

ROSTERING POLICY

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AUTHOR:	██████████ & ██████████
CONSULTATION GROUPS:	Policy Sub-Group Workforce Transformation Group Joint Partnership Committee
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POLICY SUMMARY	
<p>The Rostering Policy sets out the framework for the Trust's approach to staff rostering to ensure efficient utilisation of staffing resources and high quality care provision This policy should be read in conjunction with the Rostering Procedure.</p> <p>The Trust monitors the implementation of and compliance with this policy in the following ways:</p> <p>This policy and procedure will be subject to review as per the agreed review schedule of Trust HR policies and procedures and as agreed by the Trust's Partnership Committee.</p> <p>Monitoring of implementation and compliance with this policy and associated procedural guidelines will be undertaken by the e-Rostering and e-Rostering Systems Teams.</p>	

Services	Applicable	Comments
Trust wide	✓	

The Director responsible for monitoring and reviewing this policy is the Executive Director of People & Culture

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1.0 ASSURANCE STATEMENT

- 1.1 This policy sets out the standards to assist managers to work with their staff to plan shift patterns and rosters and to effectively utilise resources in the context of the best quality care and service provision within the constraints of their establishment and budget.
- 1.2 Efficient, fair and equitable rostering of Trust staff is essential not only to achieve effective use of staffing resources, but to also ensure and protect the health and safety of employees.
- 1.3 The Trust undertakes to monitor the implementation of, and compliance with, this policy to ensure its effectiveness

2.0 INTRODUCTION

- 2.1 Staff rosters are one of the fundamental systems used to deliver care to people who use our services by ensuring safe staffing levels at all times. It is therefore essential that they are drawn up in a timely and appropriate manner, maximising the benefits to people who use our services and without incurring any unnecessary expenditure.
- 2.2 For staff to be able to achieve a work life balance in line with our Health and Well Being Strategy, rosters must be drawn up giving maximum notice and taking reasonable account of the needs and requests of individual members of staff. Staff should also provide reasonable notice for any requests for time off.
- 2.3 Good, fair and equitable rostering is necessary to achieve the Trust's Vision and Values. It also supports the Trust's agenda for reducing its temporary staffing spend.
- 2.4 All people using our services, as well as staff, have a right to expect the best support from the Trust. To do this, the Trust must ensure that work is distributed appropriately and fairly with our staff having had appropriate rest to deliver a safe, high quality service. This must be based on the needs of the people using our services.
- 2.5 The basic rostering principles covered by the policy are:
 - To ensure that services are safely staffed
 - To ensure safe and appropriate staffing for all departments using fair and consistent rotas.
 - To improve the utilisation of staff and reduce temporary workforce expenditure by providing managers with clear visibility of staff's contracted hours
 - To minimise clinical risk associated with the level and skill mix of clinical and non-clinical staffing levels.

- To improve monitoring of sickness and absence by department and individual, generating comparisons, and identifying trends and priorities for action.
- To improve planning of study days, annual leave and other non-clinical care working days.

3.0 SCOPE OF POLICY

- 3.1 This policy and associated procedure apply to the rostering of all staff. Specific guidance relating to the rostering of clinical/inpatient staff can be found in the clinical/inpatient addendum of the Rostering Procedure (Section 19).

4.0 RESPONSIBILITIES

- 4.1 **The Trust Board** is responsible for:
- Ensuring that the principles of this policy and procedure are implemented across the organisation. Ensuring the necessary financial resources.
- 4.2 **The e-Rostering Manager and Team** are responsible for:
- Being the Trust's lead on system updates and developments
 - Ensuring that data held in HealthRoster is maintained and to ensure that rosters and system information is accurate and in alignment with the ESR system
 - Controlling system access through the management of user accounts and access levels
 - Ensuring that payroll files are extracted for each pay period
 - Co-ordinating and delivering high quality training to ensure Managers in non-inpatient areas are able to fully utilise and benefit from HealthRoster functionality
 - Investigating and resolving system related issues and problems
- 4.3 **The HealthRoster Manager and HealthRoster Specialist (Inpatient Units)** are responsible for:
- Giving assurances and compliance to the Trust Board in the intelligent use of the HealthRoster System
 - The facilitation and support of inpatient managers of wards in the following:
 - The creation of rosters that support the principles of safety, fairness, equality and effectiveness
 - Utilising the HealthRoster system to its full potential
 - Co-ordinating and delivering high quality training to ensure Managers in inpatient areas are able to fully utilise and benefit from HealthRoster functionality
- 4.4 **Team Managers/Roster Managers** are responsible for ensuring:
- That all staff, including new employees and workers, whether temporary or permanent, are made aware of the principles detailed within this policy and procedure.

- That rosters are created in line with safety, fairness, equality and effectiveness
- Compliance with the publishing of roster timetable
- The creation and management of rosters
- Rosters being created and fully approved (where required) a minimum of 12 weeks and a maximum of 24 weeks in advance
- Reviewing all staffing abilities to offer flexibility to address any issues;
- The safe staffing of the ward / team
- That there are sufficient staff in the right place, at the right time.
- That staff are rostered to take their annual leave throughout the leave year period in line with the Trust Leave Policy and Procedure to support the effective management of rostering
- That temporary worker usage is kept to a minimal by ensuring effective rostering is in place
- That the implementation of this policy and procedure is monitored through supervision

4.5 **Clinical/Operational Managers** will ensure:

- That this policy and procedure is implemented across their service areas
- The Clinical/Operational Managers should ensure that any issues highlighted by the audits are addressed as a matter of priority
- That the staff demand profile and temporary staffing usage is monitored against establishments
- Where there is high temporary worker usage within services that action is taken to address and reduce
- They monitor staff absence and ensuring that the teams are proactive in managing sickness absence
- They monitor that there are sufficient staff in the right place, at the right time, based on safe care principles

4.6 **Individual staff** will:

- Adhere to the principles laid out within this policy and procedure.
- Attend work punctually as per their duty roster
- Be reasonable and flexible with their roster requests and be considerate to their colleagues and service within the relevant policies set out by the Trust
- Submit their roster requests in a timely manner
- Work in line with the needs of the service

5.0 PRINCIPLES

- 5.1 To ensure that the services are safely staffed.
- 5.2 To ensure safe and appropriate staffing for all departments using fair and consistent rotas.
- 5.3 To improve the utilisation of staff and reduce temporary workforce expenditure by providing managers with clear visibility of staff's contracted hours.

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- 5.4 To minimise clinical risk associated with the level and skill mix of clinical and non-clinical staffing levels.
- 5.5 To improve monitoring of sickness and absence by department and individual, generating comparisons, and identifying trends and priorities for action.
- 5.6 To improve planning of study days, annual leave and other non-clinical care working days.

6.0 MONITORING OF IMPLEMENTATION AND GOVERNANCE

- 6.1 Amendments will be made as a result of any updates. These may include (but are not limited to) Trust procedures, National Guidance, and Legislative enactments.
- 6.2 Compliance with the policy will be monitored at all levels of responsibility and implementation.

7.0 POLICY REFERENCES/ASSOCIATED DOCUMENTATION

- Agenda for Change NHS Terms and Conditions of Service Handbook

8.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

This policy should be read in conjunction with other policies in place that may be relevant. These include:

- Study Leave Policy, HR18
- Leave Policy and Procedure HR24
- Management of Employee Well-being, Sickness and Ill-health Policy and Procedure HR26
- Flexible Working Policy HR39

END