura Herrick		
Date:		July 2018		

Appendix 3

Annual Leave Algorithm

The percentage of staff on annual leave at any one time is 11-17%.

Open the Annual Leave Calculator document (by clicking on the link) to work out the number of staff which MUST be allocated annual leave every week.

[J:\2012-2013\LCHS\NWWQI B - KRBN NWQI B DOCS\Project Support Officer\Project Management Documents\Roll Out Documents\Post Implementation Docs\Copu of AL Calculator \(as on intranet\).xls](J:\2012-2013\LCHS\NWWQI B - KRBN NWQI B DOCS\Project Support Officer\Project Management Documents\Roll Out Documents\Post Implementation Docs\Copu of AL Calculator (as on intranet).xls)

PLEASE NOTE:

This number is based on WTEs in post; therefore as staff join and/or leave the above would need to be recalculated.

