Roster Management Policy – Hospitals (Nursing & Midwifery)

Reference Number:
NHSCT/10/321

Target audience:
This policy is for use by all wards/departments and relevant community staff within the Trust.

Sources of advice in relation to this document:
Allison Hume – Assistant Director Nursing Workforce & Development

Replaces (if appropriate):
N/A

Type of Document:
Trust Wide

Approved by:
Northern Trust Senior Management team

Date Approved:
20 July 2010

Date Issued by Policy Unit:
25 August 2010

NHSCT Mission Statement
To provide for all the quality of services we would expect for our families and ourselves
NORTHERN TRUST

Nursing & Midwifery

Hospitals Roster Management Policy
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### Policies

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The following definitions are provided to assist staff:

- **Trust** = Northern Trust
- **Ward** = Unit/Department
- **Lead Nurse / Lead Midwife** = Lead Nurse / Lead Midwife / Area Manager Intermediate Care and Rehabilitation Service / Nursing Services Manager
- **General Manager** or Head of Service
- **Non-Effective working days** = relates to days that staff are not available for the roster i.e. leave, study days, management days, sickness, time off for Trade Union activity
- **One request** = one day of duties/shift (e.g. early or a long day where appropriate).
- **Permanent** = Staff who have permanent contracted hours
- **Replacement** = Bank/Agency staff/additional hours and overtime
- **Variations in shifts** = differing start and finish times to regular shifts.
- **Time out** = relates to the percentage of non-effective working days that are included in each establishment.
Introduction

The purpose of this policy is to:

- Improve the utilisation of existing staff and reduce bank and agency spend by giving Ward Managers and Lead Nurse / Lead Midwife clear visibility of staff contracted hours.
- To ensure safe/appropriate staffing for all departments using fair and consistent off duties.
- To minimise clinical risk associated with the level and skill mix of nurse staffing levels.
- To ensure that the required number of inpatient beds are safely staffed to meet elective and emergency demand.
- To improve planning for clinical and non clinical “non-effective” working days e.g. A/leave, sickness and study leave).
- To provide effective management of the nursing/midwifery staff (hereafter referred to as nursing) establishments, thereby driving efficiencies in the nursing workforce across wards/departments.

Target Audience:

This policy is for use by:

This policy is for use by all wards/departments and relevant community staff within the Trust.

This policy is designed to improve the utilisation of existing staff ensuring safe/appropriate staffing for all departments using fair and consistent off duties

Alternative formats

“This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.”

Sources of Advice in relation to this document

“The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.”

This policy is to be used in conjunction with relevant Trust policies:
RESPONSIBILITIES

Directors
Responsibility is delegated to individual Directors who have specific responsibilities to satisfy themselves that this policy and associated procedures are implemented within their area of responsibility.

Ward Managers
It is the Ward Managers responsibility to update the establishments, and the safe staffing of each ward lies with the Ward Manager, even if she/he does not undertake the task of producing the off duty roster.

The Ward Manager is responsible for ensuring that their expenditure does not exceed the allocated budget in their ward, unit and departments (hereafter referred to as wards).

Lead Nurse / Lead Midwife/ General Managers/Designated Deputies
The relevant Lead Nurse / Lead Midwife/General Managers will undertake the monitoring and approval of the wards off duty on completion, produce analysis reports, and approve all shifts where replacement e.g. Bank staff are requested. Lead Nurse / Lead Midwife will be required to agree and “sign off” global shift patterns and ‘the local protocol’ for each ward.

Staff
All Trust staff (including students) has a responsibility to abide by the principles contained within this document and to adhere to the associated procedural guidelines.

POLICY

This policy is for use by all nursing staff either ward or department based. It will also cover any relevant community based staff. It will assist with the production of off duties based on funded establishments agreed by Directorate management team and development of local policies on safe staffing. ALL wards/ departments will develop and publish their written ward based protocol on staffing.

These local protocols will include:

- The production of off duty at least 4 weeks in advance on a rolling basis.
- Minimum staffing levels (number of staff) and skill mix (experience of staff required) by shift and by day and this must be reviewed on an annual basis, or when ward activity changes in conjunction with the Trust budget setting process.
- Both Trust and local rules about all types of leave, most importantly the Trust Annual Leave Policy and Study Leave Policy.
- Christmas off duty requirements.
- Ward specific requirements.
- The maximum number of requests that can be considered for days off on any single date.
- How far in advance requests can be entered, in order to ensure that staff joining the team has a fair chance of adding their requests.
Any flexible working arrangements should be openly acknowledged and published.

The Trust supports the principles embedded in Improving Working Lives (IWL) regarding work life balance, flexible working and family friendly working. However this should be set against the need to ensure safe levels of staffing to maximise the quality of patient care and reduce clinical and non-clinical risk. The Trust will endeavour to accommodate requests for flexible working, but may decline them if this pattern cannot be accommodated into the service needs. Achieving adequate staffing numbers and skill mix is the main priority. All other factors are secondary to this, including requests, preferences, team coverage and study leave.

COMMUNICATING THE POLICY TO THE STAFF

Both the Trust wide policy and ward based local protocols on nurse staffing must be made readily available to all staff. The Trust wide policy will be available on the Trust intranet with a hard copy accessible on the ward.

PRODUCTION OF OFF DUTY ROSTERS

Seven steps to good roster management

The 7 steps should create a roster that is safe, cost effective and provide a good working life with developmental opportunities.

1. Assemble all necessary information
2. Know and understand the policies and best practice for planning rosters
3. Plan the roster
4. Obtain authorisation for the roster
5. Publish roster on wards
6. Review and adapt the roster in a timely manner whilst it is in use taking account of the commitments staff have made around the published off duty i.e. Childcare
7. Record changes to the roster

A table and flow chart of the process is attached as appendix 3

- The publication of off duties will take place simultaneously across all wards in the Trust.
- All Nursing/Midwifery duty/rosters must commence on a Monday.
- Off duty must be completed at least 4 weeks in advance of the start date. This will enable staff to better manage their personal arrangements and to give Bank/Agency more time to fill any vacant shifts.
- All off duties should be composed to adequately cover 24 hours utilising permanent staff proportionately across all shifts.
- Shifts given a high priority must be filled first, i.e. nights, weekends and Bank Holidays.
- Bank/agency staff should not be used to cover maternity leave – a temporary contract member of staff should be recruited
- Band 7 and Band 6 staff should not normally work in base ward nights, weekends or Bank Holidays without the express authorisation of the Lead Nurse / Lead Midwife (this will differ in specialist areas e.g. MAU/ICU/CCU/Theatres/A&E) Within the ward based protocol the rules for each ward/dept must be made explicit.

- Band 7 staff may be required to work weekend/bank holidays to provide hospital cover.

- If any of the staff are working non-standard shifts such as late starts, this should be entered to avoid misinterpretation.
5. VALIDATION / APPROVAL

When the ward manager completes the off duty it must be validated by the designated Lead Nurse / Lead Midwife/General Manager who has an overview of their service area.

Process:
- Ward Manager checks data and if it fits within defined parameters of ward protocol approves roster and informs Lead Nurse / Lead Midwife ready for their review.
- Lead Nurse / Lead Midwife reviews roster and highlights to ward manager:
  - Currently potential unsafe shifts
  - Shifts for which replacement staff are currently planned for. Ward Manager and Lead Nurse / Lead Midwife to discuss option of using staff from within the directorate, rather than replacement staff, to cover gaps.
  - Any of the agreed parameters that have been exceeded.
- Lead Nurse / Lead Midwife authorises the roster unless any issues have to be raised with the General Manager / Head of Service
- Single copy of roster is printed on ward for all nurses to view at least 4 weeks prior to roster beginning. This copy will be signed and dated by Lead Nurse / Lead Midwife.
- All changes made, after the roster has been approved by Lead Nurse / Lead Midwife, will be clearly marked for audit purposes. Supernumerary staff i.e. students to be included.

SKILL MIX AND SHIFT STAFFING

- Each area has an agreed funded establishment which is reviewed annually or in line with service reconfiguration. This has to be agreed by Directorate Management.
- Each area should have an agreed level of staff with specific competencies on each shift, i.e. the ability to take charge, IV designated staff, as agreed with the Ward Manager and Lead Nurse / Lead Midwife.
- In areas where the workload is known to vary according to the day of the week staff numbers and skill mix should reflect this.
- The off duty of senior staff must be compatible with their commitment to Directorate requirements.
- There should be a designated nurse in charge who has been identified as having the required skills and competencies for a co-ordinating role.
- Senior ward staff, Band 6 & 7, should normally work opposite shifts at least 50% of time
- Ward Managers must generally work Monday to Friday.
- Student nurses should be rostered with their mentor where possible 40% of their rota as a minimum. If their mentor is unavailable, an associate mentor should be allocated immediately. (Where this is a final placement an additional 1 hour per week must be afforded to the mentor to “sign-off the students progression)
• Shift patterns should maximise social time when possible e.g. nurses should have 2 consecutive days off.

• Consideration should be given to flexible working, however, this needs to be fair and equitable to all staff (refer to Trust Flexible working policy).

• Staff will be required to work a variety of shifts and shift patterns as agreed by their Ward Manager. All staff must work nights, unless by prior agreement, working a maximum of 14 nights in 4 weeks pro rata (excluding those on permanent nights). Ward managers to ensure that normal hours do not exceed an average of 48 hours over a 17 week period.

• Staff may work long shifts, short shifts or a combination of both in order to meet the clinical requirements. Variations to these shifts may be worked but must be agreed with the Ward Manager. A written record of the shift agreement will be kept for all variations in shifts, and will be reviewed on a six monthly basis.

• Nights should be kept together where possible. No more than 4 nights in a row should be allocated to a staff member. There should be a minimum of 2 days off after rostered for a night shift.

• All shifts must include a minimum 30 minute unpaid break if > 6 hours and 60 minute unpaid break for shifts of > 12 hours.

• The Ward Manager is responsible for ensuring that breaks are facilitated.

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

• Weekend shifts are defined as Friday afternoon or night, Saturday day or night, Sunday day or night and Bank Holidays.

• Staff may have a minimum of one weekend off per 4 week off duty, in normal circumstances. Additional weekends off can be rostered if the ward requirements allow.

• The maximum number of consecutive standard day shifts recommended for staff to work is 5. Staff may work more than this (to a maximum of 8) if they specifically request to or are requested to.

• The maximum number of consecutive 11/12-hour shifts recommended for staff to work is 4 for night duty to enable sleep pattern to develop and 2 for day duty.

• Each Ward manager will document the number of nights and weekends that each member of staff is required to do per 4-week rota. This will be as a guide only and subject to change reflecting the needs of the service. Managers will advise staff of any changes.
STAFF REQUESTS

- Each ward should use a request sheet / diary for staff to make requests for all types of leave. These requests will be considered in the light of service needs. Staff are to indicate if request is essential or desirable.

- To ensure equity all staff should be allowed a maximum of 6 requests within a 4 week rota period pro rata. (Excluding trade union requests)

- If annual leave is being taken during this time, off-duty requests should be pro rata.

- All requests made should be individually numbered to ascertain the order in which they were made.

- It can not be assumed by staff that the off duty will be written to accommodate them. This includes essential requests. Service needs will take priority. Staff must be considerate of their colleagues, and the requirement that they are fulfilling their share of weekend and night shifts.

- Requests from staff, which typically make few requests, should be given higher priority than requests from staff that make numerous requests.

- Request forms should have a close date and no further requests accepted after this date, in order to prepare the roster.

- It is their responsibility if staff rostered wishes to change their off duty post publication a fair swap should be made with another member of staff of the same band/skill set that meets the Ward Manager’s approval.

NON-EFFECTIVE PERIODS

A) Annual Leave – to be used within the context of the Trust Leave policy and Agenda for Change Terms and Conditions of Service.

- Annual leave is allocated in hours for all members of staff in hospital setting.

- The Ward Manager, or designated deputy, approves all annual Leave.

- Each ward should calculate how many registered and non-registered nurses must be given annual leave in any one week (appendix 1). An agreed number needs to be set and adhered to. Staff should be made aware of the need to maintain this number constantly throughout the year. Should this number not be met, by way of requests, the Ward Manager will allocate leave following negotiations with the staff concerned.

- No holiday bookings or travel arrangements should be made until the Ward Manager has sanctioned the annual leave requested. An annual leave card must be completed and signed to book annual leave.

- It must not be assumed that all annual leave for new starters will be honored. This will need to be negotiated with manager and HR prior to accepting the post.
Half term weeks and school holidays present additional problems. The total amount of leave whether annual or study leave etc should not be increased because of the well-recorded difficulties in obtaining replacement staff. Discussions should be encouraged between those requesting half terms 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 requesting.

If annual leave is not booked and is to be taken ad hoc, it is an individual’s responsibility to ensure it is used before 31st March. Any annual leave not used by 31st March each year will be forfeited except in exceptional circumstances and authorised by the Lead Nurse / Lead Midwife apart from maternity leave. Individual staff are responsible for taking and appropriately managing their leave with support of their Ward Manager. Unrequested annual leave will be allocated by Ward Manager.

Annual leave must be booked or cancelled before an off duty is planned. Annual leave requested after this can only be given if staffing levels permit, near to the day.

Annual leave must be booked at least 8 weeks in advance, except in case of domestic emergencies, and authorised by the Ward Manager.

All requests for annual leave longer than 2 weeks must be made in writing. Every effort should be made to give at least 3 months notice if staff have a request for more than 2 weeks annual leave.

Staff will be notified of finalised rota for Christmas/New Year by end of November. Every effort should be made to allocate public holidays during this period. Requests for Annual Leave will not normally be accepted and when requested must be in writing.

Staff on rotational programmes should take annual leave proportionate to each placement.

In principle 50% of leave should have been taken by staff by the end of September. It is expected that staff should only have 25% of their leave outstanding at the commencement of the final three months of the annual leave year except:
  1. by prior arrangement with the line manager
  2. due to the needs of the service
  3. as a result of ill health/maternity leave

Please refer to leave policy for further details and information on Special Leave.

Every effort should be made to allocate days off surrounding the leave.

B) STUDY LEAVE (REFER TO TRUST POLICY)

Study leave will be assigned in line with the Trust Study Leave Policy.

Ensure that mandatory training is balanced throughout the year and assigned per rota.
C) SICKNESS (REFER TO TRUST POLICY)
- Sickness must be communicated by telephone to the Ward Manager / Lead Nurse / Lead Midwife with as much notice as possible, prior to the shift commencing or if in exceptional circumstances this is not possible, within an hour of the time you were due to go on duty. At this point, a time and date will be agreed for the nurse who is commencing sick leave to ring back and report on progress.
- If off-duty days follow on from sick days, the Ward Manager / Lead Nurse / Lead Midwife must be kept informed of recovery and unless notified off-duty days can be reclassified as sick leave.
- If a nurse has taken sick-leave, (s)he should consider working 4 weeks of rostered shifts before working on the bank, in order to allow time to recover.
- Where there are concerns about an employee’s health they should be referred to Occupational Health, as per Absence Policy, and should be encouraged to evenly space out their annual leave.
- If nurses are often or regularly sick the manager should ask if they are working bank/agency shift and if this has contributed to their ill health. This should form part of the return to work interviews.

HRMS remains the master system for recording all staff data.

BOOKING OF REPLACEMENT STAFF/BANK/AGENCY
- On approval of an off duty by the Lead Nurse / Lead Midwife a Bank/Agency request sheet must be completed stating reasons for request.
- No replacement staff should be booked without assessing the need for them; the band that is required and the time that they are needed to start and finish, by the Lead Nurse / Lead Midwife.
- It will not be possible to cover annual leave requests that exceed the documented acceptable level for the ward.
- There should be no use of bank and agency for bank holiday shifts unless approved by General Manager in conjunction with Ward Manager.
- Bank and agency staff cannot be used to take charge of wards unless they are known to the ward, and have been assessed as competent to do so, and are willing to take charge. This must be approved by the Lead Nurse / Lead Midwife/Ward Manager.
- Night and weekend shifts must be covered by substantive staff whenever possible, without imposing unreasonable strain on substantive staff.
- Study leave should not be covered by bank/agency staff.
- Staff that have informed the ward that they can not work specific dates or times should not be working these on the bank.
UNSOCIAL HOURS

- Distribute unsocial hours evenly and fairly, in accordance with agreed contractual restrictions.

CHANGES TO PUBLISHED ROSTERS

- It will be the responsibility of the Ward Manager to amend off duties and convey the amendments to staff involved in a timely manner with non-effective shifts i.e. sickness, no shows, and additional duties. Lead Nurse / Lead Midwife should monitor this.
- Shift changes should be kept to a minimum.
- Staff are responsible for negotiating their own changes once the off duty is completed. These changes must be approved by the Ward Manger or designated deputy in their absence.
- All changes should be made with an equal band, and with consideration for the overall skill mix of all shifts being changed.
- If you are allocated to a student please do not change your shift without ensuring your student either changes with you or is allocated to another suitable member of staff, and that this is written on the off duty.
- Any changes to staffing must go through the normal channels. E.g. new recruits must have undergone all pre-recruitment checks and undertaken induction prior to commencing on the roster, any internal staff movement must be authorised by all relevant parties and a change form submitted to HR. If this is not reflected on the roster request form should be completed and a date needed by entered to ensure the update is available for the next roster being produced.

NEW STAFF

- New staff should work with their preceptor during the preceptor period, to ensure that their induction is completed and objectives are planned. After this they should plan to work with their preceptor 1-2 times per week to complete objectives and competencies.
This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required.

Mrs Una Cunning  
Director Primary & Community Care for Older People’s Services/  
Executive Director Nursing (Acting)

Date 27 July 2010
Appendix 1

Annual leave algorithm

Ward X has 21 WTE nursing staff and 7 WTE HCA’s. The percentage of staff on annual leave at any time is 14.0%
Therefore:

\[21 \times 0.140 = 2.94 \quad 3.00 \text{ WTE}\]
\[7 \times 0.140 = 0.98 \quad 1.0 \text{ WTE}\]

You would need to try and allocate approximately 3 registered nurses and 1 unregistered per week on leave to achieve balance over the year.

Please note: This number is based on WTEs in post; therefore as staff join and/or leave you will need to recalculate the above.
Appendix 2

Guide to producing a roster

<table>
<thead>
<tr>
<th>Process</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the Trust standard roster dates</td>
<td>Roster producer</td>
</tr>
<tr>
<td>Produce a request sheet/book and post in order for staff to insert</td>
<td>Roster producer</td>
</tr>
<tr>
<td>their requests, clearly stating a closing date for all requests.</td>
<td></td>
</tr>
<tr>
<td>Produce roster (this will try to fill in the expensive / difficult to fill</td>
<td>Roster producer</td>
</tr>
<tr>
<td>shifts (e.g. nights / weekends) first and create a balance).</td>
<td></td>
</tr>
<tr>
<td>Ensure that there is a nurse in charge for each shift, manually move</td>
<td>Roster producer</td>
</tr>
<tr>
<td>shifts as necessary.</td>
<td></td>
</tr>
<tr>
<td>Fill remaining staff hours with vacant shifts, adjusting duty times</td>
<td>Roster producer</td>
</tr>
<tr>
<td>where necessary.</td>
<td></td>
</tr>
<tr>
<td>Review roster data, ensure good balance of staff across 4 week period,</td>
<td>Roster producer /</td>
</tr>
<tr>
<td>all staff hours are used, charge cover allocated and there is an</td>
<td>Lead Nurse / Lead Midwife</td>
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<tr>
<td>even balance of popular and unpopular shifts amongst substantive staff.</td>
<td></td>
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<tr>
<td>**Staff unavailability should be within the specified parameters, if it</td>
<td></td>
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<tr>
<td>is not the roster should be reviewed and amendments made before</td>
<td></td>
</tr>
<tr>
<td>reviewing data.</td>
<td></td>
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<tr>
<td>Allocate any vacant shifts to bank.</td>
<td></td>
</tr>
<tr>
<td>Approve the roster and inform Lead Nurse / Lead Midwife ready for</td>
<td>Roster producer</td>
</tr>
<tr>
<td>approval.</td>
<td></td>
</tr>
<tr>
<td>Lead Nurse / Lead Midwife review data, if there are gaps in the</td>
<td>Lead Nurse / Lead Midwife</td>
</tr>
<tr>
<td>roster try to cover them by moving nurses between teams / wards.</td>
<td></td>
</tr>
<tr>
<td>Once approved by Lead Nurse / Lead Midwife publish roster,</td>
<td>Roster producer</td>
</tr>
<tr>
<td>including the agreed vacant shifts to be filled by Bank/Agency.</td>
<td></td>
</tr>
<tr>
<td>If there are still gaps in the roster, plan to fill them with available</td>
<td>Lead Nurse / Lead Midwife</td>
</tr>
<tr>
<td>staff e.g. prioritise workload or consider moving less urgent tasks to</td>
<td></td>
</tr>
<tr>
<td>another shift and/or make best use of staff available.</td>
<td></td>
</tr>
<tr>
<td>If replacement staff are necessary, ensure you are rostering them</td>
<td>Lead Nurse / Lead Midwife</td>
</tr>
<tr>
<td>for the cheapest possible shift, length of time and band.</td>
<td></td>
</tr>
<tr>
<td>Inform Bank/Agency of likely replacement staff requirements as</td>
<td>Lead Nurse / Lead Midwife</td>
</tr>
<tr>
<td>soon as possible.</td>
<td></td>
</tr>
</tbody>
</table>
Produce request sheet
Request sheet available for staff to complete, with a stated closing date

Analyse, approve and publish roster
Analyse roster to assess effectiveness, make relevant changes to ensure within defined parameters e.g. unavailability and approve. Pass roster approved by Ward Manager to Lead Nurse / Lead Midwife for 2nd level analysis

Manage roster
Enter changes on to roster as occur e.g. shift swaps, sickness, leave

Produce roster
Close requests, produce roster, using all available hours and filling most expensive shifts first.

Fill shortfalls
Send vacant shifts to be filled to bank
Make amendments to roster e.g. shift swaps, leave etc.
**Data Protection**
Data Protection issues have been considered with regards to this policy. Adherence to this policy will therefore ensure compliance with the Data Protection Act 1998 and internal Data Protection Policies.

**Diversity & Equality Policies**
Equality issues have been considered with regards to this policy. Adherence to this policy will therefore ensure compliance with Equal Opportunity legislation and internal Equal Opportunity policies.

**Freedom of Information Act 2000**
Freedom of Information issues have been considered with regards to this policy. Adherence to this policy will therefore ensure compliance with the Freedom of Information Act 2000 legislation and internal Freedom of Information policies.

**Health and Safety Act 1974**
Health and Safety issues have been considered with regards to this policy. Adherence to this policy will therefore ensure compliance with Health and Safety legislation and internal Health and Safety policies.

**Human Rights Act 1998**
The Human Rights Act 1998 has been considered with regards to this policy. Proportionally has been identified as the key to Human Rights compliance. This means striking a fair balance between the rights of the individuals and those of the rest of the community. There must be a reasonable relationship between the aim to be achieved and the means used.

**Race Relations Amendment Act 2000**
The Race Relations Amendment Act 2000 has been considered with regards to this policy. Adherence to this policy means that the Trust will eliminate discrimination on the grounds of race and will promote race equality and good race relations.