

## ROSTER POLICY

Approved by: **Trust Executive Committee**

On: **8 August 2017**

Review Date: **July 2020**

Corporate / Directorate **Corporate**

Clinical / Non Clinical **Non Clinical**

Department Responsible  
for Review: **Human Resources**

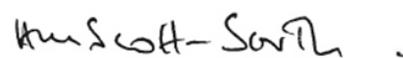
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**Chief Executive**

Date: **9 August 2017**

# Burton Hospitals NHS Foundation Trust

## POLICY INDEX SHEET

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**POLICY INDEX SHEET**  
**REVIEW AND AMENDMENT LOG**

<b>Version</b>	<b>Type of change</b>	<b>Date</b>	<b>Description of Change</b>
2	Review and update	June 2014	New shift times and system upgrades
3	Review and update	June 2017	Following NHSI 'Good Practice Guide for Rostering' and KPMG 2017 Audit

# ROSTER POLICY

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# Burton Hospitals NHS Foundation Trust

## ROSTER POLICY

### 1. Circulation

This Policy applies to all staff within Burton Hospitals NHS Foundation Trust (BHNHSFT) whether in a permanent or temporary role.

### 2. Scope

This Policy is for use by all Trust areas within BHNHSFT using Healthroster; however, the focus is predominantly on inpatient ward areas. Non-inpatient and non-ward based areas need to work with Service Managers to rationalise and agree roster rules and shift times within their areas to meet service need.

### 3. Aims and Objectives

The purpose of this Policy is to ensure the effective utilisation of the workforce through efficient rostering by giving an overview across the organisation, not only month by month but also day to day, highlighting hotspots where intervention is required to ensure safe staffing levels and efficient deployment of staff. The policy therefore:-

- Ensures that rosters are fair, consistent and fit for purpose, with the appropriate skill mix, in order to ensure safe, high quality standards of care
- Improving the utilisation of existing staff whilst reducing bank and agency spend
- Enabling Senior Sisters, Matrons and Operational teams to have clear visibility of staff contracted hours/safety/efficiency of roster to aid intelligent planning for demand
- Minimising clinical risk associated with skill mix and levels of nurse staffing
- Ensuring that the required number of staff in relation to the number of patients is of a safe level and reflective of service demand, reducing incidents of overstaffing and understaffing
- Improving the planning of Unavailabilities e.g. annual leave and study leave
- Improving the monitoring of sickness and absence by department and/or individual, generating comparisons, identifying trends and the priorities for further action
- Facilitating the payment of staff through data being entered at source and signed off for payment electronically
- Enable clear visibility of competence levels of staff, e.g. in charge, IV administration, mentor, safeguarding etc.
- A formal process to tackle areas that require improvement, with escalation paths, action plans and improvement tracking

## 4. Rostering Policy Standards

### 4.1 Production of Roster

- A quick guide to producing rosters can be found in Appendix 1
  - The publication of working rosters will take place simultaneously across all departments in the Trust using Healthroster
  - All rosters must commence on a Monday
  - Rosters must be completed at least 4 weeks in advance of the start date, using Healthroster. This will enable staff to better manage their personal arrangements and to afford the temporary bank office sufficient time to fill vacant shifts
  - All rosters must be devised to adequately cover 24 hours (or agreed set hours of the ward/department) utilising permanent staff proportionally across all shifts
  - Shifts given a high priority on Healthroster must be filled first, e.g. nights and weekends. The use of non permanent staff (e.g. bank/agency) should be spread evenly across shifts to ensure adequate skills mix, with at least 50% of staff on each shift being substantive employees
  - Overtime should only be worked during the week. Weekend overtime should only be worked in exceptional circumstances
  - If any staff are working non-standard shifts, such as starting a shift late, this must be recorded on Healthroster, including an explanation for the non-standard shift, to ensure an accurate record of hours worked
- All staff that are paid from the ward budget should be included on Healthroster and be rostered as appropriate to their role

### 4.2 Validation, Approval and Escalation Process

- The Senior Sister/Department Manager will approve the roster in line with the approving rosters checklist (Appendix 2). Once approved the Matron/Senior Manager should be informed by the roster creator that it is ready for their review
- The Matron/Senior Manager will approve the roster if it meets the defined parameters. It may be advisable for senior staff to 'buddy up' to cover annual leave and sickness
- If rejected the roster will be sent back to the roster creator stating why it has been rejected, adding a note to the roster bar for reference
- Once approved a single copy of the roster will be printed on the ward for all staff to view at least 4 weeks before the roster begins. This paper copy must not be altered unless there is a system failure (see section 6.20). If this is not completed in line with the roster publication timetable, on the intranet, then the rostering team will escalate this to the [Divisional](#) Nurse Director/ Senior Manager for that area to take appropriate action in addressing this

### **4.3 Changes to Published Roster, Daily Staffing Review & Prevention of Retrospective Bookings**

- It remains the responsibility of the Senior Sister/Department Manager to ensure that rosters are amended and kept up-to-date with additional shifts and non-clinical non-effective shifts i.e. sickness, absences, study leave etc
- All changes made after the roster has been approved must be clearly marked for audit purposes. If this will impact on the booking of temporary staff this must be communicated to the appropriate Matron/Department Head
- Shift changes should be kept to a minimum and individual staff are responsible for negotiating their own changes once the roster is complete. These changes must be authorised by the Senior Sister/Department Manager or nominated deputy
- All changes should be made with an equal band and with consideration of the overall skill mix of all shifts being changed. If an equivalent pay band is not available then the shift change must be agreed by the Senior Sister/Department Manager or Matron/Department Head
- Where staff are allocated a student, shift changes should not occur without ensuring that the student either changes with the member of staff or is allocated to another suitable member of staff and that the student is aware of these changes which are then recorded on the roster
- Rosters are kept up to date at the beginning of each shift in order that the Trust can respond quickly to changes, whether that is opening of escalation beds or dealing with last minute staff unavailability due to sickness
- The live daily staffing data, including the live roster data should be used in handover meetings
- This will in turn reduce, with the aim to prevent retrospective bookings needed to be put on the system and ensure payroll deadlines are met
- The actual roster must be verified and finalised by the Senior Sister/Departmental Manager or nominated deputy by Midday every Monday for the previous week. It is the responsibility of the Senior Sister/Department Manager to ensure that appropriate staff have access and are trained to make these changes

### **4.4 Shift Patterns**

- Shift patterns for all areas will be determined by service need, which will be authorised by Divisional Nurse Director/Department Heads/ General Manager
- It is essential that all rostered shifts comply with the European Working Time Directive (EWTD) unless opt out forms have been completed for an individual and Central Staffing informed. The directive includes:
  - A minimum of 11 hours rest in every 24 hour period
  - A minimum rest break of 20 minutes after every 6 hours worked
  - A minimum period of 24 hours continuous rest in each 7 day period (or 48 hours in a 14 day period)

- Service needs will take priority when creating a roster ensuring that safe staffing levels and appropriate skill mix are achieved
- Staff should not be allocated more than 4 nights together (pro rota for part-time staff) and a minimum of 2 days off should be rostered following the last night before commencing day shifts
- Working more than 4 consecutive Night shifts will be at the discretion of the Senior Sister/Department Manager and will need to meet service need. Where staff regularly work more than 4 consecutive nights the effect on patient safety and staff well-being will be closely monitored. If either of these are felt to be compromised the Department Manager/Matron is at liberty to reduce the consecutive number of nights worked in their area
- Staff should have at least 11 hours rest between shifts in line with EWTD; if this is not possible compensatory rest must be given at the next earliest opportunity and as close to the period of break as possible and no later than two weeks
- Staff should not work consecutive on-calls, to minimise the potential for large amounts of compensatory rest being owed. Additionally patient safety and staff wellbeing may be compromised if staff are unable to take compensatory rest prior the second on call
- Senior Sisters/Department Managers need to ensure that all staff working nights are rostered to work no more than an average of 8 hours per 24 hours over a 17 week period to comply with Health and Safety requirements. This means that staff must work a week of days in each 8 week block (i.e. every other roster period) to meet this restriction
- Shift patterns should maximise work life balance with staff ideally allocated 2 days off together each week
- See Appendix 3 for Guidance for Ward Based shift patterns

#### **4.5 Skill Mix and Staffing**

- Each ward/department will have an agreed and funded staffing establishment, which is reviewed annually by heads of service and finance or more frequently if required and should be accurately recorded in healthroster
- Each ward/department should have an agreed level of staff with specific competencies on each shift, e.g. ability to take charge, IV administration. Agreed number and skill mix must be achievable within the ward budget
- In areas where workload varies according to the day or shift, staff numbers and skill mix should reflect this
- Senior staff/ experienced staff should be rostered onto opposite shifts to evenly cover the ward with senior presence
- There should be a designated person in charge per shift that has been identified as possessing the necessary skills and competence required for a co-ordinating role

- Senior Sisters/Senior Managers should normally work Monday – Friday day shifts. It is not normally expected that Senior Sisters would have the need to work enhanced shifts ; however, minimal shifts can be worked to meet clinical need when necessary. Ideally no more than 6 weekends and 2 Bank Holidays should be worked a year

#### **4.6 Contractual Changes**

- The Electronic Staff Records (ESR) system is the master payroll system and therefore any changes to staff contractual hours, grade, department etc. must be made in ESR before the rostering team download these changes into Healthroster
- Unavailabilities such as sickness and annual leave should be recorded straight into the rostering system
- It is the line managers responsibility to update this information in a timely manner to ensure no over or underpayments occur

#### **4.7 Breaks**

- The Senior Sister/person in charge and the individual are all responsible for ensuring breaks are taken. If breaks are unable to be taken at the agreed time due to clinical need, they should be taken as soon after this point as possible
- In line with EWTD breaks are not to be taken at the start or end of a shift or within the first or last hour of the shift as their purpose is to allow rest periods during shifts
- Staff may rest in designated rooms for their break period but must return to the ward area at the set time. Sleeping within clinical and public areas is not permitted

#### **4.8 Requests**

- The Healthroster system will be used for staff to make shift requests or request annual leave
- When placing a request it is recommended that a comment be provided indicating the reason for the request
- All requests will be considered and the Senior Sister/Department Manager will endeavour to meet individual requests. It cannot be assumed however that the roster will be developed to accommodate all requests including those classed as high priority as service needs will take priority
- The Senior Sister/Department Manager is responsible for approving staff requests
- Personal patterns approved by applying for flexible working are not considered to be requests. If a flexible working pattern is agreed, which allows a member of staff to work a fixed day or have a fixed day off each week, the individual's requests will be reduced by 50% of those shown below
- Requests will have a close date and no further requests will be made after this date unless in exceptional circumstances and at the managers discretion if to

consider the request. Requests will close on the system in line with the roster publication, 6 weeks prior to the roster date

- Fairness in the allocation of requests will be monitored and to ensure equity. All staff should be allowed a maximum number of requests every roster period, see Table 1
- If requests are not placed by an individual they cannot be rolled over to the following roster period

**Table 1: Request Entitlement**

<b>Staff Hours Per Week</b>	<b>Total Number of requests permitted per 4 weeks</b>
31.4 to 37.5 hours	6 Requests
25 to 31.3 hours	5 Requests
19 to 24.9 hours	4 Requests
12.6 to 18.9 hours	3 Requests
6.2 to 12.5 hours	2 Requests
0 to 6.1 hours	1 Request
<p><b>Please Note:</b> The approval of requests is not guaranteed</p>	

#### **4.9 Unavailabilities**

- The total percentage of non-effective working days should equate to the 20% time out that is built into each budgeted establishment
- Annual leave should be between 11 and 17% based on average annual leave entitlements plus statutory Bank Holidays
- Sickness should be below 3.5%

#### **4.10 Annual Leave**

- Annual leave for all staff should be calculated in hours and runs from 1st April in any given year until 31st March the following year
- The Senior Sister/Department Manager is responsible for ensuring the correct annual leave entitlement is recorded in Healthroster, for approving all annual leave, in accordance with the Trust's Annual Leave Policy

- Each member of staff is responsible for booking their annual leave and no holiday bookings or travel arrangements should be made until the Senior Sister/Department Manager has sanctioned the request in accordance with the Trust's Annual Leave Policy
- Each ward/department should calculate how much annual leave is allowed per week and by which band to maintain clinical safety within the ward/department
- Annual leave must normally be booked at least 6 weeks in advance, except in cases of domestic emergencies and must be authorised by the Senior Sister/Department Manager
- In cases where annual leave is requested less than 6 weeks in advance, this will only be granted if service needs allow
- A maximum of 14 consecutive calendar days of annual leave can be requested. Any more than this will require approval from the Matron/ Head of Department
- For wards/departments where service continues over holiday periods annual leave will not normally be granted for the week of Christmas or New Year unless approval has been sought from the relevant Matron
- It is an individual's responsibility to ensure that all annual leave is taken before the 31st March. Annual leave must be booked or cancelled before a roster is planned. Any requests after this date will only be approved if staffing levels permit near to the day
- Annual leave requests that exceed the documented acceptable level or have an impact on clinical safety will not be approved
- If staff do not use their Annual Leave in a timely fashion, Managers may allocate leave to these individuals in weeks where the Annual Leave percentage is less than 11%

#### **4.11 Bank Holidays**

- Bank Holiday entitlement will be added to annual leave entitlement at the start of the leave year
- Part time staff will receive pro rota proportion of Bank holidays depending on their contracted hours and regular days worked

#### **4.12 Study Leave/Mandatory Training**

- The Senior Sister/Department Manager will ensure that mandatory training is balanced throughout the year and assigned per rota
- Study leave should be assigned as part of the contracted hours and all study leave must be recorded within Healthroster

#### **4.13 Sickness / Absence**

- All sickness/absence must be recorded accurately and in a timely manner on the Healthroster

- Additional shifts should not normally be undertaken by staff who have been off sick until they have worked a full week of rostered shifts following their return to work
- Staff on phased return to work hours should not work additional shifts during their recommended phased return. Occupational Health advice may be sought on suitability of working certain shifts following return from sickness.

#### **4.14 Unsocial Hours/Time Owing**

- Unsocial hours will be distributed evenly and fairly, in accordance with agreed contractual restrictions whilst taking flexible working patterns/occupational health advice into consideration
- Any time over and above shift times should be authorised by the relevant Senior Sister/Department Manager or Matron and this time be taken back when permitted by the needs of the service and in agreement with the Senior Sister/Department Manager
- Any time taken as time owing must be recorded on the Healthroster
- It is recognised that staff often work over or under their contracted hours each week, therefore at the time of producing/approving the rosters the Senior Sisters/Department Managers should endeavour to keep staff lieu balances as close to zero as possible

#### **4.15 Booking of Bank/Temporary Staff**

- On approval of a roster the Senior Sister/Department Manager will request temporary staff stating the reason for the request which will then be approved by the Matron/Divisional Nurse Director
- Temporary staff should not be booked to cover Bank Holidays, annual leave or study leave
- Nights and weekend shifts must be covered by substantive staff wherever possible without imposing unreasonable strain on substantive staff
- Retrospective bookings will be monitored by Central Staffing and concerns escalated to Matrons/ Senior Managers when data is not being recorded in real time
- Staff that have informed the ward they cannot work specific dates/days or requested them off should not work these on the bank

#### **4.16 System Access & Confidentiality**

- Access to data on Healthroster shall be confined to those with appropriate authority
- Senior Sisters/Department Managers/System Administrators must authorise access rights to confidential information on Healthroster which will be based on their specific job role

- The Senior Sister/Department Manager will be responsible for ensuring that all information on Healthroster be complete and accurate and shall be available and delivered to the right person at the time when it is needed

#### **4.17 Unplanned System Failure/Business Continuity**

- To enable continuity in the event of unplanned system failure, it is necessary that the roster is printed after each update and that all previous versions are removed. This will ensure that each ward has a hard copy access to the most up to date version of the roster
- In the unlikely event that staff are unable to access Healthroster the hard copy roster will be updated until such time as the system is available and then this will be updated

## **5 Responsibilities**

### **5.1 Chief Executive**

- The Chief Executive and Trust Board have overall responsibility for ensuring that an adequate and effective process for providing efficient rostering is delivered throughout the Trust

### **5.2 Executive Directors**

- Executive Directors are responsible for ensuring that, where the principles described in this Policy affect their areas of accountability, the guidance and standards are complied with and integrated into practice.

### **5.3 General Managers and Operational Service Managers**

- Are responsible for implementing the rostering policy within their areas and ensuring compliance with the policy.

### **5.4 Matrons/Senior Managers**

- Providing guidance and support to the Senior Sister / Department Manager or designated other in the creation of duty rosters
- Monitoring and approving the Ward / Department duty roster on completion
- Approving all shifts where temporary staff are requested
- Notify Directorate Accountant and Divisional Director of any additional hours agreed above the required staffing resource
- Produce analysis reports on staffing, expenditure and quality in their area of responsibility

## **5.5 Senior Sister / Department Manager**

- Ensuring that rosters are maintained as changes occur in real-time in order for safe staffing information to be accurate
- Ensuring that a quality roster is produced, maintained and finalised at least 4 weeks in advance
- Ensure that the roster is finalised for payroll in accordance with the Payroll cut off dates
- Ensuring that there are enough staff in the right place at the right time, based on the agreed and funded establishment, with the required competencies, to meet the needs of the service
- The safe staffing of the ward/department even if the task of producing the duty roster is undertaken by another person
- Ensuring that a roster creator and deputy are nominated and that they have received the appropriate training
- Ensuring that expenditure does not exceed the allocated budget for the Ward / Department
- Considering all roster requests from staff, ensuring fairness and equity in working patterns

## **5.6 Finance / Central Staffing and Rostering Teams**

- Ensure that the headroom, template and budgeted establishments are determined and kept accurately updated in the system, reviewing regularly.

## **5.7 Staff**

- All staff have a responsibility to adhere to this Policy
- Being reasonable, flexible and showing consideration to their colleagues with their requests in line with the rules outlined by the Trust
- Ensuring that their annual leave is spread out throughout the year, so that a safe ward environment is maintained at all times
- Ensuring that their personal details e.g. address, telephone number, contractual changes etc. are kept updated and accurately reflected in the system and on their payslips.
- Initial introductory training on Healthroster will be provided by the Central Staffing team
- Further training can be provided in response to an identified individual / speciality needs
- Subsequent training will be provided by each individual ward cascade trainer
- Managers are responsible for ensuring that the appropriate staff are trained and they maintain a local induction record.

## **6 Monitoring and Compliance**

- Compliance with this policy will be monitored through Rostering Audit Tool (Appendix 4) which should be completed by the Senior Sister/ Department

Manager at least 6 monthly. An action plan should be agreed for areas requiring improvement as recommended by the Carter Review.

- Risks to be considered should be included in the appropriate risk register.
- Central Staffing / Rostering team will utilise Roster Perform, Roster Analysis data and production of KPI reports. Any identified incidents will be reported via the Trust's incident reporting Policy.
- This policy will be due for review in June 2020 or earlier if there is a change in Trust policy or legislation.

## **7 Attachments**

- Appendix 1: Quick Guide to Producing a Roster
- Appendix 2: Checklist for Approving Rosters
- Appendix 3: Guidance for Ward Based Shift Patterns
- Appendix 4: Rostering Audit Tool

## Quick Guide to Producing a Roster

PROCESS	RESPONSIBILITY
Use the Trust standard roster dates.	Roster Creator
Open the roster for requests with a stated closing date.	Roster Creator
Close the roster to requests, approve requests and add / approve any other non-effective days.	Roster Creator
Run the autoroster (this will try to fill the expensive / difficult shift first and create a balance.)	Roster Creator
Manually move shifts as necessary for safety, skill mix as required.	Roster Creator
Fill remaining staff hours with vacant shifts, adjusting duty times where necessary.	Roster Creator
Review roster analysis data, across the 4 week period. <b>Staff availability should be within the specified parameters, if it is not the roster should be reviewed and amendments made before reviewing the analysis data.</b>	Roster Creator Senior Sister
Approve the roster in preparation for Matron/Senior Manager review.	Senior Sister/Departmental Manager
Forward roster and necessary bank requests to the Matron/Senior Manager.	Senior Sister/Departmental Manager
Review analysis data; try to cover any gaps in the roster by moving staff / responsibilities between teams / wards.	Matron/Senior Manager
Once approved by Matron/Senior Manager publish the roster.	Roster Creator Senior Sister/Departmental Manager
Forward requests to bank ensuring they are being requested to cover the cheapest shifts, for the shortest amount of time and with the lowest band whilst maintaining safety.	Matron/Senior Manager
Review the roster daily for the fore coming week. If vacant shifts arise plan to prioritise workload where possible or consider filling with temporary staff.	Senior Sister/Departmental Manager Matron/Senior Manager
Request bank shifts from 'vacant duties window'.	Matron/Senior Manager

## Checklist for Approving Rosters

ACTION		CHECK
The Roster has been created 4 weeks before the off duty commences.		
All shifts have an agreed total number of staff and skill mix as shown by the establishment templates.		
The off duty is within budget for the ward.		
The number of unfilled shifts that occur on nights and weekends is as close to 0% as possible.		
All staff have at least 1 weekend off in 4.		
Staff working long days are not rostered to work more than 3 consecutively.		
Staff are not rostered to work more than 10 days consecutively.		
Hours carried forward are as near to 0 as possible.		
Roster Effectiveness Indicators	Over contracted hours are as near to 0 as possible.	
	Lost contracted hours are as near to 0 as possible.	
	Additional duties should not be used unless approved by the Matron/Senior Manager	
Fairness and Safety Indicators	Requests are in line with policy according to hours worked.	
	Shifts with warnings are acceptable.	
	The policy rules are not broken when viewing roster stats and rule/violation column.	
	The reason for rules being broken.	
	Shifts without charge cover are 0.	
	Annual leave is evenly distributed and is consistent with % calculated for the ward.	
	Mandatory unfilled shifts, Sunday / Bank Holidays are as low as possible.	
Check Effectiveness Tab for:	Requirements v Availability.	
	Staff Unavailability – there should be 0 warnings.	
	Filled shifts – there should be 0 optional and additional shifts unless agreed prior to creation of the roster.	
Personal patterns are still valid (review every 3 months)		

## Guidance for Ward Based Shift Patterns

### Shift Patterns

- Staff working in ward based areas will be required to work an internal rotation pattern, unless a flexible working pattern has been agreed in line with the Trust policy.
- The Trust offers 4 standard shifts to the inpatient area teams:

Shift	Times	Break	Crossover
Early	07.00-15.00	30 minutes	14.30-15.00
Late	14.30-19.30	0 minutes	19.00-19.30
Night	19.00-07.30	60 minutes	07.00-07.30
Long Day	07.00-19.30	60 minutes	19.00-19.30

In addition each ward may utilise a twilight shift, the start and end times and duration will vary from ward to ward.

- .
- Some wards/departments may have the need for additional shifts due to activity and service demand and these are subject to agreement and annual review by the Matron/Head Nurse to ensure quality and safety.
- Any variations to the standard shift patterns of the Trust must be agreed by the Head Nurse in conjunction with the Trust's 'Flexible Working Policy'.
- Staff should be allocated a minimum of 1 weekend off per 4 weeks of off duty although more weekends off can be rostered if the ward requirements allow.
- Weekend shifts are defined as Friday night, Saturday day, Saturday night, Sunday day and Sunday night.
- Staff working short days should work no more than 10 consecutively.

### Long Day Guidelines

The above shift times have been designed so that staff can work either short shifts or Long Days or a mixture of both. Staff need to agree to working Long Days before they are assigned to them.

- Staff working Long Days should work no more than 3 consecutively.
- Where two Long Days are worked consecutively the preceding shift should not be a Late shift.
- Where two Long Days are worked consecutively the following shift should not be an Early shift.
- All shifts over 8 hours in non-ward based areas will be subject to clinical need and will be reviewed regularly by Department Heads.

## Rostering Audit Tool

This audit tool should be used to monitor compliance of the rostering policy at least 6 monthly and should be completed by the Ward/Department Manager with support from the Rostering Team. An action plan should be agree for areas requiring improvement as recommended in the Carter Review.

**Ward/Department:**

**Audit completed by:**

**Date Completed:**

	Yes/ No	Comment	Action
Has the roster template been reviewed on a six-monthly basis to ensure it is current, realistic and reflects the staffing required?			
Are all the staff aware of the Roster policy?			
Do the shift and break times conform to European Working Time Directives?			
Are the approved minimum numbers of staff rostered for each shift?			
Is the skill mix maintained?			

Have any staff been moved within the Trust to cover vacancies?			
Is annual leave allocated as per policy?			
Is study leave allocated fairly as per policy?			
Are there any work/life balance procedures for any person in the ward/department?			
Is the request system used as per policy?			
Are there 6 weeks of completed roster available for staff to view?			
Does the ward/department have adequate handover time?			
Are break time guidelines being followed?			
Is there evidence of annual review of existing work patterns?			
Are 3/12 of rosters available for requests?			
Does matron/Head of Department approve rosters?			
Is annual leave between 11-17%?			