

<b>ELECTRONIC STAFF ROSTERING POLICY</b>	<b>Policy</b> <b>Register No: 10101</b> <b>Document Status: Public</b>
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Lisa Mellor	HR Operations Manager	January 2018
Deborah Lepley	Senior Librarian, Warner Library	January 2018

Professionally Approved By:		
Peter Waller-Flynn	Head of Human Resources	May 2018
Lyn Hinton	Director of Nursing	19 <sup>th</sup> June 2018

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Author/Contact for Information	Sue Blunsten, Workforce Systems Manager
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## **1.0 Purpose of Document**

- 1.1 This e-Rostering policy should be used in conjunction with the HealthRoster software, a computerised system that has been specifically designed to roster staff to an agreed Funded Staffing Roster (herein referred to as FSR).
- 1.2 The purpose of the policy is to provide a framework for the utilisation of existing staff and assist in the reduction of temporary staffing costs.
- 1.3 This policy should be read in conjunction with the Good Practice Guide [https://improvement.nhs.uk/uploads/documents/Rostering\\_Good\\_Practice\\_Guidance\\_Final\\_v2.pdf](https://improvement.nhs.uk/uploads/documents/Rostering_Good_Practice_Guidance_Final_v2.pdf)

## **2.0 Aims**

- 2.1 The aim of this policy is to ensure effective utilisation of the workforce through efficient rostering to provide safe staffing levels across the organisation. This will be achieved by the following.
- 2.2 Effective management of establishments within clinical areas, ensuring that the demand templates for rosters are matched to the FSR, and that these are reviewed every six months as part the rostering audit review or as demand is changed through the Trust agreed process.
- 2.3 Effective deployment of permanent Trust staff providing clear visibility of staff contracted hours and effective management of any absences.
- 2.4 Ensuring that rosters ensure safe staffing of practice areas, being fair, consistent and fit for purpose, with the appropriate skill mix, so that they ensure safe, high quality standards of care across all departments.
- 2.5 Improving the planning of staff unavailability (e.g. annual leave, admin time and study leave) to ensure an even spread across the year and prevent variations in staff availability.
- 2.6 Improved absence monitoring (including sickness) by department and/or individuals, supporting managers in following relevant management policies, such as the Leave Policy and Sickness Policy.
- 2.7 Planning the use of temporary staffing resources more effectively, by ensuring effective rostering of permanent staff across all shifts, including night and weekend shifts, to ensure safe staffing is achieved consistently across the Roster period. Unfilled shifts should be placed with the Bank Staff team as soon as possible and within 7 days of the roster being fully finalised to ensure maximum possibility of filling these with bank staff. The proportion of night and weekend shifts filled by substantive and temporary staff will be regularly monitored by the HealthRoster Team and reported to the Director of Nursing per roster.
- 2.8 Providing a mechanism for reporting against predetermined Trust key performance indicators.
- 2.9 Providing a quick and convenient method for managers and team leaders to

record changes to work arrangements of any staff member (permanent or temporary), and through this facilitate the accurate and timely payment of staff.

### **3.0 Scope**

- 3.1 This policy applies Trust wide to all areas that are utilising HealthRoster with the exception of Medical and Dental Staff. Staff covered by this policy are therefore those that manage the roster for their area, provide administrative support in maintaining this and to staff working in areas covered by the software.

### **4.0 Equality and Diversity Statement**

- 4.1 This document complies with the Mid Essex Hospital Services NHS Trust (MEHT) Equality and Diversity statement. At MEHT we are committed to achieving greater understanding of all matters relating to equality and diversity. MEHT is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. A copy of the equality impact assessment for this policy is shown in Appendix 1.

### **5.0 Roster Set Up**

- 5.1 Demand Roster Templates for rosters will be set up on the system by the HealthRoster team. These will be created based on the agreed FSR for the area. In order to support the running of the autoroster function, the ward manager will meet with a member of the HealthRoster team to review the working arrangements of each staff member, and agree rules for each area in addition to the 4 basic rules contained within this document. These rules will be reviewed every 6 months as part of the Rostering Audit meetings as outlined in the Good Practice Guide on Rostering.
- 5.2 The Demand Template for rosters will be based on the agreed FSR. This will be set yearly as part of the current Trust budget setting procedures, and will be reviewed as part of the Francis Report recommendations every 6 months regarding appropriate staffing levels. This review will involve staff from Corporate Nursing, Ward Management, Finance and HealthRoster teams. This process is shown visually in Appendix 2
- 5.3 Any inter year changes to the template (for instance due to service developments, changes in ward set up etc.) will need to be agreed between Corporate Nursing, Ward Management and the finance department. The FSR will be reviewed and updated to reflect these service developments. It is acknowledged that, at times, the needs of the ward to change staffing levels can move quicker than this can be facilitated, in this event the Lead Nurse/Matron/Manager of an area should add extra shifts as additional duties until the discussion with finance regarding a permanent change is concluded. Once this has been agreed and the FSR amended and approved, the HealthRoster team will update the templates in the system to reflect these changes. The procedure outlining this process is shown in Appendix 3.
- 5.4 The Trust will actively support the principles set out in Improving Working Lives (IWL) regarding work life balance, flexible working and family working.

The Trust will seriously consider applications for flexible working made under the Trust's Flexible Working Policy, which should be referred to for guidance as to how these should be agreed and managed over time. Any agreed arrangements should be openly acknowledged and recorded on HealthRoster.

- 5.5 Staff may be required to move between practice areas where the work is within their area of competence and expertise if the service needs require them to in order to ensure the appropriate skill mix and staffing numbers. This maybe at short notice based on service level demand. All redeployed staff should be recorded on Health Roster as soon as possible and this will be reviewed and monitored.

## **6.0 Summary of Roster Creation Procedure**

- 6.1 This is only a brief summary. The remainder of this document explains the process in full detail. The recommended procedure is as follows.
- 6.2 Use the Trust standard roster dates as outlined in the HealthRoster Approval Calendar, sent out yearly by the Rostering Team. Compliance against these timeframes will be monitored and areas exceeding the timeframes will be highlighted to the appropriate Associate Director of Nursing and Deputy Director of Nursing.
- 6.3 Establish blank rosters in HealthRoster are loaded 3 months in advance of the current roster as outlined in the calendar. This is outlined in the Lord Carter review and endorsed by the NHSI to ensure good practice around demand templates matching finance as future staffing/changes to shifts are not always known more than 3 months in advance. The demand templates for rosters must match the finance budget and this is confirmed through reviews as set out in section 2.1. These blank rosters will allow permanent staff to make duty and day off requests as per section 11 of this policy. The system will automatically close rosters to requests 8 weeks before the date it is due to start. Roster Creators can then complete the roster. This does not affect the ability of staff to request annual leave or for managers to approve the annual leave and is not dependent on the roster bar being laid down as there is functionality to approve the leave elsewhere in HealthRoster.
- 6.4 All rosters should in some part be created using the autoroster functions this will ensure equity in shift allocation and skill mix as per the rules that the Senior Sister/Manager discussed with the HealthRoster team when the autoroster function was set up. It is acknowledged that the autoroster function will not produce a complete roster for areas and the volume of assignments will vary according to the rules in the system, establishment, staff availability/absence and individual requests and working preferences. Roster creators should ensure that the roster is balanced, with a nurse in charge for each shift. This can be achieved by manually moving shifts as necessary.
- 6.5 Hard to fill shifts inclusive of weekends and nights must be a priority when creating the roster and be fairly distributed across staff. This will be monitored to ensure shifts are fairly distributed and not as routine filled by temporary staff

- 6.6 Roster Creators should ensure that all permanent staff hours are accounted for on each roster, taking note of the hours balance information shown in the Net Hours figures which should not exceed 6 hours at the point of creating the next roster. Roster Creators should use complete shifts, and not adjust duty times to fit the staff hours. For non-clinical areas they will work within local agreed arrangements and will be the Managers responsibility to track net hours and ensure they are managed.
- 6.7 The Senior Sister/Team Manager should review roster analysis data, ensuring a full review takes place of all areas highlighted as red against the KPI and action taken as far as is able to mitigate these. It is acknowledged that some alerts cannot be avoided (for instance maternity leave) and Senior Sisters/Team Managers should put a note on the roster outlining this as necessary. Once they are satisfied the roster should be partially approved, within the time frame outlined in the HealthRoster Approval Calendar.
- 6.8 The roster should be reviewed by the Matron for the area, who should review the KPI data again and suggest any improvements to, or discuss any issues that are on the roster with, the Senior Sister for the area. Once they are satisfied with the roster, they should fully approve the roster, which, again, should be within the time frame outlined in the HealthRoster Approval Calendar. Should they not be satisfied with the Roster, it should be rejected and discussed further with the Senior Sister, with suggestions for alteration. These should be adopted and the approval process begun again by the Senior Sister/Team Leader partially approving the roster. It is essential that this happens within the timeframes as outlines in the HealthRoster Approval Calendar.
- 6.9 Once fully approved, the Roster will be published to staff and their work pattern will appear in their Employee Online Accounts. Staff should not be using their HealthRoster access to view roster while the roster is being worked on and should ensure all their requests are completed in line with the HealthRoster Calendar. Staff should be fully aware that the roster is in draft until it is fully approved and should not hinder this process with the roster creators
- 6.10 Senior Sisters/Team Manager should, on Full approval and publication of the roster, use the "Show Matching People" tool within the system to review people from other areas that may be available to work any vacant shifts (for instance on wards where leave is low, or where staff owe the organisation hours) and allocate any vacant shifts that require filling to these people. Only once this exercise has been completed can temporary staffing be sourced where they will be managed through Temporary Worker policies.
- 6.11 When Senior Sisters/Team manager decide to fill vacant shifts with temporary staffing, it is important that vacant shifts of high priority e.g. night shifts are requested and filled first before any other shifts.
- 6.12 Once the roster is fully approved the shifts changes should be kept to a minimum. This should form part of the review meetings and staff access removed if inappropriate changes are made or have not been made with the approval of the manager

## **7.0 Roles and Responsibilities**

### **7.1 Managing Director and Trust Board**

Have overall responsibility for ensuring that an adequate and effective process for providing efficient rostering is delivered throughout the Trust.

### **7.2 Director of Nursing/Senior Nursing Management**

7.2.1 Accountable to the Executive Board, responsible for identifying and addressing any anomalies in achievement of the KPI that occur within the various Divisions.

7.2.2 Accountable for agreeing FSRs that provide safe staffing levels across all nursing budgets.

7.2.3 Monitoring and producing analysis reports from HealthRoster.

7.2.4 Utilising Roster Perform for snapshot data analysis.

7.2.5 Report to the Executive Board on a regular basis data within Roster Perform, highlighting any major issues.

7.2.6 Responsible for all for ensuring compliance of HealthRoster policy is followed and escalation processes are in place if they are not followed.

### **7.3 Deputy Director of Nursing**

7.3.1 Accountable to the Director of Nursing, holds responsibility for ensuring that rosters are created and approved within the HealthRoster Approval Calendar, holding Associate Directors of Nursing to account where the timeframes are exceeded.

7.3.2 Utilising Roster Perform for data analysis, review with Associate Director of Nursing areas where roster analysis shows data outside agreed Trust limits, escalating narratives as required for board review and offering rectification advice where possible.

7.3.3 Monitoring and producing analysis reports from HealthRoster.

7.3.4 Ensure that regular accountability meetings are held across the divisions with support of the HealthRoster team.

7.3.5 Ensure that regular operational review meetings are held in line with the audit requirements.

### **7.4 Executive Sponsor/ Human Resources**

7.4.1 Accountable to the board for ensuring Trust wide compliance with the HealthRoster policy.

7.4.2 HRM's will ensure that non-compliant areas are picked up in regular meetings with the managers for clinical and non-clinical areas.

7.4.3 HR should ensure issues are raised at regular operational meetings in line with the audit requirements

## 7.5 **Associate Directors of Nursing**

7.5.1 Accountable to the Deputy Director of Nursing, to ensure that the Roster is completed and approved as per the HealthRoster Approval Calendar, holding the Matron / Lead Nurse to account where this timeframe is exceeded.

7.5.2 To ensure that they are fully aware of the issues with rosters within their areas, and of the full narrative behind any issues.

7.5.3 In the absence of the Matron / Lead Nurse, approval of temporary staff requests.

7.5.4 In the absence of the Matron / Lead Nurse, addition of additional duties (for example for patients with high acuity) to the Health Roster System.

## 7.6 **Matron/Lead Nurse**

7.6.1 Check and approve the roster and ensure key areas on the analysis tool are within agreed limits, and where there are highlighted issues, reviewing and amending as necessary. Should amendment not be possible, they should discuss further with the Senior Sister/Team Leader any other mitigation that could resolve these issues.

7.6.2 To ensure that the Associate Director of Nursing for the area is fully aware of any issues with the Roster, and the narrative behind these.

7.6.3 Approval of temporary staff requests.

7.6.4 Addition of additional duties (for example for patients with high acuity) to the HealthRoster System.

7.6.5 Accountable for ensuring that rosters are fully approved on time and ensuring the first approver and the second approver are not the same person for their areas.

7.6.6 Responsible for their areas being finalised on time for payroll as per the Roster Calendar.

## 7.7 **Senior Sister/Team Leader**

7.7.1 Accountable to the Associate Director of Nursing for the Division, the Senior Sister/ Team leader is responsible for ensuring that the roster is created on the HealthRoster System within the timeframe outlined on the HealthRoster Approval Calendar, and that the roster is kept up to date at all times. Whilst tasks maybe delegated to others within the team (for example a Band 6 Roster creator or a Ward Clerk doing updates), ultimate responsibility and accountability for the roster production and management lies with the ward Senior Sister or Team Leader.

- 7.7.2 The Senior Sister /Team leader is accountable for reviewing the Roster Analyser KPI's and making amendments to the planned roster as far as reasonably practicable when KPI's are not met. They should then ensure that the Roster is partially approved within the timeframes outlined in the HealthRoster Approval Calendar
- 7.7.3 The Senior Sister / Team leader is responsible for ensuring that the Roster is published to staff as per the dates in the HealthRoster Approval Calendar, and that any remaining shifts for filling are put out for temporary staffing so the Staff Bank Office can target these unfilled shifts to ensure that they have the best chance of filling the shifts with temporary staffing.
- 7.7.4 The Senior Sister / Team Leader should develop local procedures as necessary to ensure effective management of and changes to the Roster between publication date and the date that the roster is worked, ensuring that these changes do not have an adverse impact on the KPI data and the staffing levels / balance / safety of a shift
- 7.7.5 The Senior Sister / Team Leader is responsible for ensuring that the Roster is continually updated throughout the period it is worked. Whilst this task maybe delegated to others within the team (for example a Band 6 Roster creator or a Ward Clerk doing updates), ultimate responsibility for the roster management lies with the ward Senior Sister / Team Leader
- 7.7.6 The Senior Sister / Team Leader is responsible for ensuring that the roster is updated and finalised for payment as per the Payroll Calendar dates outlined on the HealthRoster Approval Calendar. Failure to meet these deadlines may result in staff not being paid their shift enhancements for the month that is missed
- 7.7.8 The Senior Sister /Team Leader is responsible for ensuring that the HealthRoster Team is made aware of any agreed changes to the FSR, ward establishment and agreed staffing levels as soon as practically possible to ensure rosters can be updated
- 7.7.9 The Senior Sister /Team Leader is responsible for ensuring that the HealthRoster Team is made aware of any agreed changes to staffing information, such as new starters, changes in contract information, leavers etc. so that the rosters can be updated
- 7.7.10 The Senior Sister /Team Leader is responsible for ensuring that the competence information held in the system for their staff is regularly reviewed and updated as required
- 7.7.11 The Senior Sister /Team leader is responsible for ensuring that all staff have the correct access profiles and have received appropriate training
- 7.8 Roster Creator**
- 7.8.1 Designated roster creator is responsible for the creation of all rosters. In their absence the designated deputy is responsible for roster creation.
- 7.8.2 To ensure rosters in some parts at least to be created using autoroster.

## **7.9 HealthRoster Support Team**

- 7.9.1 Liaising with directorates, wards, areas etc. to review the Roster set up of areas, looking at the agreed FSR, demand templates for rosters, rules, staff restrictions etc.
- 7.9.2 Providing training to system users based on the level of access and editing rights they are assigned
- 7.9.3 Operating a support helpdesk for system users to support their use of the system
- 7.9.4 Completing the payroll extracts via ESR for Trust staff on a monthly basis once rosters are finalised
- 7.9.5 Providing the monthly UNIFY return for the Department of Health for review and commentary by the Deputy Director of nursing and any ad hoc reports as required by management

## **7.10 All MEHT Staff**

- 7.10.1 All MEHT Staff are responsible for ensuring that they are familiar with the Trust Rostering policy and that they fully understand the expectations and implications if the policy is not followed.
- 7.10.2 Staff are responsible for ensuring that all duty and leave requests are made using Employee On Line. They are responsible for ensuring that the information held on them on the system is correct (this includes personnel information i.e. address and telephone numbers as well as the duties worked) and any changes should be notified to managers as soon as practically possible.

## **7.11 HealthRoster Access and permissions**

- 7.11.1 HealthRoster system accounts are set up to reflect the levels of responsibility and accountability outlined above. Access to the system is granted via the HealthRoster Support team on receipt of a HealthRoster User Access form, signed by the manager. This form can be found on the Trust Intranet at: <http://meht-intranet/clinical-pages/e-rostering-healthroster/healthroster-training-dates/>
- 7.11.2 No access will be given to staff until they completed the training appropriate to their role/grade. If staff move into senior roles and require their access to be changed the HealthRoster team will provide further training before the access is amended.

## **8.0 Validation and Approval**

- 8.1 All rosters should be approved as per the HealthRoster Approval Calendar. This is shown as Appendix 3 in this document and covers to April 2016. This and subsequent calendars will be circulated by the HealthRoster Support team annually and can be found on the Trust Intranet at:

- 8.2 The Senior Sister/Team Leader creates/reviews the roster and approves it only if analysis information meets the defined and agreed parameters. The review must include:
- Potentially unsafe periods
  - Management of unavailability's across the roster, to ensure appropriate leave levels are being monitored and maintained. It is the Managers responsibility to check that annual leave is being booked regularly to achieve a work-life balance and to ensure leave is spread as evenly as possible across the leave year. In exceptional circumstances after discussion with the individual this can include putting people on annual leave who have leave available at times where leave levels are low or ensuring staff who are not up to date with mandatory training are booked during times where sufficient staff are available. This should only happen in exceptional circumstances after discussion with employee.
  - Reviewing annual leave to ensure there is an even split throughout the year – Staff should be encouraged to take 75% of their annual leave up to the Christmas period
  - Duties/days for which temporary workers are currently planned for
  - Senior Sister and Associate Director of Nursing to discuss option of redeploying staff from within the division, rather than temporary workers, to cover gaps
  - Any of the agreed parameters that have been exceeded
- 8.3 Once approved the Matron / Lead Nurse is notified that it is ready for their review.
- 8.4 The Matron/Lead Nurse must review the roster and approve or reject it. The first and second approval should not be the same person and all rosters should be approved by two members of staff. If the roster is double approved by the same person then this will be escalated through the workforce review meetings
- 8.5 Once roster is fully approved then it is the responsibility of the Ward Manager/Matron/Lead Nurse to ensure all shifts are out to bank on the day the roster is approved. This will be monitored by the Bank Office/HealthRoster team and escalated through the Workforce review meetings and Nursing Group steering meetings. Process has been clearly defined in the Compliance and Approval SOP
- 8.6 All changes made after the roster has been approved are clearly marked by the system for audit purposes. Any changes that have an impact on the booking of temporary staff should be updated on the system immediately so that the Bank Staff Office is aware of the areas exact temporary staffing requirements.
- 9.0 Key Performance**
- 9.1 Key performance Indicators, metrics and parameters (Appendix 3) are set and monitored using HealthRoster analysis reports. The Roster Analysis tool

considers the following.

9.2 Roster Cost- Comparing the typical cost of the prepared Roster against the budget for the roster period. It should be noted that this is not the actual cost, but a mid-point indicative cost to enable comparison. This should be reviewed at the time of approval and will not feed through to key reports until the roster has been fully approved

### 9.3 Roster Safety

9.3.1 The % of the roster that is unfilled. (i.e. the no of shifts showing the vacant duties box, shown as a %)

9.3.2 Shifts Missing Charge Nurse Cover.

9.3.3 Shifts missing Skills. (highlighting where, if an area has added extra skills to its Shift requirements, these are not met)

9.3.4 Skill Mix (the % of Registered Staff on a roster against the % of Unregistered staff on a roster.

### 9.4 Roster Effectiveness

9.4.1 Total Number of over contract hours, which is totaling the number of hours where staff have been rostered to work above their contracted hours (this may happen to enable them to make up any time owed to the ward)

9.4.2 Total number of unused contract hours, which is totaling the number of hours where staff have been rostered to work less than their contracted hours (this may happen, for example, when staff are being paid back for any time owing that they have accrued)

9.4.3 Any additional duty hours that have been created. These are extra hours that are created to meet a particular need, for instance specials. As these processes are done in advance of a roster being worked, additional duties should only be created on demand

9.4.4 Wrong grade type - this is showing where the skill mix of the ward may be being diluted, for example by HCA's filling RN shifts, or indeed vice versa, where the ward will be overstaff with registered staff

### 9.5 Annual Leave

9.5.1 This looks at the annual leave spread of staff across the 4 weeks of the roster, by grade category (e.g. registered or unregistered staff). The % figures shown is the % of those available contracted hours of people in post assigned to leave, not that of the wards establishment. If a grade is greyed out it means there are too few staff of that grade on the ward to make a comparison or excluded from analysis

### 9.6 Roster Fairness

9.6.1 The amount of duties that have been requested by staff.

9.6.2 The % of the shifts that have broken the rostering or working time rules, shown as a %

## 9.7 Unavailability

9.7.1 This is not shown on the first page of the analyser, but will show in the ticks at the top. The data behind it can be found on the “Effectiveness” page of the analyser (the second one) and it covers the whole unavailability levels of staff.

9.8 Any roster that falls outside the set parameters must be reviewed and scrutinised for approval/rejection by the Associate of Nursing/Associate Director of Operations for the area. If not approved it should be discussed with the Senior Sister/Team Leader as to how best to remedy, but if it is approved, this period will then be published. This should all be completed within the timeframes outlined on the HealthRoster Approval Calendar.

## 10.0 Clinical Skill Mix and Safe Staffing

10.1 Each clinical area should have a total number of staff and skill mix per Rostered duty, agreed with the Senior Sister, or Team Leader concerned. Agreed numbers and skill mix must be achievable within the unit budget as outlined in the FSR.

10.2 Each clinical area should have an agreed level of staff with specific competencies on each shift, i.e. the ability to take charge, IV designated staff etc.

10.3 In areas where the workload is known to vary according to the day of the week, staff numbers and skill mix should reflect this, as per the FSR.

10.4 Clinical Staff will be required to work a variety of shifts and shift patterns as agreed by their Senior Sister/Team Leader. Staff working permanent nights should be discouraged as it is not good practice as it impedes them keeping skills and experience up to date. The trust would expect that, as a minimum, staff would work 1 week of a 4 week roster on day shifts or agree with the manager the number of day shifts across a roster period.

10.5 Staff may work nights, long days, short duties or a combination in order to meet the area requirements, Variations to these duties may be worked but must be agreed with the Senior Sister/Team Leader.

10.6 A written record of local variations in shifts agreed with the Senior Sister/Team Leader will be kept and reviewed as stated.

10.7 All work periods should include a minimum of 30 minutes unpaid break if greater than 6 hours and a minimum of 60 minutes unpaid break for duties of 11 hours or greater. Breaks are designed to provide a rest as part of the working shift and as such may not be taken at the end of the shift. Actual break length may vary but must remain compliant with the Working Time Directive. Staff may not opt out of breaks.

10.8 Temporary duties of 6 hours will have 30 minute unpaid break and duties of 11 hours or greater must have a 60 minute unpaid break.

- 10.9 Night shifts must include a 60 minute unpaid break. The Senior Sister/Team Leader or Nurse in Charge is responsible for ensuring that breaks are facilitated. If breaks are unable to be taken at an agreed time (due to clinical need), they should be taken as soon after this point as possible or a note made on the duty.
- 10.10 Breaks should not be taken at the end of a duty, as their purpose is to provide rest time during the duty.
- 10.11 Sleep within clinical and public areas on Trust premises on any duty is not allowed. Staff may rest in designated rooms within their break period, but must return to the clinical area to work at the set time.
- 10.12 Weekend duties are defined as Friday night, Saturday day or night, Sunday day or night and Bank Holidays. Enhanced unsocial hours commence at 20:00 hours. Enhanced Night hours commence at 20:00 hours and cease when duty has been completed. Enhanced Saturday and Sunday hours commence at 00:00- 23:59.
- 10.13 Staff should have at least a minimum of one weekend off per 4-week roster, ideally two in normal circumstances (unless they have agreed work patterns). Additional weekends off can be rostered if the clinical area requirements allow. Staff may work more weekends if they specifically request to do so.
- 10.14 The maximum number of consecutive standard day duties (including Bank duties) recommended for staff to work is 6. Staff may not breach the European Working Time Directive (EWTD) rules of working more than an average of 48 hours in a week over a 17 week period (including bank work).
- 10.15 The maximum number of consecutive long day duties (including Bank duties) recommended for staff to work is 2. The EWTD mandates there should be a minimum 11 hour rest break between shifts. The maximum number of consecutive Night duties recommended for staff to work is 4. Ideally, staff should not work both days and nights in the same week.
- 10.16 There must be 11 hours break between shifts and a minimum of 24 hours or more for staff working 7 consecutive days and a minimum of 48 for staff working 14 consecutive days (WTD).
- 10.17 It is accepted that staff working patterns may mean they accrue hours, or indeed end up owing hours to the Trust on occasion. These are reflected on the HealthRoster system in the net hours column. This figure should remain under constant review by roster creators, and should not exceed 6 hours owed either way. It is the responsibility of the Senior Sister/Team Leader and staff member to jointly ensure that any hours owed to the Trust or the staff member are managed to zero before that person moves on from substantive employment in that area. If this is not possible this should be communicated to the new manager/ Roster creator so they can take this into account when completing the rosters.
- 10.18 Each Senior Sister/Team Leader will advise the HealthRoster Team of the rules regarding the number of nights and weekends that each member of staff is required to do per 4-week. This will be as a guide only and subject to change without notice due to service needs.

## 10.0 Staff Requests

- 11.1 Each area must use Employee online for staff to make requests for all types of leave, as well as duty requests.
- 11.2 Indication can be given as to whether the requests are essential or desirable by using notes.
- 11.3 Requests will be limited to 4 per 4 week roster for full time staff and this will be pro-rated for part time staff. Staff on informal working agreements, or fixed working patterns as agreed under the Flexible Working Policy will still be able to make leave requests, but individual duty requests will not be required.

11.4

Staff Hours per week	Total Number of requests per 4-week roster (excluding annual leave)
31 to 37.5 hours	4
21 to 31 hours	3
11 to 21 hours	2
1 to 11 hours	1

- 11.5 It cannot be assumed by staff that the Roster will be written to accommodate any requests; service needs will take priority. Staff must be considerate of their colleagues and the service requirement and ensure that they are fulfilling their share of weekend, night and bank holiday duties.

## 12.0 Unavailability Periods

### 12.1 Annual Leave

- All annual leave will be assigned in conjunction with the Trust's leave policy
- Annual leave is allocated in hours for all members of staff and includes bank holiday entitlement. This entitlement should be entered on the staff record on HealthRoster. Each year Senior Sister/Team Leader must confirm the correct Holiday entitlement is entered onto the staff record
- The Senior Sister/Team Leader, or designated deputy, approves all annual
- Leave requested through Employee On Line. No holiday bookings or travel arrangements should be made until the Senior Sister/Team Leader has sanctioned the annual leave request
- Each clinical area will be required to calculate how many qualified and unqualified nurses can be on annual leave in any one week. (Appendix 7 shows algorithm that can be used to calculate this). This will be between 12-17% percentage of staff currently in post. Staff should be made aware of the need to maintain this number constantly throughout the year. Refer to 8.2 on Managers responsibility for annual leave.
- 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

- Staff should aim to take 75% of their annual leave entitlement by 31st December each year. The table below gives guidance on how staff should aim to take their annual leave throughout the year.

- Table below is a guide how staff aim to take their annual leave:

1 <sup>st</sup> April to 31 <sup>st</sup> August	40% of Annual Leave to be taken
1 <sup>st</sup> September to 31 <sup>st</sup> December	35% of Annual Leave to be taken
1 <sup>st</sup> January to 31 <sup>st</sup> March	25% of annual Leave to be taken

- For peak holiday periods that coincide with an expected high demand for the Trust's services such as Christmas, the Trust may need to introduce deadlines for booking and approving annual leave requests to ensure services are covered whilst also aiming to be fair to all employees requesting leave during such a period.

## 12.2 Study Leave (Refer to Non-Medical Study Leave 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

## 12.3 Sickness Leave

(Refer to Trust Sickness Management Policy)

12.3.1 Sickness must be communicated by telephone to the Senior Sister/Team Leader with as much notice as possible, prior to the shift commencing. At this point, a time and date will be agreed for the staff member to ring back a report on progress.

12.3.2 Episodes of sickness must be entered as one continuous unavailability period on HealthRoster with an appropriate reason assigned.

12.3.3 If rest days follow on from sick days, the Senior Sister/Team Leader must be kept informed of recovery and unless notified rest days will be reclassified as sick leave.

12.3.4 The Trust policy regarding sickness and absence must be followed on the staff's return to work.

12.3.5 Permanent staff are unable to work any bank or overtime shifts for 14 days following return from sickness.

## 12.4 New Staff

12.4.1 New permanent clinical staff have a supernumerary period. This will be a Minimum of 2 weeks, and assessed on an individual basis and on the requirements of the clinical area.

12.4.2 New permanent staff should work with their mentor during the supernumerary period, to ensure that their induction is completed and objectives are planned.

After this they should plan to work with their preceptor/mentor 1-2 times per week (or as agreed with their Manager) to complete objectives and competencies

- 12.4.3 Any new starters will be added to the system as soon as HR Recruitment/Managers have notified the HealthRoster Team of their agreed start date

### **13.0 Reports**

- 13.1 Reports are available within HealthRoster and can be generated on an as required basis by either the Senior Sister/Team Leader or Service Manager. They can be used to for absence management, aid workforce planning and in conjunction with budget statements. A full list of reports can be found in Appendix 3.

### **14.0 Changes to Published Rosters**

- 14.1 It will be the responsibility of the Senior Sister/Team Leader or other designated staff to amend and update Rosters with unavailability's e.g. sickness, absences, shift changes, shift time alterations and so forth on a shift by shift basis. It is important also to make changes that truly reflect hours worked.
- 14.2 Additional duties can only be authorised by the Director of Nursing following escalation from the Associate Director of Nursing. There is an agreed process in the Trust for assessing and requesting additional staffing and the current version of this guidance can be found on the Trust Intranet here: <http://meht-intranet/clinical-pages/e-rostering-healthroster/roster-policy/>. In the absence of area's Associate Director of Nursing/Assistant Director of Operations, a nominated deputy can be allocated.
- 14.3 At the weekend or out of hours the on call executive will have the ability to authorise additional shifts and a note should be added to the shift following escalation by the clinical site team. This should be closely be reviewed by the Director or Deputy Director of Nursing during their review of additional shifts.
- 14.4 There may be times where a staff member may need to unexpectedly change a shift. Staff should discuss this with the Senior Sister / Team Leader, and should have discussed with colleagues, as far as possible, a swap prior to this discussion. The Senior Sister / Team Leader should review the swap on the roster, with a view to the skill mix on duty after the swap, and also check the impact of the change on the roster analyser. Should a change be agreed by the Senior Sister / Team Leader, it is their responsibility to ensure that the roster is updated to reflect this change.
- 14.5 There may be times when the Senior Sister/Team Leader may need to unexpectedly change a staff members shift, for instance to cover an unexpected absence. The Senior Sister can make this request of staff at any time prior to the shift, and staff can either agree to a change in their future roster to recompense them for their time, or, if they are on the staff bank, to be paid the shift as a bank shift. The staff member has the right to refuse the Senior Sister's / Team Leader's request.

- 14.6 There may be times when the Senior Sister / Team Leader may not require a staff member on a rostered shift, for instance because the ward is low on patient numbers. It is appreciated that staff plan around their roster and may not be able to rearrange issues such as childcare, and thus may not be able to cancel the shift. In this instance, a staff member will be required to work in another area of the Trust on that pre-booked shift.
- 14.7 For wards/services that have a more variable and flexible demand (i.e. budgeted expected demand that does not fall on specific days or dates within a roster), capability exists within the system to move demand from one day to another. This enables vacant shifts within a single roster to be moved to other days, to allow the flex of staffing levels to meet the requirements, on days when patient numbers, dependency and/or acuity is higher. This is also an option to use when, for example, a service has extra clinical activity to cover several times a month but it is not fixed on which day or week; the demand can be set with extra duties but these are moved to the required date as the roster is put together. This avoids the need to create additional shifts and cancel others. However, use of this function should be discussed and authorised by e-Rostering, and demand can only be moved within a roster, not across rosters. Shifts that were unfilled but needed represent a staffing issue and should remain in place for safety indicators.
- 14.8 The overall skill mix of shifts must be taken into consideration when shifts are changed. Shift swaps between staff should also be kept to a minimum and should be closely monitored by the Senior Sister / Team Leader.
- 14.9 Mentors allocated to a student are not to change rostered shifts without ensuring that the student is reallocated to a suitable member of staff, and that this is updated on the Roster.
- 14.10 All updates to the roster must be made as soon as practically possible after occurrence, on a shift by shift basis (see 14.1); (this includes changes to shifts, times of attendance, sickness and holiday). It is the Senior Sister's/Team leader's responsibility to ensure appropriate staff have access and are trained to make these changes.
- 14.11 Any changes to staffing must go through the normal channels; any movement of internal staff (including Bank Staff) must be authorised by all relevant parties. If this is a long term change then a change form must be submitted as per Trust Guidelines.
- 15.0 Booking of Temporary Workers**
- 15.1 Booking Arrangements**
- 15.1.1 The booking of Bank and Agency staff should be undertaken as per the Use of Temporary Staff Policy.
- 15.1.2 Ward Sisters / Team Leaders should ensure that temporary staffing requirements are assigned to Staff Bank via HealthRoster as soon as possible and within 7days to ensure maximum chance of them being filled by bank staff.
- 15.1.3 Vacant shifts of high priority should be filled first

## **15.2 Audit Trail**

15.2.1 The following requirements as set out in the current Trust Counter Fraud Guidelines are to be followed:

- Staff must not allocate Bank duties to themselves through HealthRoster
- Staff must not work Bank shifts if they have not fulfilled their substantive contractual hours or if they owe hours substantively. Both staff and Ward have shared responsibility to ensure this is strictly adhered to.
- Staff must not add their own name or banding to a Bank note on a duty, but call, the Staff Bank to book
- Staff names allocated to duties via the Bank notes must be added by a person of equal or higher banding to that of the person being requested to complete the shift
- For audit trail Bank notes to be activated and visible to the Staff Bank, the roster must have been fully approved

## **15.3 Agency Bookings**

15.3.1 Agency bookings may only be made by the Staff Bank (or General Manager/Service Co-coordinator out of hours), following procedures outlined in the Use of Temporary Staff Policy.

15.3.2 Ward staff are not to contact agencies or book agency workers direct and non-compliance could lead to disciplinary action.

15.3.3 No substantive member of staff or Bank temporary workers can work through an agency at MEHT and for a further period of 12 months after their resignation from the organisation.

15.3.4 Requests for agency cover will only be accepted by Staff Bank following authorisation from the Director of Nursing.

## **16.0 Finalisation of Payroll Periods**

### **16.1 Finalising rosters**

16.1.1 All 'live' rosters must be finalised by Senior Sister/Team Leader/Senior Manager or deputy signatory as per the Payroll Calendar on the HealthRoster Approval Calendar. If this member of staff appears on the roster their own duties must be individually finalised by a second signatory for the unit; this is to comply with Trust counter fraud requirements. 'Live' status is agreed with the implementation team and a form must have been signed (Manager Sign off form available from HealthRoster Support team).

### **16.2 Failure to finalise duties**

16.2.1 Failure to finalise duties prior to the stipulated date will incur serious problems for the Trust, as it will prevent the entire batch extract for the Trust as a whole from being transferred to the payroll provider via the ESR interface.

16.2.2 Should the area not have finalised their rosters by the due date, the area will

be removed from the batch list so as not to impede the rest of the Trust. Any data for payroll will then not be transferred to the payroll provider via ESR. The effect of this will be that staff would receive their basic salary, but no enhancements or overtime payments. This would be resolved on the next month's payroll (if the roster is subsequently finalised). All areas removed from the batch list needs to reported to the ADN for that area.

16.2.3 Audit requirements mean that the HealthRoster Support team is not able to finalise a roster on behalf of an area, as the team is not an authorised signatory against the departmental budget, nor can they confirm the accuracy of the roster.

### **16.3 Incorrect finalised duties**

16.3.1 Once a period has been finalised and the pay file sent to the payroll provider, that file cannot be amended. To rectify any errors, the Senior Sister/Team Leader, should e-mail the HealthRoster Support Team, who will unlock the shift affected so the Senior Sister/Team Manager can make necessary amendments. The HealthRoster team will then advise the payroll provider of these changes.

### **16.4 Transfer of Data to Payroll provider via Electronic Staff Records (ESR)**

16.4.1 Information is transferred from the HealthRoster on a weekly Bank Staff Payroll and a monthly (substantive staff payroll) basis to ESR. No Bank Assignment changes, to ESR or HealthRoster, or finalising of duties, should occur between the transfer of data by HealthRoster support team and the pay file being successfully loaded by the payroll provider.

## **17.0 Escalation**

17.1 Escalation will be under taken when either a division or a member of the Bank Office draws attention to a major problem with staffing. It will be discussed with the Site bleep holder and operations centre. Escalation issues might include:

- Emergency bed pressures or Major incident situations
- High levels of sickness and vacancies of nursing staff
- High level of unfilled requests of bank and agency workers, as defined by site coordinator and operations centre.

## **18.0 Action in Case of System Failure**

18.1 Completed Rosters- Rosters are to be printed out regularly with one paper copy remaining on the ward at all times, it is suggested that a 4 week up to date roster is printed out as a minimum once a week.

### **18.2 Failure during Creation of a Roster**

18.2.1 If the system fails during roster writing period, the relevant staff member is to contact the IT Helpdesk to find out when system available; work done since the last backup (hourly) will be lost.

18.2.2 Rosters are backed up daily with a long term back up stored separately. There may be a delay in HealthRoster availability, and if full backup activation is required an e-mail will be sent as soon as possible to all senior staff notifying them of any major disruption to the system.

18.3 Risk Management- In the event of major failure all risks are to be reported to Senior Management and DATIX entry completed. All risks will be assessed and an action plan put in place. Updates will be reported to staff via the IT Helpdesk through email.

## **19.0 Auditing this Policy**

19.1 The HealthRoster team will regularly monitor compliance with this policy, in relation to roster effectiveness, approval and finalization.

19.2 Non-compliance of this Policy will be reviewed at the HealthRoster Steering Group and reported to the Senior Management. A Risk Event form will be completed – refer to Risk Management Policy for details.

19.3 Risks will be reviewed at the Nurse Staffing Grip meetings and actions put in place from lessons learned.

19.4 If there is reported any non-compliance of the policy then this will be escalated to the Deputy Director of Nursing, Director of Nursing and the Site Head of HR.

19.5 The Roster policy will be reviewed on yearly basis with senior management and any changes will follow through the Trust's policy reviews process

## **20.0 Communication and Implementation Policy**

20.1 Both the Trust policy and any local induction information on staffing should be made readily available to all staff. Information on how to view this should be given to all new starters as part of their induction. The Trust policy will be notified on Staff Focus magazine and is available on the Trust intranet and public website. Staff will be advised by the HealthRoster support team via e-mail.

## **21.0 Definitions**

**Trust:** Mid Essex Hospital Service NHS Trust MEHT

**Unit:** Ward/Department/Team/Area

**Unavailability:** Relates to days that staff are not available for their normal schedule i.e. Leave, sickness, clinical management days, study etc.

**Administration days:** Clinical staff office day

**Long days:** Two duties; Early + Late recorded as FD (Full Day)

**Permanent Staff:** Staff with substantive contracted hours

**Temporary Staff:** Bank / Agency workers

**Variations in shifts:** Differing start / finish times to standard work patterns.

**Headroom:** Relates to the percentage of Unavailability time that is included in each establishment.

**Personal pattern:** This is a regular pattern worked by a specific member of staff and these patterns need to be agreed and reviewed in line with current Trust policies

**WTE:** Whole time equivalent

**Roster:** The roster or schedule of work for staff teams/individuals

**Planned roster:** The initial roster produced 6 weeks prior to start date.

**Bank Staff Partners:** The Trust's Temporary Staffing Providers

**EOL:** Employee Online

## **22.0 References**

Working Time Directive 2009

European Working Time Directive (EWTD) 1988 and 2003

Data Protection Act 1998

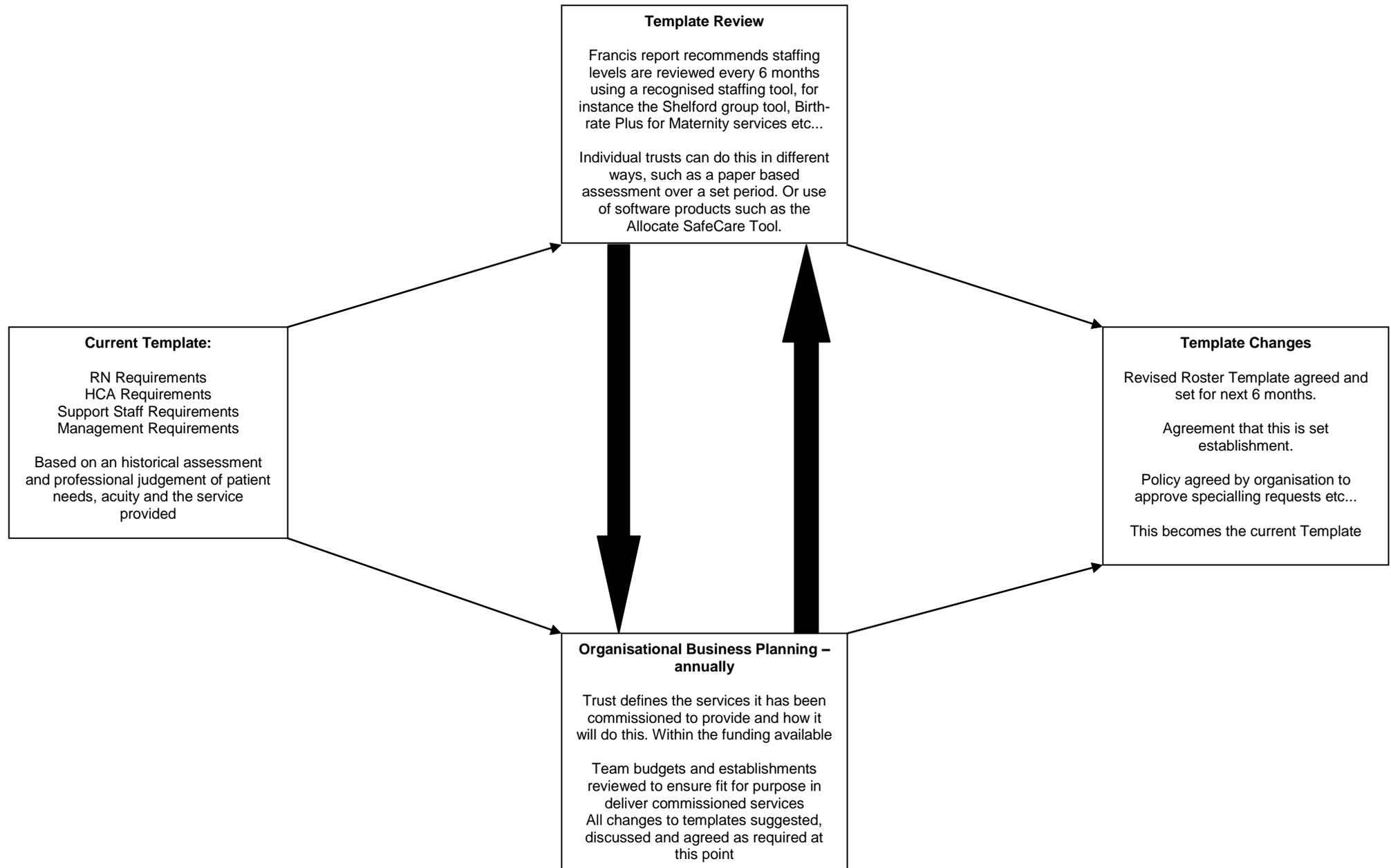
Management of Health and Safety at Work Regulations 1974

Lord Carter Review and Good Practice Rostering Guide 2016

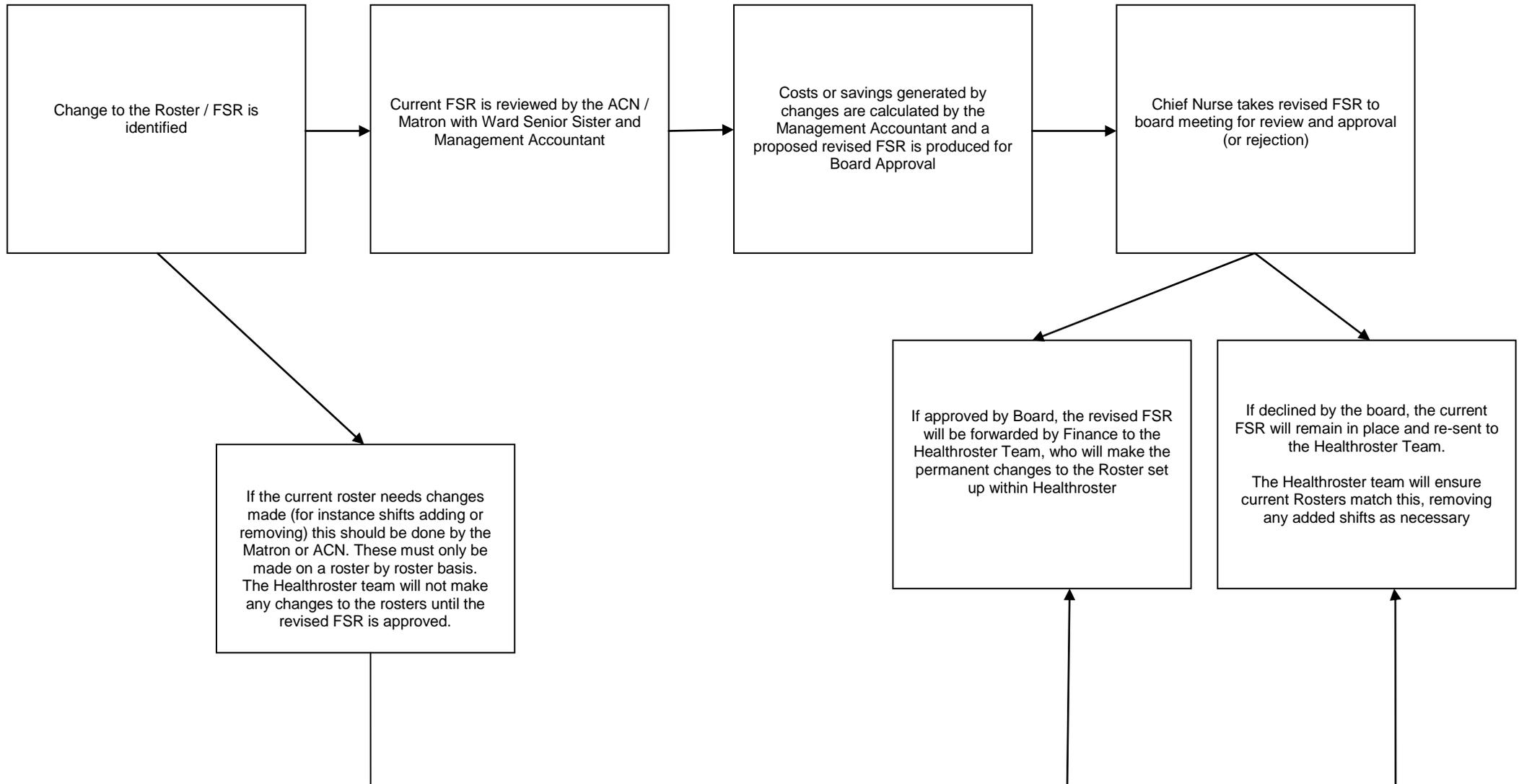
### Appendix 1: Equality Impact Assessment (EIA)

Equality or human rights concern	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender.	Female (possible indirect discrimination due to parental responsibility) Male (possible indirect discrimination due to parental responsibility) There are no other Gender specific clauses or concerns as managers should roster staff in accordance with the policy in a fair and equitable manner across the ward or department.	The policy refers to other trust policies (such as Flexible working, leave) that have covered this issue.  The policy refers to other trust policies (such as Flexible working, leave) that have covered this issue.
Race and ethnicity.	There are no issues regarding Race or Ethnicity in this policy.	
Disability.	Time off for Medical and / or other appointments  Adverse Weather Conditions	Staff can make leave requests through Employee on line as part of the Roster Creation process for this.  The ability to travel to work in adverse weather conditions of people with a disability should be considered as part of the Roster Management part of this policy
Religion, faith and belief.	There are no areas of concern in respect of this	Sections 2.7.3 & 2.7.4 of the annual leave policy allow staff to book holiday well in advance in respect of religious festivals and 1.3 Bullet point 6 ensures that no staff member will be treated detrimentally for doing this. Section 12.1.7 of this policy outlines arrangements that may be put in place around major holidays (such as Christmas) to ensure service provision and equitable distribution of time off.
Sexual orientation	No Concerns	
Age	No concerns	
Transgender people	No concerns	
Social class	No concerns	
Carers	As per Gender	
Date: May 2018 Reviewed by: Sue Blunsten		

## Appendix 2: FSR REVIEW PROCESS

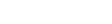


### Appendix 3: Procedure for Updating FSR and Roster Template outside of usual Review Periods (see section 5.3)



## Appendix 4: HealthRoster Approval Calendar 2018/19

Example calendar – the current calendar can be found on the intranet at the following link <http://meht-intranet/clinical-pages/e-rostering-healthroster/roster-calendar/>

 <b>APPROVAL CALENDAR 2018/19</b> Mid Essex Hospital Services 						
This calendar depicts the start dates of the Rosters for the coming year and the dates by which they must be completed and approved, as well as Payroll periods and deadlines. Only when the Roster has been fully approved by the Matron/next level management can it be released to staff. Staff will then be able to see their allocated shifts on Employee Online and, if they have a Bank contract, record their availability and book bank shifts.						
4 Week Roster	ROSTER CALENDAR				PAYROLL CALENDAR	
	Employee Online Requests Open Roster Open for requests on this date	Employee Online Request Deadline Requests to be Submitted by this date	Partially Approved By Ward Manager/1 <sup>st</sup> Approver	Fully Approved By Matron/2 <sup>nd</sup> Approver	Pay Period	Deadline
Start Date:					Month	Unit Finalised/Locked Down
19/02/2018	27/11/2017	25/12/2017	01/01/2018	08/01/2018	Dec-17	3 <sup>rd</sup> January 2018
19/03/2018	25/12/2017	22/01/2018	29/01/2018	05/02/2018	Jan-18	2 <sup>nd</sup> February 2018
16/04/2018	22/01/2018	19/02/2018	26/02/2018	05/03/2018	Feb-18	2 <sup>nd</sup> March 2018
14/05/2018	19/02/2018	19/03/2018	26/03/2018	02/04/2018	Mar-18	3 <sup>rd</sup> April 2018
11/06/2018	19/03/2018	16/04/2018	23/04/2018	30/04/2018	Apr-18	3 <sup>rd</sup> May 2018
09/07/2018	16/04/2018	14/05/2018	21/05/2018	28/05/2018	May-18	1 <sup>st</sup> June 2018
06/08/2018	14/05/2018	11/06/2018	18/06/2018	25/06/2018	Jun-18	2 <sup>nd</sup> July 2018
03/09/2018	11/06/2018	09/07/2018	16/07/2018	23/07/2018	Jul-18	2 <sup>nd</sup> August 2018
01/10/2018	09/07/2018	06/08/2018	13/08/2018	20/08/2018	Aug-18	3 <sup>rd</sup> September 2018
29/10/2018	06/08/2018	03/09/2018	10/09/2018	17/09/2018	Sep-18	1 <sup>st</sup> October 2018
26/11/2018	03/09/2018	01/10/2018	08/10/2018	15/10/2018	Oct-18	1 <sup>st</sup> November 2018
24/12/2018	01/10/2018	29/10/2018	05/11/2018	12/11/2018	Nov-18	2 <sup>nd</sup> December 2018
21/01/2019	29/10/2018	26/11/2018	03/12/2018	10/12/2018	Dec-18	3 <sup>rd</sup> January 2019
18/02/2019	26/11/2018	24/12/2018	31/12/2018	07/01/2019	Jan-19	1 <sup>st</sup> February 2019

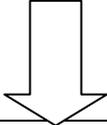
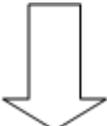
Trust policy is that all Rosters **must** be fully approved a minimum of 6 weeks in advance. Senior Management and Board Members review fortnightly the levels of compliance for each area. *NB: All Rosters throughout the Trust have the same start dates.*

If your Ward Manager or Matron will be absent for roster Approval/Finalise and lock down, they must nominate a suitable staff member to Approve/Finalise and Lock Down your roster during the absence.

For any rostering enquiries, please contact the Healthroster Support Team on EXT 5288 or by email at [healthrostersupport@meht.nhs.uk](mailto:healthrostersupport@meht.nhs.uk)

Last Updated: 21<sup>st</sup> November 2017

**Appendix 5: ESCALATION PROCESS FOR APPROVAL AND FINALISATION:**

<b>Approval</b>		<b>Finalisation</b>
<b>Day of Full Approval</b>	<p>HealthRoster Team run Roster Statistics Report and Send to Matron / Lead Nurses highlighting areas that are not partially approved – asking them to chase up</p> <p>On the same report will be wards that are partially approved – Matrons / Team Leaders reminded to fully approve by close of business</p>	<p>The same stepped process will be followed for chasing up outstanding finalisations, however this will take place over a much shorter timeframe, being the day Roster Finalisations are required</p>
		
<b>One day post full approval due date</b>	<p>HealthRoster Team run report again and send to Associate Director of Nursing / ADO highlighting areas that are still not partially or fully approved requiring them to chase the Matron / Team Leader to ensure they are reviewed and approved (or rejected) as required</p>	
		
<b>Two days post full approval due date</b>	<p>HealthRoster Team run report for a third time and send it to the deputy Director of Nursing, highlighting areas still outstanding for approval.</p> <p>They will chase up with Associate Chief Nurses</p>	

## Appendix 6: E Rostering KPI Threshold Table

(Indicators will be reviewed periodically and changed as required to meet targets)

Group	Key Performance Indicator	Amber Threshold	Red Threshold
<b>Nursing Supply Effectiveness</b>	Overall Overhead Limit	21%	
	Overall Overhead Limit (ex parenting)	20%	
	Sickness %	5%	7%
	Annual Leave Activation (min staff required)	6	
	Annual Leave Minimum %	12%	n/a
	Annual Leave Maximum %	17%	22%
	Study Day %	3%	7%
	Working Day %	2%	4%
	Parenting %	5%	7%
<b>Rostering Effectiveness</b>	Over Contracted Hours %	1.5%	2%
	Unused Contracted Hours %	1.5%	2%
	Additional Duties (Duties, weekly)	1	3
	Additional Duties (Hours, 4 weekly)	1	22
	Bank & Agency Usage %	5%	10%
	Unfilled Roster %	20%	30%
<b>Rostering Budget</b>	% Over Budget	2%	5%
<b>Fairness</b>	Duties with Warnings %	20%	30%
	Requested Roster %	35%	50%
<b>In charge cover</b>	Duties without Charge Cover	1	3

## Appendix 7: Annual Leave Algorithm

Unit X has 21 WTE registered staff (Group 1) and 7 WTE unregistered staff (Group 2).

The percentage of each group of staff on annual leave at any one time is 15.0%

Therefore:

Group 1:                 $21 \times 0.150 = 3.15$                 which equates to 3.0 WTE

Group 2:                 $7 \times 0.150 = 1.05$                 which equates to 1.0 WTE

As a result Unit X would need to try and allocate approximately 3 Group 1 staff and 1 Group 2 Staff per week on leave to achieve balance through the year.

The number of WTE in post can be reviewed in HealthRoster by using the information in the "Personnel" section of the system.

**Note: this number is of course based on the WTE in post, therefore should anyone leave or join these teams; managers will need to recalculate the above.**