# Rostering Policy

**Revised June 2016**

<table>
<thead>
<tr>
<th>Executive or Associate Director lead</th>
<th>Director of Human Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy author/ lead</td>
<td>Guy Hollingsworth HR and WorkForce Key Projects Lead</td>
</tr>
<tr>
<td>Feedback on implementation to</td>
<td>Guy Hollingsworth HR and WorkForce Key Projects Lead</td>
</tr>
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<table>
<thead>
<tr>
<th>Dates of consultation period</th>
<th>July 2015 to February 2016</th>
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<tr>
<td>Date of ratification</td>
<td>9th June 2016</td>
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<tr>
<td>Ratified by</td>
<td>EDG</td>
</tr>
<tr>
<td>Date of issue</td>
<td>13th June 2016</td>
</tr>
<tr>
<td>Date for review</td>
<td>January 2019</td>
</tr>
</tbody>
</table>

| Target audience                     | SHSC staff and managers working in units and services that are rostered |

The Policy has been revised in light of the Trust’s decision to go out to tender for a new IT E Rostering system
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</tbody>
</table>
Flowchart – Rota Publish Times

This is illustrated here:

Where:
- Close (5 weeks before the start of the rota) – at this stage all Leave / Shift requests will be suspended for the production of the rota
- Publish – at this stage the rota is published
  - all Leaves/Requests for the rota period will have been confirmed/rejected
  - any Leaves allocated to fill available slots (done on a fair basis) will be allocated
  - all unfilled shifts will be created as Bank shifts for all Bank staff to Request (or “express an interest”)
- Bank Requests deadline – at this stage the Ward/Rota Manager for each Ward will allocate the unfilled shifts where there is a Bank Request. Shifts unfilled after this time can still have Bank Requests
- Start of the rota – this is the start of the rota
- End of the rota – this is the end of the rota

*Rotas remain live documents. Changes in patient need can lead to change to rotas*
1. Introduction

Sheffield Health and Social Care NHS Foundation Trust has a duty to the people who use its services to ensure that they are safe, effective and efficient. Staff rostering is fundamental to providing services that meet these needs whilst at the same time enabling staff to be deployed in the most efficient way, and to ensure the best use of public money in the delivery of NHS services. The Trust is therefore committed to ensuring all staff rotas are based on service need, and provide the best level of care and support within agreed resources.

2. Scope of this policy

This policy applies to all staff who are covered by rotas.

3. Definitions

Rostering system - The Trust will use an IT system to manage rotas in services. The IT system will provide the facility for:

- Creating an effective rota (both skill mix and financial, according to existing budget and AFE)
- Managing staff availability
- Allowing clear visibility of ward/unit levels
- Providing a facility for recording leave and absence
- Providing online access both at work and at home to enable staff to view a rota, request leave and/or shifts
- Creating and authorising rotas, recording absence and inputting into the Electronic Staff Record (ESR) computerised payroll system
- Tracking and producing reports for absence, leave and use of bank and agency staff.
- Access by Finance and Human Resources as appropriate

Rota Period - this is a 4 week period (150 hours for full time staff, pro rata for part time staff) where working hours of staff may be utilised to cover the rota

Requests - this is a system which allows substantive members of staff to enter Shift Requests over a 4 week rota period. Full time staff can make a maximum of 6 requests (pro rata\(^1\) for part time staff) for times when they do not wish to be rota’d. The granting of Requests will be at the discretion of the ward/unit manager. Shift Requests are separate to applications for Annual Leave

Bank Availability – this is a system that allows Bank Staff to specify their Availability.

4. Purpose

The purpose of this policy is to support managers in deploying staff in a way that meets the needs of service users, recognises staff preferences where possible, is cost effective, incorporates Working Time Directive, ensures safe and effective staffing. The Trust recognises that it is also important that staff rotas are drawn up fairly, transparently and in a timely manner, and that they reflect the need to both appropriately plan care and, as far as is reasonably possible, support staff in achieving a positive work-life balance.

The aim of the policy is to provide a balance between the clinical risks associated with supporting and caring for service users and the health, safety and wellbeing of staff. The

\(^1\) rounded to the nearest whole number
safety and wellbeing of service users, carers, staff and visitors will at all times remain a priority of the Trust

5. Duties

The Executive Directors Group will endorse the use of the e rostering system and Rostering Policy and procedures for staff that are subject to rostering.

Service Directors and Clinical Directors will support their line managers with the implementation of the E Rostering system and ensure Trust wide compliance with this Policy for the services which are subject to rostering.

Ward Managers/Shift Manager /Nurse-in-Charge/Shift Co-ordinator have the following core responsibilities:

- Keep rotas up-to-date
- Record all staff absences
- Booking of Bank Staff
- Swapping shifts
- Ensuring the rota is covered for the next 48 hours
- Monitoring compliance with EWTD (refer to Working Time Regulations Policy)

Staff in services working in a service that is rostered will have the following responsibilities.

Staff are responsible for complying with this policy and specifically:

- Will be able to make up to 6 requests (pro rata for part time staff) for shifts/days not to be worked for each rota period. Requests must be made prior to 6 weeks in advance of the rota start date
- Annual Leave applications are separate to Shift Requests but must also be made prior to 6 weeks in advance of the rota start date
- Requests for days off are counted as “Requests” from the number allocated
- Once rotas are approved employees wishing to change their rota, should initially attempt to swap shifts with other appropriate team members. Changes must be made within equal grade bands and with consideration that the overall skill mix of shifts remains unchanged. Changes to rotas should be at no additional cost and are subject to Managers discretion.
- No holiday bookings should be made until the Unit / Ward Manager has sanctioned the leave requested. Any holiday bookings made before authorisation are done so at the employee’s own risk.

6. Specific details

6.1 For all employees on e rostering there are specific time scales in the development and publication times of and agreed rota. These are illustrated in the flowchart section of the Policy.

6.2 Each area covered by e rostering should have a minimum number of staffing per shift. It is acknowledged that occasionally numbers may drop below this number when specific workload/dependency issues should be considered.
6.3 A risk assessment should be completed by the ward/shift manager if the level of staff with specific competencies or the minimum number on the shift is not achieved. In such circumstances consideration should be given to the use of Bank staff or agency staff.

6.4 Band 7/Ward Manager/Specialist Nurse Practitioner/other managers must be visible, accessible and have maximum presence in their area. They should not be routinely rostered for weekend, night or bank holiday shifts unless this is to occasionally review service demand out of hours, or has been authorised by the Service Director.

6.5 Band 6/Deputy Manager/other staff should be rostered equally over the 24 hour period ensuring consistent leadership/management of the area.

6.6 Except in instances of operational necessity, there must be at least 24 hours notice, ideally 48 hours, for a change of rota. However, in consultation with a member of staff the manager may require a change of rota with less notice e.g. an urgent clinical situation.

6.7 When there are unforeseen circumstances e.g. a member of staff on sick leave at short notice, the following process should be used to cover the rota:

- The use of time owed from a rota period if available
- Use of time in lieu which will create a reduction of the same number of hours in the next rota period provided the staff member has the correct competencies
- Use of part-time staff up to 37.5 hours
- Checking with other wards
- Use of Bank staff
- Use of agency staff

6.8 To ensure the health and wellbeing of staff the allocation of shifts and breaks both within a shift and for days off should wherever practicable comply with the Working Time Directive Policy.

6.9 Rotas will track time owing and record balances. No more than 10 hours (positive or negative) balance will carry forward from one rota period to another except in exceptional circumstances where this agreed between the member of staff and the manager responsible for the rota.

6.10 Where a member of staff has been granted a Flexible working pattern through the application of the Flexible Working Policy this working pattern should be reflected in the rota. However, a formal review of the shift pattern will take place annually and may be incorporated into the Personal Development Review.

6.11 Staff will be required to work a variety of shifts and shift patterns as agreed with their Ward Manager. All staff with 24-hour working contracts should work a variety of shifts including nights, unless due to specific issues e.g. health which is supported by an Occupational Health Report or an approved flexible working agreement.

6.12 Under normal circumstances, the maximum number of consecutive standard day shifts recommended for staff to work is 6. Staff should work no more than this, except in exceptional circumstances (to a maximum of 8).

6.13 Night shifts should be worked together where possible. A minimum of 2 consecutive night shifts, and no more than 5 nights in a row, should be allocated to a staff member, unless requested by the staff member and deemed necessary to meet service needs.
6.14 Staff should not be allocated a single night shift unless specifically requested.

6.15 There should be a minimum of 2 days off after being allocated a night shift.

7. Leave Management

Please note that all references to Annual Leave apply equally to Bank Holiday leave

7.1 It is important that annual leave is allocated fairly and in a cost effective way therefore the following minimum standards must be applied.

7.2 Annual leave days and Bank holidays are recorded separately on the E Rostering system.

7.3 Both the manager and the staff member must ensure that all annual leave is taken within the financial year wherever possible.

7.4 No holiday bookings should be made until the Ward/Unit Manager has sanctioned the leave requested.

7.5 Annual leave will be allocated in hours for all staff members in accordance with usual hours worked. The default day is 7.5 hours although this varies for the member of staff being considered e.g. “Night staff” will use their normal Night shift duration and also to staff who work other ongoing regular shift durations.

7.6 If staff require more than 2 weeks annual leave this must be requested in writing to the Ward/Unit Manager.

7.7 There should be a fair and equal allocation of annual leave requests available to all staff in highly sought after periods.

7.8 Staff should take 50% of their annual leave entitlement by the end of September each year with a further 25% being used by the end of December and the final 25% by the end of March.

7.9 No more than 5 days annual leave can be carried forward into January unbooked unless:

- By prior agreement by the line manager
- Due to the needs of the service
- As a result of sick leave or other circumstances,

7.10 Annual leave should be confirmed or rejected before the rota is produced.

7.11 If a member of staff needs to delay or amend an annual leave booking this will be considered taking into account local service needs providing it does not incur extra expenditure.

7.12 Each registered manager (Ward Manager, Home Manager, Team Manager) is responsible for calculating the number of registered/unregistered staff who should be given annual leave in any one week. The agreed number should be explicit when allocating annual leave. Staff should be made aware of the need to maintain this number throughout the year to effectively manage the workforce to meet service user needs. Should this number not be met by way of requests the line manager will allocate leave fairly following consultation with the staff concerned.
7.13 Requests for Christmas, Ramadan, Chinese New Year, New Year and other religious or cultural festivals should be agreed within each service area. Staff should be notified if their request has been approved 2 months in advance. Line Managers must be sensitive to the cultural needs of staff, for example staff will not know 2 months in advance the exact date on which Eid will be celebrated. The exact date of Eid is determined by the lunar calendar. However staff should be aware that requests may not always be granted.

7.14 Quarterly reviews of outstanding annual leave for each member of staff should be made by the line manager to avoid accumulation of any untaken leave; this report can be generated from the e rostering system.

7.15 It should not be presumed that all leave for new staff will be honoured. This will need to be negotiated to ensure clinical requirements are met. However, every effort will be made to accommodate such circumstances.

7.16 The use of Bank or agency staff should not be used to cover annual leave unless there are exceptional circumstances.

7.17 Staff must take a minimum of 20 days (pro rata for part time staff) annually as actual leave from work (ie not work Bank shifts on those days)

8. **Study Leave**

8.1 The line manager must ensure all staff are allocated annual mandatory study days and attend the Training that is Mandatory for their role. These study days should be planned throughout the year giving consideration to staffing and skill mix. Mandatory training should be given priority to any other training in the rota.

8.2 Study leave should be authorised as part of contracted hours and all study leave must be clearly recorded on the rota.

9. **Sick leave Management**

9.1 Sickness absence is a major cost to the Trust, to the quality and efficiency of services and is shown to have an impact on an individual’s wellbeing. Therefore, a positive approach to management of attendance and supporting staff wellbeing is a vital part of the effective use of staff in meeting service user needs.

9.2 The effective and timely management of the sick leave of staff is crucial to the safe, effective and efficient services.

9.3 The Trust’s Managing Sickness Absence Policy provides advice and guidance for supporting staff to maintain acceptable levels of attendance.

10. **Vacancy Management**

10.1 When a post becomes vacant or a resignation is received a review should take place promptly and without any undue delay.

10.2 On completion of the vacancy review the electronic form system should be used if the post is to be filled.
11. **Bank Service and associated Agency use**

11.1 The standard office hours are 9am-5pm Monday to Friday. Variations to this, such as during holiday times, will be communicated to all staff under existing normal procedures.

11.2 In line with the IT accounts Mandate from 1st April 2013, all bulk / mass communications from the Bank Office will be electronic and staff should regularly check their email accounts to keep up-to-date with information.

11.3 Bank Staff shifts can be requested once all other processes for filling the rota have been completed (as per the details on page 6).

11.4 Where shifts are unfilled on a short-notice basis, The E Rostering system will send text messages to staff who:
   - are not on Leave on any Assignment (inc. Sickness)
   - are not doing another shift that clashes
   - do not have a Flexible Working Policy / other arrangement that restricts their working during the shift and clashes with this Bank-shift
   - do not break any Rules (ETWD etc)
   - have not registered that they are not Available for that shift
   - can work in the area
   - have selected work area preference
   - have correct skills / training / experience / permits / DBS etc
   - have experience in area [only applied to certain Wards]

11.5 When a Bank shift is allocated the following will take place (also see flowchart describing the process):
   - **Short-notice shifts** – the staff member will call the Ward to accept the shift;
   - **Long-notice shifts** – the staff member will be allocated to the shift.
   - **In both cases** – a text message will be generated to the staff to inform them of the shift. Responsibility lies with the staff member to check the E Rostering system frequently in order to check if they have any such shifts.

11.6 Bank Staff cannot be used to take charge of wards / units unless they are known to the directorate, have been assessed as competent to do so and are willing to take charge. This must be approved by the Ward / Unit manager, during ‘Out of hours’ by the on-call manager.

11.7 Staff who have been off sick cannot be booked onto Bank work for a period of 5 days or as agreed in the Return to work interview or guidance from Occupational Health Services.

11.8 Staff who have been off long-term sick in the previous 28 days must not undertake Bank work for a period of at least 14 working days or as agreed in the Return to work interview or guidance from Occupational Health Services.

11.9 Night and weekend shifts must be covered by substantive staff whenever possible without imposing unreasonable strain on those staff.

11.10 Staff who have an agreed flexible working arrangement under the Flexible Working Policy cannot normally work outside this agreed work pattern on bank shifts. There may however, be occasions when the member of staff is able to work different shifts as personal requirements occasionally change. The acceptance of any shift which differs from their approved flexible working arrangement should be discussed with their line manager in the first instance.
12. **Electronic Staff Record (ESR)**

12.1 ESR remains the master system for recording all staff data and there will be an interface from ESR into and from the E Rostering system.

13. **Payroll**

13.1 The Ward / Unit manager or designated manager is responsible for finalising the rota.

13.2 Timesheets will be processed through the E Rostering systems for units that use the system. For these units there will no longer be unsocial hours forms completed as all unsocial hours will be calculated automatically through the interfaces with payroll. Staff are still able to review and inform their manager of any corrections before the manager finalises the rota.

13.3 Rotas should be closed down on a weekly basis (or more frequently). This will enable time for staff to check their rota is recorded correctly for enhancement pay and to report any discrepancies to the manager.

13.4 The final payroll file will be transferred to the payroll department on the 5th of the month.

13.5 Staff have 10 weeks from this date to check and report any discrepancies to the Ward / Unit manager. After 10 weeks this will need to be authorised by the Service Director within the relevant Directorate.

13.6 Time owing will not be paid; it has to be taken as time in lieu.

13.7 Staff will be paid monthly.

14. **Dissemination, storage and archiving**

This Policy will be available through the Policy Section of the intranet and is available to all staff.

Archived versions of the draft policy are available from the HR Department

15. **Training and other resource implications for this policy**

Training will be required, at various levels for staff who use the E Rostering system. Intensive training will be required at implementation stage or when any significant changes are introduced. Ongoing training will be required as a refresher and for new staff.

For staff who work via the Bank Service training will be provided with training and user guides in using the system.

16. **Audit, monitoring and review**

HR Policies are subject to joint monitoring and review between management and staff side in the Trust Joint Consultative Forum.
Should there be any significant changes in the processes the policy will be updated accordingly. It will also be reviewed on a 3 yearly basis.

17. Implementation plan

This revised policy will be uploaded to the Trust Intranet. The Trust is currently considering the purchase of a new IT E Rostering system. That will require a specific implementation plan.

18. Links to Other Policies and documents

Managing Sickness Absence Policy
Mandatory Training Policy
Working Time Regulations Policy
Flexible Working Policy
Maternity leave Policy
e-Forms Gateway page
e-rostering intranet pages (various)

19. Contact details

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR and WorkForce Key Projects Lead</td>
<td>Guy Hollingsworth</td>
<td>30 50760</td>
<td><a href="mailto:guy.hollingsworth@shsc.nhs.uk">guy.hollingsworth@shsc.nhs.uk</a></td>
</tr>
<tr>
<td>E Rostering Systems Administrator</td>
<td>Peter Sorrell</td>
<td></td>
<td><a href="mailto:peter.sorrell@shsc.nhs.uk">peter.sorrell@shsc.nhs.uk</a></td>
</tr>
<tr>
<td>Bank Office Manager</td>
<td>Angela Hinchsliff</td>
<td>226 1662</td>
<td><a href="mailto:angela.hinchsliff@shsc.nhs.uk">angela.hinchsliff@shsc.nhs.uk</a></td>
</tr>
<tr>
<td>Human Resources Contact</td>
<td>Ian Hall</td>
<td></td>
<td><a href="mailto:ian.hall2@shsc.nhs.uk">ian.hall2@shsc.nhs.uk</a></td>
</tr>
</tbody>
</table>
Supplementary Section A – Stage One Equality Impact Assessment


Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If NO – No further action required – please sign and date the following statement. If YES – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – Policy Screening - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice this can be found at http://www.shsc.nhs.uk/about-us/equality–human-rights

<table>
<thead>
<tr>
<th></th>
<th>Does any aspect of this policy actually or potentially discriminate against this group?</th>
<th>Can equality of opportunity for this group be improved through this policy or changes to this policy?</th>
<th>Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?</th>
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<tbody>
<tr>
<td>AGE</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>DISABILITY</td>
<td>The policy and procedures require the use of a computer which could cause access problems for people with certain disabilities</td>
<td>Reasonable adjustments may be required for a member of staff with a disability. A support system will be put in place by the line manager to ensure that they have access to the e rostering system before implementation.</td>
<td>No</td>
</tr>
<tr>
<td>GENDER REASSIGNMENT</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>PREGNANCY AND MATERNITY</td>
<td>There is a potential risk that women who are pregnant may be refused work in particular areas due to lack of a relevant risk assessment undertaken within the specific area.</td>
<td>The Bank Office Manager will be responsible for the completion of the risk assessment process as described in the Maternity Leave Policy. A copy will be given to the member of staff so that it can be discussed with the shift manager when shifts are worked and any additional measures can be put in place for that specific place of work.</td>
<td>No</td>
</tr>
<tr>
<td>RACE</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>RELIGION OR BELIEF</td>
<td>No</td>
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<td>SEX</td>
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<td>SEXUAL ORIENTATION</td>
<td>No</td>
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Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)
Please delete as appropriate: Policy Amended / Action Identified / no changes made.
Impact Assessment Completed by (insert name and date)

Liz Thompson, 16-11-12
Supplementary Section B - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC website [http://www.sct.nhs.uk/humanrights-273.asp](http://www.sct.nhs.uk/humanrights-273.asp) (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

<table>
<thead>
<tr>
<th>1. Is your policy based on and in line with the current law (including caselaw) or policy?</th>
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<tbody>
<tr>
<td>✗ Yes. No further action needed.</td>
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<tr>
<td>☐ No. Work through the flow diagram over the page and then answer questions 2 and 3 below.</td>
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<table>
<thead>
<tr>
<th>2. On completion of flow diagram – is further action needed?</th>
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<tr>
<td>☐ No, no further action needed.</td>
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<tr>
<td>☐ Yes, go to question 3</td>
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<th>3. Complete the table below to provide details of the actions required</th>
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Supplementary Section C
Development and consultation process

- This policy was originally developed by HR and the Project Managers of Staff.Care. (the Trust’s initial E Rostering IT system)
- The policy has been revised by the E Rostering Project Group
- The policy will be tabled via the HR Policy process
- The Executive Directors Group will ratify the policy following the agreement of the members of the Joint Consultative Forum.