NHS Wales Rostering Principles: Nursing

Developed by: The Office of the CNO, Welsh Government; the All-Wales Nurse Staffing Programme, NHS Wales Performance & Improvement; and NHS Wales Shared Services Partnership *at the request of the Value & Sustainability Board*

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Contents

Executive Summary

The NHS Wales Rostering Principles provide a unified, evidence-informed framework for nursing. Developed in response to variation identified through comparative analysis of existing Health Board and Trust Rostering Policies, these principles aim to standardise practice, promote equity, and strengthen assurance. Building on the findings of the *Comparative Analysis of Health Board Rostering Policies (Appendix 1)*, they align with statutory requirements including the Nurse Staffing Levels (Wales) Act 2016, Working Time Regulations 1998, Prudent Healthcare principles, All Wales NHS Flexible Working Policy (2025) and the All-Wales Control Framework for Flexible Workforce Capacity (WHC/2023/046).

Delivering safe, high-quality care depends on ensuring the presence of sufficient Registered Nurses (RN) on every shift. Evidence consistently demonstrates that appropriate RN staffing levels and skill mix directly influence patient outcomes, safety indicators and staff wellbeing. These principles reinforce the requirement for an appropriate balance of Registered Nurses and support staff on all shifts, underpinned by acuity data, professional judgement and nationally aligned expectations.

These principles support the Wales Triple Aim by improving population health through safe staffing, enhancing patient experience through predictable and equitable care delivery, and ensuring sustainability by using resources efficiently and effectively.

NHS Wales organisations are responsible for ensuring that rostering arrangements are safe, fair, and compliant with national policy and statutory requirements. Health Boards and Trusts must therefore ensure that local rostering policies, systems and practices align with these national principles, and that robust governance arrangements are in place to oversee roster planning, monitoring, and assurance. This includes supporting clinical leaders and roster managers with the tools, data and training required to develop effective rosters, ensuring transparency in decision-making, and regularly reviewing rostering outcomes to maintain safe staffing levels and workforce wellbeing.

Consistent adoption of the principles will ensure that rostering practice across NHS Wales is standardised, transparent, and aligned to national expectations. A unified approach will underpin safer, more equitable care delivery, optimise the use of the substantive workforce, and enhance the overall staff and patient experience across all Health Boards and Trusts (excluding WAST).

These principles provide a clear national framework for how rosters should be constructed, governed and evaluated across NHS Wales, supporting both operational delivery and organisational accountability for safe staffing.

These rostering principles have been developed primarily to support nursing rostering practice. While designed for nursing, the principles may also be applied or adapted by other staff groups to support greater consistency in rostering and workforce deployment.

Introduction

Effective rostering underpins the delivery of safe, high-quality, and sustainable healthcare delivery, ensuring that staff with the appropriate skills, are available in the right place at the right time. Rostering is central to patient safety, staff wellbeing, and efficient and fair resource use. Variation in practice has impacted assurance and financial control. These principles establish a national standard to reduce variation, align with legislation, and support value-based healthcare.

E-Rostering is a critical enabler for safe, efficient, and equitable workforce deployment. It provides real-time visibility of staffing, supports compliance with legislation, and underpins data-driven decision-making. Its adoption across Wales ensures consistency, transparency, and the ability to analyse rostering patterns shift by shift, day by day, and month by month. This capability strengthens assurance, optimises resource use, improves experience and drives cultural change by embedding evidence-based workforce planning.

NHS Wales organisations are responsible for ensuring that rostering arrangements are safe, fair and compliant with national policy and statutory requirements. Health Boards and Trusts must therefore ensure that local rostering policies, systems and practices align with these national principles, supported by robust governance arrangements to oversee roster planning, monitoring and assurance. This includes supporting clinical leaders and roster managers with the appropriate tools, data and training required to develop effective rosters, ensuring transparency in decision-making, and regularly reviewing rostering outcomes to maintain safe staffing levels and workforce wellbeing.

Health Boards and Trusts also have an obligation to strike the right balance between patient safety, cost and operational efficiency. When used effectively, e-rostering systems can support this balance by providing real-time oversight of workforce deployment across organisations. E-rostering offers visibility not only month-by-month but day-to-day, enabling organisations to identify areas of pressure or variation and intervene promptly to ensure appropriate nurse staffing levels and efficient use of staff. In doing so, it can support cultural change by providing staff and leaders with the evidence needed to inform decisions and drive improvements at the front line.

Purpose, Scope and Strategic Context

Commissioned by the Value and Sustainability Board, these principles respond to variation in uplift definitions, acuity integration, governance, and financial oversight. Developed collaboratively by the Office of the Chief Nursing Officer, the All-Wales Nurse Staffing Programme, and NHS Wales Shared Services Partnership, they reflect best practice and legislative requirements. Input from the Welsh Partnership Forum has been welcomed. Complementary work will embed definitive national standards for uplift and headroom.

While nursing is the initial focus, the framework is scalable and adaptable for other professional groups seeking to strengthen assurance, equity, and efficiency in rostering practice.

Monitoring and Assurance

To support these principles, key rostering metrics will be monitored centrally via NHS Wales Performance and Improvement through a national e-rostering dashboard once this capability has been developed and implemented, from January 2026 onwards.

The dashboard will be developed on commencement of the NHS Wales e-rostering contract and will provide transparent insights into roster utilisation and compliance. When available, it will enable consistent benchmarking and assurance across NHS Wales.

National Rostering Principles

1. Workforce Definitions and Application

Principle: Nationally standardised definitions for headroom, uplift,

Effective management of staff unavailability is a vital component of ensuring appropriate nurse staffing levels are funded and deployed in care settings. It is important therefore that understanding of processes and language is consistent across all services.

The following definitions apply:

- **Headroom**: The percentage of capacity required to cover staff unavailability from rostered duty. The main reasons for this unavailability are annual leave, public and bank holidays, sick leave, statutory and mandatory training, study leave, special leave and maternity/paternity leave.
- **Uplift**: The adjusted, actual percentage of additional WTE staff that must be funded to adequately cover the headroom gap. This calculation accounts for the compounding effect of uplifted staff also representing the same amount of predictable unavailability.
- **Skill Mix**: The balance of roles, bands, experience and competencies required to provide safe, effective, person-centred care. Skill mix must align with patient acuity and service need.

The statutory guidance of the Nurse Staffing Levels (Wales) Act 2016 mandates an *uplift* of 26.9% to be applied to the nursing workforce in care settings to which section 25B of the Act applies. This 26.9% uplift calculation was based on an average *headroom* gap of 21.15%.

Uplift should be viewed as a minimum requirement rather than as a ceiling. Organisations may require higher uplift to meet specific service demands, workforce characteristics, or patterns of planned/unplanned absence. Health boards must therefore ensure uplift is applied to establishments as

a baseline, with local review determining whether additional provision is required.

Why this matters: Consistent terminology ensures clarity in workforce planning and financial reporting, reducing misinterpretation and enabling robust assurance across NHS Wales.

2. Digital Patient Acuity and Professional Judgement

Principle: Rostering must be informed by real-time patient acuity information to ensure staffing levels continuously reflect patient need and support safe, evidence-based decision-making.

Digital systems provide a valuable way to capture real-time patient need and translate it into actionable staffing decisions. Tools such as SafeCare or CIVICA Scheduling enable clinical services to record and monitor acuity data, respond quickly to areas of concern, and ensure staffing reflects clinical demand rather than assumptions. While not all clinical areas currently have access to these systems, their use represents best practice and should be supported to develop local dashboards that clearly present and triangulate patient acuity, red-flag events, and staffing alignment. Well-designed dashboards empower managers and teams to make timely, evidence-based decisions, strengthening transparency, and building confidence in how data informs deployment and secures patient safety.

To maximise the impact of data-informed rostering, Health Boards and Trusts should prioritise the rapid roll-out of SafeCare (or equivalent system) into clinical areas where it adds value. Extending its use beyond mandated settings will help ensure professional judgement is underpinned by real-time patient need, strengthening assurance through a balanced, evidence-based approach. Wider adoption will create a consistent national dataset to support benchmarking and financial oversight, while improving workforce deployment and enabling transparent, evidence-based rostering across NHS Wales.

For areas covered by Section 25B of the Nurse Staffing Levels (Wales) Act, patient acuity data must be captured at least twice daily using the Welsh Levels of Care tool. This ensures that staffing reflects patient need and provides a transparent evidence base for redeployment and escalation.

Red-flag events or indicators of unsafe staffing, including professional judgement, should be recorded within an appropriate digital acuity system (where available) and reported through clearly defined governance routes outlined in the rostering policy (or Nurse Staffing Policy). Consistent use of acuity and escalation data, combined with professional judgement, enables proactive management of risk, workload, and resource allocation. Triangulating these sources ensures that staffing decisions are evidence-based, balancing objective data with clinical insight to maintain safety and optimise workforce deployment.

In parallel, the All-Wales Nurse Staffing Programme is planning work to develop national dashboards that will aggregate e-roster and SafeCare data to support benchmarking, assurance reporting, and cross-boundary learning, initially for section 25B areas. Local dashboards therefore play a critical role in improving day-to-day rostering practice, while also feeding into the national picture to identify themes, share best practice, and drive improvement across NHS Wales. Together, local and national dashboards will ensure a data driven approach to supporting patient safety, staff wellbeing, and prudent workforce planning.

Why this matters: Real-time acuity data provides an objective basis for staffing decisions, improving patient safety and reducing reliance on subjective judgement.

3. Skill Mix, Competency, and Bilingual Equity

Principle: Rostering must ensure an appropriate skill mix on every shift and attempts to ensure Welsh language capability as far as reasonably practical, using e-rostering and acuity data to align staff competencies with patient needs.

Ensuring an appropriate skill mix, particularly the presence of Registered Nurses in the right numbers, is fundamental to patient safety and directly associated with improved clinical outcomes. Rostering must safeguard RN presence on every shift, aligned with patient acuity and dependency. Competencies must be visible within e-rostering systems to ensure deployment aligns with patient need.

To strengthen assurance, core clinical skills possessed by staff should be recorded within the e-rostering system, and the core clinical skills required for each shift should also be inputted. This ensures that deployed staff have the necessary competencies to deliver safe, effective care that meets the needs of patients and that staff skills complement the existing mix on each shift.

Each clinical area should include skill mix, covering roles, bands, experience and competencies, as part of staffing establishment reviews at a ward/team level, which should occur at least annually. This ensures that workforce planning reflects the evolving needs of services and maintains an appropriate balance of skills across each team.

The national e-rostering system must be used to record and allocate shifts based on required competencies. Skill mix data should be reviewed at monthly scrutiny meetings to ensure adequate coverage, supported by rostering data and professional judgement.

Rostering should also support bilingual provision. Staff Welsh language proficiency should be visible in the e-rostering profiles, supporting managers to plan for linguistic coverage, particularly in high Welsh-speaking populations. This aligns with Welsh Language Standards and seeks to ensure that patients can communicate in their language of choice.

Why this matters: Aligning competencies and language skills with patient needs ensures safe, person-centred care and compliance with Welsh Language Standards.

4. Workforce Deployment: Flexibility, Parity, and Regulation

Principle: Rostering must promote fairness, flexibility, and compliance, ensuring shift requests and working patterns are managed transparently and in accordance with legal and wellbeing standards and balanced with service need.

Rostering flexibility plays a vital role in supporting staff retention and morale. Flexible arrangements must operate within a clear and fair framework to prevent unintended inequalities between staff groups. Employee-led rostering, where staff have greater influence over the design of shift patterns, is a positive example of this approach. It empowers teams to balance service needs with personal circumstances, strengthens engagement, and has been shown to improve morale and retention when implemented within clear organisational parameters.

In line with the All-Wales Flexible Working Policy, scrutiny of flexible working requests must be transparent, equitable and routinely monitored. Managers should record whether requests are accommodated, partially accommodated, or declined, and any short-term cancellations or pattern changes must be clearly justified. Data should be reviewed at roster scrutiny meetings to ensure fairness, identify trends, and support consistent decision-making across services.

Staff must have clear, accessible mechanisms for escalating rostering, safety or wellbeing concerns. Organisations should define local escalation procedures through line managers, senior nurses, workforce teams and existing organisational raising-concerns processes. These routes must be routinely communicated and accessible to all staff.

To ensure fairness is continuously assessed, organisations should establish clear staff engagement mechanisms. These may include regular surveys on roster satisfaction, structured feedback sessions at team meetings, and anonymous reporting channels for concerns. Feedback should be collated and reviewed at roster scrutiny meetings, with agreed actions communicated back to staff. This creates a transparent loop where staff can see how their input influences rostering practice, building trust and reinforcing equity.

All Health Boards and Trusts must maintain transparent and equitable frameworks for managing shift requests, with these processes clearly defined within each organisation's rostering policy. Request limits should be proportionate to contracted hours and service requirements.

In addition to statutory Working Time Regulations compliance, rostering must explicitly consider the cumulative impact of long, irregular, or consecutive shifts on fatigue, rest opportunity, and staff health.

Fatigue-informed rostering should avoid patterns known to increase risk, including repeated long days, minimal turnaround time, or excessive night-shift clustering, and scrutiny meetings should routinely assess these patterns as part of the wellbeing and safety agenda.

Why this matters: Transparent and fair rostering supports staff wellbeing, retention, and compliance with legal requirements, while maintaining service resilience.

5. Governance and Oversight

Principle: Regular managerial scrutiny must be undertaken to provide clear oversight of roster performance, ensuring compliance with legislation and policy, financial accountability, and fair practice that supports staff wellbeing and safe care.

While rostering governance strengthens operational assurance, its primary purpose is to safeguard patient safety and workforce wellbeing. Scrutiny processes must therefore prioritise indicators of safety, including RN numbers, red-flag events, acuity trends, and exception reporting, ensuring that operational performance does not overshadow the fundamental requirement to deploy staff safely. Effective governance therefore requires both real-time situational awareness and structured retrospective review.

It is essential to differentiate between roster compliance and safe staffing. A roster that is compliant with organisational rules or contractual requirements does not assure safe staffing levels. Safe staffing can only be assured through triangulation of acuity data, RN numbers, professional judgement, and escalation processes. Rostering systems provide structure and visibility, but safety is determined by real-time conditions, not roster templates alone.

Regular roster scrutiny meetings provide a structured mechanism for ensuring that workforce planning, deployment, and utilisation are effectively monitored, standardised and aligned with organisational policy and legislation. Representation from nursing, finance, and HR, as a minimum, enable a balanced review of both clinical and operational factors, ensuring decisions are informed by a holistic understanding of service needs, finances, and workforce wellbeing.

The process for these meetings must be specified within the organisation's rostering policy or Nurse Staffing Policy.

Roster scrutiny should be both retrospective and prospective, reviewing past roster performance for compliance and lessons learned, while also assessing future rosters to ensure alignment with policy, safety standards, and workforce wellbeing before implementation.

Rostering scrutiny and oversight of metrics promotes transparency and accountability, informing both local assurance and existing national reporting through the All-Wales Nurse Staffing Programme. Embedding equality and equity considerations in roster approval processes will ensure

staff are treated fairly, diverse needs are recognised, and inclusive principles guide how shifts and duties are assigned.

Assessment of compliance with the Working Time Regulations 1998 also safeguards staff wellbeing, by confirming that rest periods, shift sequencing, and working hours are fair and legislatively compliant.

Financial governance remains a key element of oversight. Rostering must adhere to the principle of bank-before-agency, ensuring that temporary and agency staff are engaged only after redeployment and overtime options are exhausted. This should be clearly outlined in a defined escalation pathway for addressing roster gaps and outline contingency planning measures to maintain safe staffing when challenges arise. This pathway must include methods to obtain senior authorisation before agency use.

Why this matters: Structured and formalised oversight promotes accountability, financial control, and equitable practice, ensuring rosters meet safety and policy standards.

6. Publication Process: Approval and Payroll Integrity

Principle: Rosters must be published and approved in a timely, transparent manner, with clear governance for sign-off and finalisation to ensure fairness, accuracy, and financial integrity.

Rosters should be published a minimum of 6 weeks in advance, ensuring staff have sufficient notice to plan their personal commitments, improve work–life balance, and engage more positively with rostered duties. Publishing rosters with reasonable lead-in time also supports fairness, transparency, and consistent application of flexible working principles across NHS Wales.

Best practice is to publish rosters 12 weeks in advance. A longer planning cycle strengthens workforce stability, enables more accurate forecasting of temporary staffing requirements, and reduces avoidable reliance on agency deployment. It also provides teams with greater predictability, supports improved leave management, enhances recruitment and retention, and allows earlier identification of skill-mix gaps or safety risks.

Adopting a 12-week publication standard enables services to plan proactively rather than reactively, helping to maintain safe staffing, reduce operational pressures, and promote staff wellbeing. While the 6-week minimum ensures a consistent baseline across the system, 12-week publication is the preferred and recommended standard wherever service configuration and multi-professional coordination allow.

Each roster must undergo a two-stage approval process, requiring operational sign-off by the roster manager and further sign-off by a Senior Manager / Head of Department to confirm the roster’s appropriateness and safety.

Roster finalisation must occur by close of play on Monday for the preceding week, ensuring timely reconciliation between rostered and worked hours. Any post-finalisation changes require senior approval. This process safeguards payroll accuracy and strengthens financial integrity.

Clear guidance around these timeframes should be regularly communicated to staff and explicitly referenced within each organisation's roster policy. Compliance with these timeframes must also be monitored through regular roster scrutiny meetings, ensuring that publication and approval deadlines are consistently met and that any deviations are identified, escalated, and addressed.

Why this matters: Publishing rosters with sufficient lead-in time is essential for maintaining a stable, safe and engaged workforce. Longer planning cycles also reduce reliance on last-minute temporary staffing, strengthen financial control, and contribute to more consistent, transparent deployment practices across NHS Wales. Together, these benefits enhance patient safety, reduce operational risk, and promote a more resilient and sustainable workforce.

Conclusion

Effective rostering is fundamental to delivering safe, sustainable and person-centred care across NHS Wales. These national principles set the expectation for a consistent, transparent and evidence-informed approach to workforce deployment, ensuring that every roster is built on clearly defined standards for skill mix, staffing levels, equity, governance and wellbeing. By embedding real-time acuity information, professional judgement, strengthened oversight and fair, future-focused working practices, organisations are better equipped to anticipate demand, maintain safety and support staff to thrive in their roles.

Adopting these principles will reduce unwarranted variation, improve the reliability and predictability of staffing, and enable earlier identification of risk. They reinforce the importance of timely roster publication, robust scrutiny mechanisms, and a focus on safe staffing rather than simple compliance. They also promote a culture where staff wellbeing, rest, recovery and fairness are recognised as essential conditions for delivering high-quality care.

As the e-rostering and acuity infrastructure across Wales continues to mature, these principles provide the foundation for a data-driven, system-wide approach to workforce planning and assurance. Consistent implementation will enhance patient safety, strengthen financial control, optimise the use of the substantive workforce and help reduce avoidable reliance on temporary staffing. Ultimately, these principles support a more resilient, engaged and sustainable workforce, enabling NHS Wales to deliver care that is safe, equitable and responsive to the needs of individuals and communities.

Key Performance Indicators (KPIs)

To ensure consistent implementation of the NHS Wales Rostering Principles and to provide a clear, transparent basis for assurance, the following Key Performance Indicators (KPIs) will be monitored across all Health Boards and Trusts. Once the national e-rostering dashboard is in place and fully operational these metrics will be reported consistently to enable benchmarking, trend analysis and escalation where necessary.

1. Staffing and Acuity Alignment

Purpose: To ensure rosters reflect real-time patient need and comply with statutory and professional standards.
KPIs:

- Percentage of shifts meeting required Registered Nurse (RN) numbers (against establishment and acuity).

2. Workforce Utilisation and Efficiency

Purpose: To ensure efficient use of the substantive workforce and reduce unwarranted reliance on temporary staffing.
KPIs:

- Proportion of rostered hours filled by substantive staff (RN and support staff).
- Bank-before-agency compliance rate (agency usage only authorised after bank options exhausted).
- Agency usage as a percentage of total hours worked, and proportion requiring senior authorisation.

3. Rostering Quality and Compliance

Purpose: To ensure rosters are built, approved and published in line with national principles and organisational policy.
KPIs:

- Rosters published at least 6 weeks in advance (minimum) and 12 weeks (preferred standard).
- Proportion of rosters approved through the two-stage sign-off process.

4. Equity, Fairness and Staff Experience

Purpose: To support fair rostering practice, Welsh language standards, and staff wellbeing.
KPIs:

- Proportion of flexible working requests accepted, partially accepted or declined, with trend analysis over time.
- Number of short-term pattern changes or cancellations, including reason categorisation.
- Staff feedback on roster fairness, predictability and wellbeing impact (via survey or feedback loops).

Acknowledgements

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Appendix 1 – Comparative Analysis of Health Board Rostering Policies

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Comparitive Analysis ‹