University Hospitals Birmingham NHS Foundation Trust

CONTROLLED DOCUMENT

Policy for Scheduling Working Time

CATEGORY:	Policy
CLASSIFICATION:	Human Resources
PURPOSE	This document sets out the framework for the scheduling of working time across the Trust.
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Contents

1. Policy Statement

1.1 University Hospitals Birmingham NHS Foundation Trust (the Trust) has a duty to its patients to ensure its services are safe, effective and efficient; the scheduling of working time is fundamental to this. It is also important to enable resources to be deployed in the most efficient way to ensure the best use of public money in the delivery of NHS services. The Trust is committed to ensuring all staffing schedules are based on service needs that provide the best level of care and support within agreed budgeted resources.

1.2 A list of definitions is contained within the associated Procedure for Scheduling Working Time.

1.3 The purpose of this policy is to:

1.3.1 Ensure that duty rosters are produced to an agreed and consistent set of standards Trust-wide;

1.3.2 Ensure the effective utilisation of the workforce through efficient scheduling of staff time;

1.3.3 Support managers to deploy staff taking account of the importance of work life balance without compromising the needs of their service and patients;

1.3.4 Ensuring that schedules/rosters are fair, consistent and fit for purpose, with the appropriate skill mix, in order to ensure safe, high quality standards of care;

1.3.5 Minimise clinical risk associated with the level and skill mix of staff;

1.3.6 Improve the utilisation of existing staff and reduce bank and agency spend by giving managers clear visibility of staff contracted hours;

1.3.7 Improve the monitoring and management of sickness and absence by department and/or individual, generating comparisons, identifying trends and priorities for action;

1.3.8 Improve the planning of non-effective contracted days e.g. annual and study leave;

1.3.9 Ensure compliance with the European Working Time Directive (EWTD);

1.3.10 Provide a mechanism for reporting against Trust Key Performance Indicators (KPIs);

1.3.11 Facilitate the payment of staff through data being entered at source; and

1.3.12 Ensure the effective use of temporary staff.

2. Scope of the Policy

2.1 The Policy applies to all staff using either electronic (Allocate) or manual staff scheduling systems as the principles and the guidance will assist in ensuring common processes and maximum benefit from workforce efficiency.

2.2 The Allocate system allows for staff attendance at work to be registered via a hand reader or equivalent remote 'clock in' or for staff to be on 'assumed hours' i.e. that they will work an agreed working pattern. The principles of this policy allows for both types of staff rostering.

2.3 This Policy must be read in conjunction with the Procedure for Scheduling Working Time.

3. Policy Framework

3.1 Rosters must be created in line with the agreed budgeted establishment and in conjunction with agreed 'Staffing' guidance where applicable.

3.2 Roster creators must keep clear and auditable records of rosters, changes, reasons for changes and any individual personal patterns formally agreed with staff.

3.3 Previous month's roster must be finalised by the payroll cut-off date for each month; Allocate does not allow for retrospective changes to be made after finalisation of the roster. This will generate the correct enhanced pay for payment in the following month's pay. Any retrospective changes must be done via the Payroll inbox.

3.4 Bank shifts must not be allocated to substantive workers if the individual owes the department hours, the shift would be worked as part of their substantive hours. This process must be monitored by the substantive worker's line manager.

3.5 Under or over net hours must be adjusted through the system in the next month's roster by the allocation of duties and not re-set to zero.

3.6 Shift requests will be granted at the discretion of the manager and in light of the service needs. This includes essential requests as service needs will take priority. Rosters will be created in line with the EWTD rules.

3.7 Any temporary staff will be acquired from on-framework external agencies;

3.8 <u>Managing Exceptional Circumstances</u>

3.8.1 The ward/department manager is responsible for informing their senior manager of any exceptional circumstances which will impact upon the staff requirements who will agree any action to address these.

3.8.2 Exceptional circumstances may include:

3.8.2.1 Potentially unsafe or at risk shifts, for example due to inadequate skill mix;

3.8.2.2 Any vacant shifts which have no cover (i.e. shifts for which temporary staff are currently planned, or appear to be needed). These shifts will incur an additional cost and

3.8.2.3 Where any of the agreed/policy led parameters have been exceeded, such as staffing levels or skill levels.

3.9 Leave and Absence Periods

All leave will be managed in accordance with the relevant HR Policies. Managers must plan cover arrangements by adjusting rosters where possible or consult their manager for advice and guidance. However all absences must be recorded on Allocate prior to the payroll cut-off date.

3.10 Time Owing / Time In Lieu

Time off in lieu (TOIL) must be managed in line with the Procedure for Scheduling Working Time and the national terms and conditions of employment. All time owing must be monitored and recorded.

3.11 Fraudulent Activity

3.11.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Working time is a cost to the Trust and therefore, where staff have not worked, but have claimed to have worked, this is considered to be fraudulent activity.

3.11.2 Where managers have manipulated rosters in order to support staff claims and allow them to be paid, when they have not worked, this will also be considered to be fraud. This includes backdating clock in times when staff have not actually been working.

3.11.3 If rosters are knowingly finalised with inaccurate information, this will be treated as fraud against the employer. The NHS Counter Fraud Service will be notified and this may be considered as gross misconduct in accordance with the Disciplinary Policy and Procedures which could lead to summary dismissal.

3.12 Application of the Policy Framework

All staff will be treated fairly in the application of this Policy and its associated Procedure.

4. Duties

4.1 Executive Director of Delivery

The Executive Director of Delivery is responsible for this Policy and its implementation and has the authority to approve the Procedure and any amendments to the procedure in response to changes in legislation or best practice, provided that they are compliant with this Policy.

4.2 Executive and Divisional Directors

The Executive and Divisional Directors are responsible for ensuring the following requirements are met within their areas of responsibility;

4.2.1 All staff within their Division, Team or Structure who hold line management responsibilities are familiar with this Policy and are trained in, and conversant with, applying all elements of its associated Procedure; and

4.2.2 Their staff who hold line management responsibilities work effectively and consistently with accredited Trade Union Representatives.

4.3 Director of Human Resources

The Director of Human Resources has the responsibility to ensure the provision and maintenance of this Policy and its associated Procedure and guidance as part of the Trust's portfolio of controlled documents.

4.4 Heads of Departments/Group Managers/Matrons/Heads of Service

The managers above are responsible for:

4.4.1 Providing guidance and support to departmental managers or designated others in the development and production of duty rosters/staffing schedules;

4.4.2 Monitoring and approval of rosters/schedules on completion;

4.4.3 Approve shifts within the overall agreed funded establishment where Bank/temporary staff are required;

4.4.4 Ensuring that managers are producing rosters/staff schedules within the agreed timescales for staff;

4.4.5 Ensuring compliance with legislation and HR policies and procedures through regular review of working patterns and shift times with senior staff; and

4.4.6 Produce management reports as required in respect of staff time and attendance.

4.5 **Ward / Department / Service Managers**

The ward /department/service managers must:

4.5.1 Use Allocate to monitor and manage staffing levels including ensuring all staff contracted hours are fully utilised and exploring cross cover options, in order to minimise the use of bank or agency staff;

4.5.2 Ensure that staff who support the creation, amendment and updating of rosters/staff schedules have received the appropriate training to undertake the role;

4.5.3 Ensure that Senior Staff (Band 7 and above) are not routinely rostered to work nights/weekends/public holidays unless it is an essential/funded requirement of the service/ward/department;

4.5.4 Ensure that students are rostered with their mentor where possible;

4.5.5 Accurately record all shift times including early/late finish times and all other types of leave including sickness absence, study days using agreed abbreviations/codes set out in Allocate. This will ensure that time owing is built into the roster;

4.5.6 Produce, maintain and publish rosters 6 weeks in advance of the roster start date and ensure they are updated in accordance with the roster cycle process and payroll cut off dates;

4.5.7 Ensure all verification and administration of the system is undertaken in a timely manner, ideally at the end of each shift to ensure that Allocate is accurate and as 'real time' as possible to ensure correct payment to staff;

4.5.8 Agree specific shift times or working patterns for individuals, where requested or required, ensuring these are reviewed on 3 - 6 monthly basis or more often if appropriate;

4.5.9 Ensure any changes to staff details or pay arrangements are done in a timely way via Finance Tools i.e. WAF and HR forms;

4.5.10 Ensure that annual leave is evenly allocated throughout the year in line with the agreed headroom targets in order to maintain a safe and efficient skill mix;

4.5.11 Take responsibility for authorising all changes to the roster;

4.5.12 Ensure on occasions where the roster/schedule needs to be changed post publication for service needs, where possible the affected individual(s) are advised of the change prior to this being published;

4.5.13 Ensure that where staff do not arrive for work as expected that they are recorded as being on unauthorised and unpaid absence unless a valid reason is given i.e. sickness absence. Any absences must be recorded on Allocate;

4.5.14 Ensure that where staff 'clock in' late for shifts or 'clock out' earlier than rostered and where authorisation has been given, the appropriate time is deducted from any TOIL (Time Off In Lieu) balance. Where authorisation has not been given, that discussion takes place in respect of punctuality/time-keeping; reference to the Trust's Disciplinary Procedure must be made;

4.5.15 Ensure that staff breaks are in accordance with the European Working Time Directive. Breaks must not be taken at the beginning or end of a shift, as their purpose is to provide rest time during the shift;

4.5.16 Ensure that staff use the hand reader system to clock in and out of work unless members of staff are on 'assumed hours'. Managers must not manually record clock in and clock out times as a regular task;

4.5.17 Must not book annual leave for their staff as a regular task, staff must use the employee on line system to request leave; and

4.5.18 Inform their line managers of any exceptional circumstances which impact upon staffing requirements.

4.6   **Trust Staff**

Trust staff must:

4.6.1   Attend work as per their roster or request absence where required and have this authorised;

4.6.2   Where they are required to clock in, staff must use the hand reader nearest to their place of work and clock out here when their shift is completed. Following clock in they should commence work immediately i.e. it is considered to be fraud where staff clock in and then proceed to park their car or take an unauthorised break. However time for staff changing prior to work commencement is authorised where staff are not permitted to travel in uniform;

4.6.3 Not regularly clock out until after their shift has ended i.e. the grace time permitted is not for regular use;

4.6.4 Input their duty/days off/leave requests via Employee on Line (Allocate) to the deadline for each roster i.e. that they should not request that their supervisor does this for them unless there is a disability or literacy issue, which cannot be resolved via short term education, that prevents this from taking place;

4.6.5 Seek authorisation from the ward/department manager of changes to a planned shift, taking into consideration skill mix and not leaving staffing levels depleted;

4.6.6 Request shifts and annual leave in line with policy requirements with an understanding that requests cannot be expected but will be authorised where possible. However staff must be considerate of their colleagues, and the requirement to fulfil their share of the less desirable shifts such as public holidays, lates, nights and weekends;

4.6.7 Ensure personal details are kept up to date via Me@QEHB, their line manager i.e. through Finance Tools or the HR First Contact Team;

4.6.8 Monitor their own hours ensuring that they are being recorded correctly in Allocate system and meeting their contracted hours;

4.6.9 Where applicable, request any amendments to standard working hours through the Flexible Working Policy providing appropriate evidence with the understanding that this will be reviewed every 3 - 6 months;

4.6.10 Utilise the e-roster system fully, viewing timesheets, hours worked and informing managers of any discrepancies;

4.6.11 Not assume shifts showing on the roster reflect their off-duty until the roster is officially signed off and published on the ward/department; and

4.6.12 Temporary staff working through the Trust Staff Bank must access the system in order enter and remove availability and also obtain reference numbers for shifts they are booked for finance purposes.

4.7 **Head of Finance Systems**

The Head of Finance Systems is responsible for Allocate and therefore must:

4.7.1 Ensure administration and governance of the Allocate System;

4.7.2 Ensure that any changes requested to the system are in line with national/local terms and conditions, this policy and its associated procedures; and

4.7.3 Provide training events for managers in support of this Policy and its Procedure.

4.8 Head of Payroll

The Head of Payroll must:

4.8.1 Ensure ESR is updated in a timely matter, following the provision of HR Forms (HR2/a/b, HR3 and HR5) via Finance Tools,; and

4.8.2 Finalise the roster after the payroll cut-off date and commit to payment via ESR.

4.9 Human Resource Professionals

Human Resource professionals are required to:

4.9.1 Provide consistent advice to line managers in their application of this Policy and its associated Procedures; and

4.9.2 Input HR1 forms within a timely manner and prior to payroll cut-off to ensure that ESR is kept up to date and that new staff are added to Allocate as soon as possible.

4.10 Accredited Trade Union Representatives

Accredited Trade Union Representatives will be familiar with this Policy and its associated procedures in order to provide advice and support to their members if requested to do so.

5. Implementation and Monitoring

5.1 This Policy and its associated Procedures will be available on the Trust intranet site. The Policy will also be disseminated through the Trust Management Structure.

5.2 Appendix A provides full details on how the Policy will be monitored by the Trust.

6. References

Agenda for Change Terms and Conditions http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook

Counter Fraud http://www.nhsbsa.nhs.uk/Protect.aspx

Safe Staffing https://www.england.nhs.uk/ourwork/safe-staffing/

Working Time Regulations (1998)
http://www.hse.gov.uk/contact/faqs/workingtimedirective.htm

7.   Associated Policy and Procedural Documentation

This Policy must be used in conjunction with the following:

Adverse Weather Procedure

Annual Leave Policy

Concessionary Breaks Principles

Counter-Fraud and Corruption Policy

Disciplinary Procedure

Emergency Preparedness Policy

Equality and Diversity Policy

Family Leave Policy

Flexible Working Procedure

Job Share Procedure

Mandatory and Statutory Training and Induction Procedure

On-Call Policy

Procedure for the Administration of Changes to Pay and Personal Details

Special Leave Procedure

Sickness Absence and Attendance Procedure

Standing Financial Instructions

Study Leave Policy

Work Life Balance Policy

Work Experience/Work Shadowing Policy

Workforce Availability Procedure

Appendix A **Monitoring Matrix**

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Appropriate training programme to the need/role of staff is provided and implemented	Executive Director of Delivery	Head of Finance Systems	Reports of trained staff will be held by the Head of Finance Systems	Ongoing
Monitoring of key performance indicators	Executive Director of Delivery	Operational Workforce Group Board of Directors	Reports to be discussed at the relevant committee with minutes taken	Monthly