

**Reference Number:** UHB 339  
**Version Number:** 2

**Date of Next Review:** 3<sup>rd</sup> Nov 2019  
**Previous Trust/LHB Reference Number:** UHB 150

## **Rostering Procedure for Nurses and Midwives**

### **Introduction and Aim**

Cardiff and Vale University Health Board recognises the value of its nurses and midwives and is committed to supporting them to provide high quality patient care. The scheduling of nurse time on hospital wards is critical to the delivery of patient care, resource utilisation and employee satisfaction. The need to run a ward cost effectively brings the rostering process under scrutiny, making the balancing of the needs of the wards and its staff a challenge.

Staffing remains the most important factor in the delivery for safe and effective care. Recent reports for example, The Francis Report (2013), The Keogh Report (2013), The Berwick Report (2013) outlined the impact of appropriate and adequate nursing staffing levels as improving the quality, safety and outcomes of care. The importance of having in place the right number of staff, with the right skills to meet the acuity and dependency of patients was also recognised. The Welsh Government response to the Francis Report, 'Delivering Safe Care Compassionate Care', issued in July 2013 also identified that there is a link between patient safety, quality of care and nurse staffing levels. This highlights the importance of ensuring that efficient and effective utilisation of nursing staff can be achieved and demonstrated.

More recently, the National Assembly of Wales has passed the Nurse Staffing Level (Wales) Act 2016. the purpose of the bill is to

- Ensure that nurses are always deployed in sufficient numbers to enable the provision of safe nursing care to patients at all times
- Improve working conditions for nurses and other staff
- Strengthen accountability for the efficacy, safety and quality of workforce planning and management

The bill applies to medical and surgical wards with the expectation that it will be extended in the future to cover all areas where nurses are employed.

Most nursing and midwifery teams provide a 24 hour service, seven days a week and the responsibility of preparing rosters to ensure patient safety as well as maintaining a work life balance is a complex and time consuming process. A flexible, efficient and robust rostering system is key to balancing effective service provision whilst supporting nurses and midwives to achieve an appropriate work life balance.

It is important that Ward Sisters/Charge Nurses/Departmental Managers/ Lead/Senior Nurses and Midwives are clear as to the principles underlying this process, the procedures to be followed, and that staff are treated fairly and equitably.

The UHB is committed to ensuring that the Nursing and Midwifery Rostering procedure is fair and transparent without prejudice to either staff or patients.

Document Title: Rostering Procedure for Nurses and Midwives	2 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

The aim of the procedure is to provide a framework that those who are responsible for producing a roster will use to ensure efficient and effective use of Nursing and Midwifery Resources across the Health Board.

### Objectives

- Ensure that the interests of the patient, the staff and the UHB are fully protected
- To balance the effective provision of clinical services whilst also supporting staff to achieve an appropriate work life balance through effective and robust rostering.
- Ensure that nursing rosters are fit for purpose with the appropriate skill mix in order to ensure safe, high quality standards of care.
- Ensure that rosters are fair and equitable in line with the Improving working lives agenda
- Improve the utilisation of existing staff and reduce bank and agency spend by giving Ward Sisters/ Charge Nurses/Departmental Managers, Lead/Senior Nurses and Midwives clear visibility of staff contracted hours.
- Minimise clinical risk associated with the level and skill mix of nurse staffing levels
- Improve planning of clinical and time out days (e.g. annual leave, sickness and study leave)
- Provide effective management of the nursing establishments, thereby driving efficiencies in the nursing workforce across wards/departments.

### Scope

This procedure applies to all nurse and midwives in all locations including temporary staff and those with honorary contracts.

### Equality Impact Assessment

An Equality Impact Assessment has been completed. The assessment found that there was no detrimental impact and some positive impact to the equality groups mentioned.

### Health Impact Assessment

A Health Impact Assessment (HIA) has / has not been completed

### Documents to read alongside this Procedure

#### The supporting documents to be read alongside this procedure are :

- Working time policy
- Sickness Absence Policy
- Study Leave Guidelines for no medical staff
- Pay Progression Policy
- Flexible working Policy
- Annual leave procedure
- Dignity at Work Process
- Maternity , adoption, paternity and shared leave policy and procedures

#### Other documents:

Equality Act (2010) Guidance for Employers; what equality law means for you as an employer: working hours, flexible working and time off.

Document Title: Rostering Procedure for Nurses and Midwives	3 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

	<p>Equal Opportunities Commission( 2007) Ethnicity and patterns of employment and care</p> <p>NMC ( 2015) The Code : Professional Standards of practice and behaviour for nurses and midwives NMC publications</p> <p>Welsh Government – (2012) Working Differently Working Together – A workforce and organisational development framework – Welsh Government Publications</p> <p>National Assembly for Wales (2016) Nurse Staffing levels (Wales) Act 2016. National Assembly for Wales. An electronic version of the Act can be found  <a href="http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?Ild=11778">http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?Ild=11778</a></p>
<b>Groups Consulted</b>	<p>Nursing and Midwifery Productivity Group</p> <p>Nursing and Midwifery Board</p> <p>Clinical Boards</p> <p>Wider consultation via the Health Board consultation pages</p> <p>Staff side representatives</p>
<b>Outcome of Consultation</b>	<p>Comments from the early consultations were received on the following :</p> <ul style="list-style-type: none"> <li>• Set break times – comments suggested that this was not practical and that breaks should be arranged locally to suit peaks and troughs of activity. The comments were endorsed</li> <li>• Section required reminding Sister/ Charge Nurse/ Midwife of the importance of informing the Rosterpro (e- rostering) department of any changes to the working hours and patterns of staff members. The comments was endorsed</li> </ul>
<b>Accountable Executive or Clinical Board Director</b>	Executive Nurse Director
<b>Author(s)</b>	Senior Nurse Standards and Professional Regulation

Document Title: Rostering Procedure for Nurses and Midwives	4 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date:3rd Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

**Disclaimer**

**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).**

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	3 <sup>rd</sup> November 2016	13/12/16	<ul style="list-style-type: none"> <li>• This is now a procedure</li> <li>• The responsibilities section has been enhanced</li> <li>• There are reviews and changes across all sections and therefore it is advisable to read the procedure in full</li> </ul>
2	5 June 2017	15/02/18	<ul style="list-style-type: none"> <li>• Procedure update to reflect replacement of Annual Leave Policy with Annual leave procedure and to reflect the requirements of rostering policy check list produced by All Wales WOD Directors. Amendments have been made to sections 1.5.1, and 2.1.</li> </ul>

Document Title: Rostering Procedure for Nurses and Midwives	5 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date:3rd Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

## Contents

## Page Number

1.	Responsibilities	6
2.	Producing a Roster	8
3.	Quality of Service Provision	9
4.	Staff Allocation	10
5.	Verification of roster	12
6.	Temporary Staffing	13
7.	Time out allocation	13
8.	Monitoring and auditing	15
9.	Grievance	16

Document Title: Rostering Procedure for Nurses and Midwives	6 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

## **1. RESPONSIBILITIES**

### **1.1 The Board is responsible for**

1.1.1 Overseeing the overall performance in relation to effective staff utilisation.

1.1.2 Receiving regular reports on the efficient and effective use of nursing and midwifery staff resources from the Accountable Director.

1.1.3 Providing resource to support the baseline staffing in line with legislation, clinical need and professional judgement.

### **1.2 Executive Accountable Director**

The Executive Accountable Director is the Executive Nurse Director / Chief Nurse and is responsible for:

1.2.1 Receipt and analysis reports on the efficiency of the nursing and midwifery workforce utilisation.

1.2.2 Providing regular reports to the Board on the efficiency of the nursing and midwifery workforce utilisation.

1.2.3 Ensuring the agreement of baseline staffing in line with legislation and professional judgement.

### **1.3 The Clinical Board Directors of Nursing are responsible for**

1.3.1 Ensuring compliance with the procedure within their respective Clinical Boards.

1.3.2 Ensuring the agreement of baseline staffing in line with legislation, the financial resource and professional judgement.

1.3.3 Monitoring and reporting KPIs in conjunction with the Clinical Board financial and workforce colleagues and reporting to the Executive Directors.

### **1.4 Lead /Senior Nurse or Midwife is responsible for**

1.4.1 Ensuring that the appropriate structures are in place for effective rostering to occur.

1.4.2 The deployment of staff across the directorate.

1.4.2 Ensuring that audit of the rosters in their areas is completed.

### **1.5 Sister/ Charge Nurse/ Midwife is responsible for**

Document Title: Rostering Procedure for Nurses and Midwives	7 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

1.5.1 Ensuring that a quality roster is produced, maintained and finalised in line with this procedure, ensuring that hard to fill shifts are filled in first, and escalation to the Lead/Senior Nurse if there are issues that may prevent them from approving the roster 6 weeks in advance.

1.5.2 Ensuring that resources are managed efficiently and as effectively as possible and escalating potential issues to their Line Manager.

1.5.3 The safe staffing of the ward/ department.

1.5.4 Ensuring that their expenditure does not exceed the allocated budget in their ward/department, even if they are not responsible for producing the duty roster.

1.5.5 Ensuring that staff are rostered to fulfil their contracted hours.

1.5.6 Ensuring the fair and equitable allocation of weekends, weekdays, annual leave and study leave.

1.5.7 Considering all roster requests from staff, ensuring fairness and equity in working patterns.

1.5.8 Authorising all changes required after the final roster had been signed off.

1.5.9 Verifying that all entries on the roster are accurate and are a true record of hours/ shifts worked.

1.5.10 Informing Rosterpro department of any changes to staff working patterns and hours of work.

1.5.11 Ensuring all ward/department staff are aware of the procedure and supporting documents.

1.5.12 Adhering to the requirements of the supporting documents listed on page 1 of this procedure.

1.5.13 Producing in partnership with staff a guidance indicating:

- The maximum number of requests that can be considered for days off on any single date.
- The process of booking annual leave.
- The maximum length of annual leave that can be taken at any one time e.g. no more than two weeks booked at any one time, but with individual consideration dependent on circumstances.
- How far in advance requests can be entered, in order to ensure that staff joining the team has a fair chance of adding their requests. For Rosterpro Central areas staff are permitted and encouraged to enter requests. Requests can be submitted up to one year in advance,

Document Title: Rostering Procedure for Nurses and Midwives	8 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3rd Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

although the system does not allocate requested shifts on a first come first served basis.

- Arrangements for requesting Christmas, Ramadan, New Year and other religious and cultural off duty requirements. Further information relating to accommodating religion or belief requests can be found in the ACAS guide for Religion or Belief in the workplace – A guide for employers and employees  
[http://www.acas.org.uk/media/pdf/f//religion\\_1.pdf](http://www.acas.org.uk/media/pdf/f//religion_1.pdf)
- Ward/Department specific requirements – for example additional numbers needed in the event of high acuity levels.

## **1.6 The Nurse/Midwife is responsible for**

1.6.1 Attending work as per their duty roster and fulfil their contracted hours of employment, that is, for those working three twelve hour shifts, it is essential that the makeup hours are fulfilled

1.6.2 Adhering to the requirements set out by the roster procedure.

1.6.3 Being reasonable and flexible with their roster requests and being considerate to their colleagues.

1.6.4 To work their share of week day and night duty and weekends day and night duty, recognising the terms of individual contracts of employment and work life balance agreements.

1.6.5 To notify Sister/Charge Nurse / Midwife, or deputy of any required changes to planned shift, informing them as soon as possible in order to give sufficient notice in advance of planned shift.

1.6.6 Adhere to the requirements within the supporting documents listed on page 3 of this procedure.

## **1.7 The Rosterpro Support Team is responsible for**

1.7.1 Ensuring that the e roster system remains appropriately configured and providing support and ongoing training.

1.7.2. Production of e- rostering KPI reports.

## **1.8 Workforce and OD is responsible for**

1.8.1 Providing guidance on managing disagreements, annual leave queries and queries regarding the Working Time Policy.

## **2. PRODUCING A ROSTER**

Document Title: Rostering Procedure for Nurses and Midwives	9 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

2.1 Each week of the roster will be produced, signed off and published a minimum of 6 weeks in advance.

2.1.2 Electronic rosters (Rosterpro Central) has been implemented in all inpatient wards/departments. All in patient areas will be required to utilise the system for:

- Staff shift requesting
- Roster Planning
- Recording of Sickness and other absences
- Recording of actual times worked
- Interfacing timesheet data into the ESR payroll system
- Reporting of shift and absence data
- Requesting and approving Bank shifts

2.1.3 All nursing/midwifery staff will be allocated user names and passwords to enable them to use the system and will be given adequate instruction and training as required by the Rosterpro department.

2.1.4 Where electronic rosters is not available, producing the roster on paper will follow the same principles as for electronic rosters.

### **3. QUALITY OF SERVICE PROVISION**

The Health Board is committed to the delivery of high quality services. The UHB recognises that its' staff are its' greatest asset and therefore the deployment of this resource is vital in optimising service delivery. This section considers:

- Skill mix requirements
- Ensuring the person 'in charge' requirement is met
- Ward Sister/Charge Nurse/ Midwife deployment
- Supporting nurse learning

#### **3.1 Skill Mix Requirements**

Fundamental to delivering quality care is ensuring an agreed baseline of staffing.

3.1.1 Each ward and department must have an agreed basic level of required specific competencies on each shift.

3.1.2. In areas where the workload is known to vary predictably staff numbers and skill mix should reflect this.

3.1.3. Agreed staff numbers and skill mix must be achievable within the area staffing resource.

Document Title: Rostering Procedure for Nurses and Midwives	10 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

3.1.4 These staffing levels once agreed will be set up in Rosterpro Central, and be reviewed 6 monthly or earlier if any changes are made to the agreed establishment or deployment of staff on the ward.

### **3.2 Person in Charge**

3.2.1 There must be a designated person in charge for each shift who has been identified as having the required skills and competencies for a coordinating role.

### **3.3 Ward Sister/ Charge Nurse/ Midwife Assignment**

3.3.1 Ward Sisters/Charge Nurses/Midwife would normally be expected to work Monday to Friday and not weekends.

3.3.2 Ward Sisters/Charge Nurses/Departmental Managers would not normally be expected to work night shifts except with the approval of the Lead/Senior Nurse or Midwife and this should not happen on a regular basis.

3.3.3. Where weekend or night working is necessary, it must be based on clinical/managerial supervisory need and be part of the overall managerial responsibility for the area with supporting evidence and authorised by the Lead/ Senior Nurse or Midwife.

### **3.4 Supporting Staff Learning**

3.4.1 In the case of pre-registration nursing students, the student must be scheduled to work with their mentor for 50% of the roster. If their mentor is unavailable, an associate mentor should be allocated.

3.4.2 Nurses allocated to mentor a student nurse should not change shift without ensuring that the student is aware of the change. If the student is unable to change the shift to work with their mentor then the student must be allocated another suitable member of staff to support them.

## **4. STAFF ALLOCATION**

The UHB supports the principles of work life balance, flexible working, equality diversity and human rights and family friendly working. These principles will be set against the need to meet the organisation's statutory function and ensure safe levels of staffing to maximise the quality of patient care.

The requirements of the Working Time Policy must be complied with at all times in the allocation of shifts and breaks.

This section considers:

Document Title: Rostering Procedure for Nurses and Midwives	11 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

- Flexible working
- Shift and day off requests
- Shift patterns
- European Working Time Directive (EWTB)
- Changes to rosters

## 4.1 Flexible working

4.1.1 The UHB will seriously consider requests for flexible working, but may on occasion be unable to agree to requests of individual nurses if their proposed working pattern cannot be accommodated within service needs. Achieving safe staffing numbers and an appropriate skill mix are a key consideration when approving or rejecting applications for flexible working

4.1.2 Service needs will take priority when creating a roster. Nurses must be considerate of their colleagues, and be aware of the requirements to undertake their share of day, night and weekend shifts.

4.1.3 Where working concessions have been agreed, these should be programmed into the Rosterpro Central system.

## 4.2 Requests

4.2.1 Requests for specific shifts or days off can be made in accordance with local guidance. Whilst the Ward Sister/Charge Nurse/Midwife will be flexible in trying to accommodate as many requests as possible, service requirements and the equity of all staff remain the priority.

4.2.2 Any amendments or cancellations to requests must be made before the roster is finalised and published.

4.2.3 Where available, staff must submit requests using Roseterpro Central,.

## 4.3 Shift Patterns

4.3.1 Ward Sister / Charge Nurse/ Midwife is encouraged to consider existing shift patterns and modernise as outlined in Working Differently Together (Welsh Government 2012).

4.3.2 Nurses/Midwives will be required to work a variety of shifts and shift patterns on a rotational basis, as agreed with their Ward Sister/Charge Nurse/Departmental Manager to meet service needs. Cases where nurses /midwives have 'historically' worked a set shift pattern e.g. night shifts only will be reviewed on an individual basis, and in accordance with Health Board's Flexible Working Policy.

4.3.3 Days off should be given together where possible.

Document Title: Rostering Procedure for Nurses and Midwives	12 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

4.3.4 The maximum number of consecutive standard day shifts (7.5 hours) recommended for staff to work is 7. Staff may work more than this (to a maximum of 10) only if they specifically request to and with the Ward Sister/Charge Nurse/ Midwife's agreement.

4.3.5 Normally no more than three consecutive 12 hours shifts are recommended with the exception of night duty where a longer pattern of shifts are less disruptive to sleep patterns. Of note, there are some areas in the Health Board where no more than 2 consecutive 12 hours shifts are recommended

4.3.6 Staff should have a minimum of one weekend off per 4 week roster unless an alternative arrangement is agreed via the Flexible Working Policy.

#### **4.4 Working Time Policy**

Staff must adhere to the principles outlined in the Working Time Policy.  
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Working%20Time%20Policy%20approved%20PPD%2029%2007%2014%20hyperlinks%20updated%2001%2016.pdf>

#### **4.5 Changes to Roster**

4.5.1 Shift changes must be kept to a minimum.

4.5.2 Staff are responsible for negotiating their own shift changes once the roster is published. These changes must be authorised by Sister/Charge Nurse/ Midwife or Department manager, or nominated deputy. All changes should be made with the equivalent pay band, and with consideration for the overall skill mix and competence requirements of all shifts being changed. If an equivalent band is not possible this should be negotiated with the Sister/ Charge Nurse / Midwife or nominated deputy.

4.5.3 All changes to the planned roster should be entered as 'actuals' onto the Rosterpro Central system to facilitate accurate timesheets and reports.

4.5.4 The temporary staffing department must be informed of any changes to temporary staffing requirements, including booked shifts.

4.5.5 In exceptional circumstances, rosters will be changed at short notice to ensure appropriate levels of cover are maintained. Every effort must be made to ensure that this done with fairness and equity.

### **5. VERIFICATION OF ROSTERS**

5.1.1 All updates to the roster must be made on the e- rostering system as soon as practically possible, taking into consideration Payroll deadlines.

Document Title: Rostering Procedure for Nurses and Midwives	13 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3rd Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

5.1.2 It is the responsibility of Sister/ Charge Nurse/ Midwife, or nominated deputy, to ensure that entries on the e- roster or paper record are confirmed are accurate and are a true record of hours/ shifts worked. If rosters are approved with inaccurate information, this may lead to an investigation following relevant Health Board Policy.

## 6. TEMPORARY STAFFING

6.1.1 Temporary staff will only be booked by strict adherence to the Health Board's agreed processes and sanctions.

6.1.2 All staff, including temporary staff must be aware that there may be times when they are required to move within the organisation to respond to patient care needs.

## 7. TIME OUT ALLOWANCE

This section considers

- Annual Leave Management
- Study Leave Management
- Sickness Management
- Lieu Time Management
- Shift Breaks
- Civic , public and trade union duties

### 7.1 Annual Leave Management

7.1.1 All Annual leave should be booked in line with agreed procedures as described in the Annual Leave procedure. The maximum and minimum numbers of staff to be off at any one time must be considered when approving annual leave.

7.1.2 Annual leave should be planned to minimise the need for bank and agency cover, and to prevent a peak in annual leave at year end. Where possible annual leave for the department/ward should be agreed in advance covering the whole year to ensure staff has regular breaks and that the ward/department has sufficient cover all year around.

### 7.2 Study Leave Management

7.2.1 Study leave will be assigned in line with Statutory and Mandatory Training Policy and Study Leave Guidelines for Non Medical Staff  
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/StudyLeaveGuidelinesJan2015FINAL.pdf>

7.2.1 The Ward Sister/Charge Nurse/ Midwife should

- Utilise the available number of study leave days in each roster.

Document Title: Rostering Procedure for Nurses and Midwives	14 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

- Prioritise and promote statutory and mandatory training requirements for staff which may include induction, updates etc also in accordance with the Pay Progression Policy.
- Produce the roster ensuring staff have up to date statutory and mandatory training.
- Ensure that staff booked onto study leave are not asked to return to work unless there is an exceptional need to ensure safe staffing levels. This is especially the case when the study leave is to attend statutory and mandatory update training which are essential for the safe delivery of patient care.

5.2.2 All study leave must be recorded on e- rostering or the paper equivalent if e- rostering is not available.

### 7.3 Sickness management

7.3.1 Sickness must be reported in line with the All Wales Sickness Absence Policy and in line with local procedures.

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Sickness%20Absence%20Policy%20adopted%20by%20UHB%2010%2011%2015%20%282%29.pdf>

7.3.2 Long term sickness must be identified on the roster and an advanced plan of cover implemented to minimise the use of bank and agency staff where possible.

### 7.4 Lieu time

7.4.1 Where additional hours are worked 'in lieu' Ward Sisters/Charge Nurses/Departmental Managers are responsible for ensuring that all lieu time hours are taken within three months in line with local procedures and must make appropriate changes to rosters to give staff with earned lieu time the opportunity to take those hours back.

7.4.2 Any time worked by nurses/midwives in their own area over and above their contracted hours must be agreed and authorised, in advance of the hours worked, by the relevant line manager and recorded on the roster.

### 7.5 Breaks

In accordance with the Working Time Policy

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Working%20Time%20Policy%20approved%20PPD%2029%2007%2014%20hyperlinks%20updated%2001%2016.pdf>

7.5.1 The Nurse/Midwife in Charge of the shift is responsible for ensuring that breaks are facilitated.

Document Title: Rostering Procedure for Nurses and Midwives	15 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

7.5.2 All staff should be aware of the break allowance for unpaid rest breaks and for concessionary breaks.

7.5.3 Breaks must not be taken at the beginning or at the end of a shift.

7.5.4 Rest breaks must be provided for all staff working in excess of 6 hours and will be unpaid. As such, they should not be disturbed unless there is an exceptional need in which case the break would be paid or be compensated for by granting equivalent compensatory rest.

7.5.5 The duration of unpaid rest breaks will vary according to where staff work and the duration of the shift but in all cases must not be less than 20 minutes. Where possible, staff should also have the opportunity and managers should make every effort to allow staff to have a meal break during the shift of between 30 and 60 minutes. Any break should be proportional to the length of the shift. The timing and length of breaks need to be agreed with managers in the interests of the service.

7.5.6 Concessionary breaks, which are paid must not exceed 15 minutes and are to be taken at times agreed locally taking into account the immediate needs of the service. A concessionary break (sometimes referred to as a tea break) is a less formal break which enables staff to have a drink or take a brief break from work. This break is paid and therefore may be disturbed if the needs of the service require this; in exceptional circumstances, it may not be possible to facilitate concessionary breaks at all. Staff must remain in the work area and if they need to leave the work area for a concessionary break they must have sought permission from the Nurse in Charge before leaving the area and inform the person in charge how and where they can be contacted.

Table 1 provides an example of the break allowance, and where there is doubt, Workforce should be contacted for advice

**Table 1 Example of break allowances**

Start time	End time	Unpaid break time	Actual hours paid	Concessionary breaks
0700hrs	1500hrs	30 minutes	7 ½ hours	15 minutes
0700hrs	1930hrs	30 minutes	12 hours	Two x15 minutes
1330hrs	2130hrs	30 minutes	7 ½ hours	15 minutes
2100hrs	0730hrs	30 minutes	10 hours	Two x15 minutes
1900hrs	0730hrs	30 minutes	12 hours	Two x15 minutes
Make up shift ( 6 hours)			6 hours	15 minutes

## 7.6 Civic, public and trade union duties

Document Title: Rostering Procedure for Nurses and Midwives	16 of 16	Approval Date: 5 <sup>th</sup> Jun 2017
Reference Number: UHB 339		Next Review Date: 3 <sup>rd</sup> Nov 2019
Version Number: 2		Date of Publication: 15 <sup>th</sup> Mar 2018
Approved By: Nursing and Midwifery Board		

7.6.1 Rostering should take into account civic, public and trade union duties. Please refer to Special leave Policy and Partnership and Recognition agreement.

## **8. MONITORING AND AUDIT**

The Lead/Senior Nurse or Midwife should periodically review the rosters in their area to ensure that the procedure is being adhered to, and the production of an effective roster is meeting the service need.

Ward Sisters/Charge Nurses/ Midwives should undertake a quarterly audit the rosters (link) to monitor the effectiveness of the roster to meet service need and maintain fairness and equality to all staff. It is essential that these audits are undertaken by personnel who are not based within the area where the audit is being conducted.

A review should also be undertaken where an Incident Report has been completed when it has been perceived that there are staff shortages.

All Clinical Boards will receive regular reports which will include the number of incidents reported relating to staff shortages. Where appropriate this will prompt a review of the effectiveness of rostering.

## **9. GRIEVANCES**

Grievances by staff over any issues concerning rostering will be handled informally by the line manager in the first instance and through the Grievance Policy thereafter.