

# Guidelines to Support Effective Rostering for Nurses and Midwives (Appendix 1 to 436 Rostering Policy)

## Policy information

Policy number: Appendix 1 of 436 - Rostering Policy Version 5

Classification: Employment

Supersedes: Previous versions

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[Equality Impact Assessment:](#)

## Approval information

See [436 Rostering Policy](#) (opens in a new tab)

Summary of document:

Guideline to ensure that nursing/midwifery managers and staff produce and maintain a fair and equitable duty roster with an appropriate skill mix

Scope:

The guideline applies to all nursing and midwifery staff in all settings using either electronic or manual rostering systems.

The processes for calculating, maintaining, and reporting the nurse staffing levels is set out in the [1310 Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework](#) (opens in a new tab)

To be read in conjunction with:

- 126 - [Work/Life Balance Flexible Working Policy](#) – opens in a new tab
- 113 - [Learning and Development Policy](#)– opens in a new tab
- 111 - [Annual Leave Policy](#)– opens in a new tab
- 128 - [Maternity, Adoption and Paternity Leave Policy and Procedure](#)– opens in a new tab
- 127 - [Ordinary Parental Leave Policy](#)– opens in a new tab
- 122 - [All Wales Special Leave Policy](#)– opens in a new tab
- 109 - [Time in Lieu Procedure](#)– opens in a new tab
- 768 - [Managing Attendance at Work All Wales Policy](#)– opens in a new tab
- 133 - [Equality, Diversity, and Inclusion Policy](#)– opens in a new tab
- 815 - [Counter Fraud, Bribery and Corruption Policy](#)– opens in a new tab
- 001 - [Adverse Conditions Policy](#)– opens in a new tab
- [Agenda For Change](#)– opens in a new tab

- 389 - [Expenses Policy](#)– opens in a new tab
- 099 – [Use of Overtime Policy](#)– opens in a new tab
- 193 – [Retention and Destruction of Records Policy](#)– opens in a new tab
- [On Call Agreement](#)– opens in a new tab
- 1310 [Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework](#) (opens in a new tab)

Owning group: Workforce & OD team

Executive Director: Director of Workforce & OD

Reviews and updates:

- 1 – New policy 14.5.2015
- 2 – Minor amendment deletion of 6.9 and inclusion of ward managers in 11 2.7.2015
- 3 – appendix 1 added 19.11.2019
- 4 – full review 15.2.2023
- 5 – addition of appendix

Keywords: Nurse staffing levels, midwifery staffing levels, nurse staffing, midwifery staffing, roster, planned roster

Glossary of terms

- EWTD - European Working Time Directives
- OD – Organisation Development
- Nurse Staffing Level The total number of registered nurses plus the number of persons providing care under the supervision of, or discharging duties delegated to them by a registered nurse e.g. health care support worker. The nurse staffing level refers to the required establishment and the planned roster.
- Midwifery staffing levels - The total number of registered midwives plus the number of persons providing care under the supervision of, or discharging duties delegated to them by the midwife
- Planned roster The number and skill mix of staff on duty at any time required to enable nurses/midwives to provide care to meet all reasonable requirements.
- Required establishment The number of staff to provide sufficient resources to deploy a planned roster that will meet the expected workload to provide care to meet the patients' nursing needs.
- Supernumerary - Supernumerary refers to staff who are not counted in the clinical numbers e.g. new starters on induction, students

## Scope

The guideline applies to all nursing and midwifery staff in all settings using either electronic or manual rostering systems. The processes for calculating, maintaining, and reporting the nurse staffing levels tis set out in the calculating, maintaining and reporting the nurse staffing levels policy (1310 [Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework](#) (opens in a new tab))

## Aim

The aim of this document is to:

- Set out the best practice principles for effective rostering for nurses and midwives that need to be considered when producing the planned roster. I.e., the number and skill mix of staff required to enable nurses/midwives to provide holistic care including their social, psychological, spiritual and physical requirements.
- Ensure that the Health Board meets its overarching duty under the Nurse Staffing Levels (Wales) Act 2016 to have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively Section 25A Subsection 2a).

## Objective

The objective is to:

- Ensure that the nurse/midwifery staffing level is maintained using fair and consistent rostering and promote effective planning and management of annual leave, sickness and study leave etc.
- Ensure that the 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 to all staff.
- To minimise clinical risk associated with the level and skill mix of nurse/midwife staffing levels
- To improve planning of clinical and non-clinical working days (e.g., annual leave, sickness and study leave).

## Principles

The Health Board is committed to the delivery of a safe quality service, and this would include ensuring that there are sufficient nurses/midwives to enable nurses/midwives to provide holistic care which includes their social, psychological, spiritual and physical requirements.

## Calculating the Nurse Staffing Levels

The planned roster for the nursing teams must be approved by the Director of Nursing, Quality & Patient Experience, in line with the 1310 [Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework](#) (opens in a new tab) which sets out the Health Board's statutory and organisational responsibilities around calculating and maintaining the nurse staffing levels.

## Changes to the E-Roster template

Amendments must not be made to the E-Roster templates until the nurse staffing calculation process set out in the "[Calculating, Maintaining and Reporting of Nurse Staffing Levels Policy](#)" (opens in a new tab) is completed.

NB: The E-Roster team cannot make changes to the E-Roster template without this governance process being followed and cannot make changes if contacted directly by the Senior Sister/Charge Nurse/Midwife.

### **Roster Process Requests**

All requests will be given full consideration and no reasonable request will be refused. However, in certain circumstances the service requirements and the need to ensure equity for all may not allow for the request to be granted.

### **Shift Patterns**

#### *Early/ Late Shift pattern*

- Early/ Late shifts of more than 6 hours total duration should have a minimum unpaid break of 30 minutes.
- No more than 6 Early/ Late shifts to be routinely rostered and an absolute maximum of 8 in a row
- Wherever possible the Senior Sister/Charge Nurse/Midwife (or deputy) should ensure full time members of staff working 7.5-hour shifts should have their two days off allocated together and not split apart.
- Wherever possible the Senior Sister/Charge Nurse/Midwife should ensure full time members of staff working 7.5 hour shifts should have 2 weekends off per 4 week roster.

#### *Long Days/ Night Shift pattern*

Shifts of 12 hours or longer have become increasingly common for nurses in hospitals. There is evidence that nurses who worked 12-hour shifts are generally more satisfied with their jobs, reported less emotional exhaustion, and were about 10 times more satisfied with their work schedules, compared with those working 8-hour shifts (Rollins, 2015). However, there is also evidence to suggest percentages of nurses reporting burnout and an intention to leave the job increased incrementally as shift length increased ((Stimpfel et al., 2012). In addition, there is also evidence that 12 hour shift also impact on patient care and patient satisfaction with Ball, Dall’Ora, and Griffiths (2015) reporting that both longer shifts and working overtime were significantly associated with lower quality of care, worse patient safety reports, and more care left undone and concluded that “on balance, the majority of the studies reviewed showed some degree of negativity, either for nurses, patients, or both, towards 12-hour shifts”.

As a Health Board we recognise that our staff do want to work '12 hour' shift patterns, there are no set standards around the number of shifts that should be worked and how many should be worked in a row and this section of the policy set out recommendations for practice. There may be occasions where exceptions to the below are made because of service or individual needs but only where it is deemed that no risk is posed to patient safety or the wellbeing of the individual

- Long days/ nights should have a maximum duration of 12.5 hours including breaks (typically 11.5 hours paid and 60 minutes break).
- It is permissible to allocate a pattern of both long days and nights in the same working week but these must be separated by a minimum of 48 hours between the shifts.

### *Long Days*

- No more than 2 long days in a row should be routinely rostered.
- Individuals working a pattern of long days but who struggle with fatigue may request a pattern of split shifts (e.g. Monday, Wednesday, and Friday) and efforts should be made to accommodate this. However, this should otherwise be avoided for other members of staff. Staff should not be stigmatised for these requests.

### *Long Nights*

- No more than 3 long nights in a row should be routinely rostered.
- There must be a minimum of 48 hours following the night shifts before the individual can workday shifts.
- Senior Sisters/Charge Nurses/Midwives should avoid allocating “split” nights shifts wherever possible (e.g., Monday, Tuesday, Saturday and Sunday) unless this is a request by the staff member or a failure to do so would compromise the efficiency of the planned roster.

### *NON-CLINICAL Shifts*

Nonclinical shifts are those shifts whereby an individual is not working a clinical shift on the ward e.g. annual leave, sickness and study leave.

### **Shift breaks**

#### *Breaks during shifts*

Breaks are essential to ensure that staff receive adequate hydration and nutrition throughout the shift. Breaks must be taken they are not paid, and payment cannot be claimed. Agreed breaks are:

- 7.5 hours shift = 30 mins unpaid break.
- Long Day or Long Night (i.e., 12.5 hour shift =60mins unpaid break) (can be split into two short breaks).
- Long days/ nights of more than 10 hours total duration should have a minimum unpaid break of 60 minutes.
- Shifts in excess of 13 hours including break time must be avoided.

The Senior Sister/Charge Nurses/Midwife must ensure that breaks are taken.

The member of staff in charge of each shift is responsible for facilitating breaks in a timely manner and must ensure that temporary staff are allocated the appropriate break as payment cannot be made for missed breaks.

NB there may be a small number of services/teams where the principles around breaks during the shift(s) set out in this do not apply and these exemptions must have been agreed within the specific service.

### *Breaks between shifts*

Staff have the right to 11 hours uninterrupted rest in a 24-hour period, e.g. if they finish work at 20.00, they should not start work again until 07.00 the next day.

### **Changes to published rosters**

On occasions where the planned roster needs to be changed post publication for service needs, the Senior Sister/Charge Nurse/Midwife consults with affected individual(s) and advise them of the change prior to the change being published where possible.

### **Managing Exceptional Circumstances**

The Senior Sister/Charge Nurse/Midwife is responsible for informing their Senior Nurse/Midwife of any exceptional circumstances which will impact upon staff requirements and will discuss and agree any action to address these. Exceptional circumstances may include:

- Situation where the staffing level is not maintained.
- Any vacant shifts which have no cover (i.e. shifts for which temporary staff are currently planned or appear to be needed). These shifts will incur an additional cost.
- Where any of the agreed/policy led parameters have been exceeded, such as staffing levels or skill levels.

### **Role of each individual Registered Nurse/Midwife/Health Care Support Worker/ Team Member**

Staff will be required to work a variety of shifts and shift patterns to fit the needs of the service. All staff must be expected to work a fair and equal share of early/late and night shifts unless exceptions have been agreed. All Registered Nurses, Midwives/Health Care Support Workers/team members should:

- Ensure personal details are kept up to date.
- Attend work as rostered.
- Be responsible and flexible with their roster requests and be considerate to their colleagues.
- Request shifts and annual leave in line with relevant policy requirements and in line with the ward/department/unit budget.
- Input their duty/days off requests via the agreed rostering system (electronic rostering system or manual system if electronic is not available, but only if not available) by the deadline for each roster. Staff must not assume shifts showing on the roster reflect their off-duty until the roster is officially signed off and published on the ward.

- Monitor their own hours ensuring that they are being recorded correctly in the E-Roster system and meeting their contracted hours.
- Utilise the E-Roster system fully, viewing timesheets, hours worked and informing the Senior Sister/Charge Nurse/Midwife (or deputy) of any discrepancies.
- Be responsible for taking the agreed breaks to ensure they have taken a rest period, food and fluid. Breaks are not paid.
- Ensure they are maintaining their skills, knowledge and competence by rotation between day and night shift patterns, including weekend working. Staff who work the majority of either days or nights should rotate to the opposite shift patterns, at least twice yearly (minimum of 8 weeks per 12 months).
- Once rosters are approved, staff wishing to make changes should, in the first instance, attempt to exchange shifts with other appropriate team members. Any changes are made within equal grade bands and with consideration to the overall skill mix of all the shifts not being changed.
- Seek authorisation from the Senior Sister/Charge Nurse/Midwife of changes to a planned or worked shift, taking into consideration skill mix and not leaving staffing levels depleted.

### **Role of the nurse in charge of the shift where the “Safe Care” module is in use**

In those clinical settings where the “Safe Care” module of the Allocate Health Roster system is in use, the Registered Nurse/in charge of the shift should:

- Identify the nurse in charge
- Mark attendance
- Enter the required data within the census period time (0630-0830 and 1900-2100)
- Input acuity data for the patients on the wards at the time of the census period (utilising the Welsh Levels of Care tool).
- Make a professional judgement whether the number of staff on duty is appropriate or not appropriate to meet the care needs of the patients on the ward at that time.
- Where the number of staff is not appropriate to meet the care needs of the patients on the ward at the time, raise a red flag.
- When entering data, the RAG rating should be reviewed using the nurse's professional judgement to provide assurance and additional information (where required). This may include the actions taken to mitigate risk or escalate where necessary.

### **Role of the Senior Sister/Charge Nurse/Midwife/Team Leader (or deputy) in producing and maintaining the rosters**

The Senior Sister/Charge Nurse/Midwife/Team Leader (or deputy) is responsible for implementing the Health Board rostering policy at local level and must:

- Use the electronic rostering system (or manual system if electronic is not available, but only if not available) to monitor and manage the nurse/midwife staffing level and to ensure safe patient services, minimising the use of bank, pool or agency staff.
- Produce rosters in line with the Health Board rostering timetable, i.e. 6 weeks in advance of the roster start date at all times (NHS Improvement, 2018).

- Roster staff in line with the agreed planned roster i.e. within budget at all times.
- Ensure that annual leave is evenly allocated throughout the year in line with the agreed headroom targets.
- Ensure that staff's contracted hours are fully utilised to cover staffing requirements and over/under staffing before temporary staff or additional hours or overtime are requested and where temporary staff are used follows the process set out in the standard operating procedure for the booking of temporary staff (Appendix 5)
- Ensure staff do not accrue a time balance in excess of one shift of hours owed or owing (7.5 hours or 11.5 hours depending on shift pattern).
- Ensure that shifts given a higher priority, i.e. nights and weekends are filled first. It should not be routine to use overtime, bank or agency staff permanently on any shifts.
- Accurately record all shift times worked including early/late finish times and all other types of leave/absence including study days and any extra hours worked.
- Ensure that the Senior Sister/Charge Nurse/Midwife (Band 7 and above) are not routinely rostered to work nights/weekends/public holidays unless it is an essential requirement of the specialist area/service need.
- Supernumerary person such as students and Senior Sister/Charge Nurse/Midwife should not be included in the planned roster.
- Take responsibility for ensuring that cross cover options are explored prior to requesting temporary staff.
- Take responsibility for authorising all changes to the planned roster ensuring that on occasions where the planned roster needs to be changed post publication for service needs, the Senior Sister/Charge Nurse/Midwife consults with affected individual(s) and advises them of the change prior to the change being published where possible.
- Ensure that adequate diet and hydration breaks are taken across all shifts worked
- Should continuously assess the situation and inform their Senior Nurse Manager/Midwife of any exceptional circumstances which impact upon the staffing level and escalate any concerns about the adequacy of the planned roster.
- Ensure that all staff maintain their skills, knowledge and competence by facilitating a rotation between day and night shift patterns, including weekend working.
- Include an agreed minimum number of staff with specific competencies/skills on each shift, including a designated member of staff in charge.
- Ensure that Nursing Students are rostered with their mentor where possible, i.e. 2 days per week / 50% of their working week as a minimum. If their mentor is unavailable, an associate mentor must be allocated.
- Ensure that the bank office is notified of any vacant shifts, authorised for temporary staff cover, 4 weeks in advance.
- Ensure rosters are updated accurately and in a timely manner - both daily and weekly.
- Finalise shifts weekly and abide by the deadlines for payroll cut-off dates to ensure correct payment to staff.

### **Role of the Senior Nurse Manager/Midwife/Clinical Lead**

The Senior Nurse Manager/Clinical Lead is responsible for ensuring compliance with the Health Board's rostering policy for their areas of responsibility and must:

- Ensure that their areas of responsibility use the agreed electronic rostering system (or manual system if electronic is not available).
- Ensure that rosters are produced in line with the Health Board E-Rostering timetable (published annually) i.e. signed off 6 weeks in advance (NHS Improvement, 2018). NB: There are a small number of services/teams who are exempt from this requirement.
- Ensure that annual leave is evenly allocated throughout the year in line with the agreed headroom to minimise impact on variable pay spend through appropriate planning.
- Ensure that rosters that are produced by Senior Sisters/Charge Nurses/Midwives (or deputy) fully utilise staff's contracted hours prior to escalation to bank/agency.
- Ensure that bank and agency requests are raised in a timely manner as per the dates in the E-Rostering timetable and follows the process set out in the standard operating procedure for the booking of temporary staff (Appendix 5)
- Use the roster via the E-Rostering system to:
  - o Produce management reports as required.
  - o Consider approval/rejection of temporary staffing.
  - o Deploy staff effectively in accordance with the needs of the service and the knowledge, skills and ability of staff.
- Ensure all verification of worked shifts is undertaken on at least a weekly basis
- Ensure that Senior Sisters/Charge Nurses/Midwives/deputy and identified individuals comply with the verification/approval process.

## Role of the HEAD OF NURSING/MIDWIFERY

The Head of Nursing will:

- Have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively,
- Ensure that the nurse staffing level for their areas is in line with HEALTH BOARD policy (e.g. Nurse Staffing Levels and Escalation Plan: Adult Acute Services Policy **1310** [Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework](#) – opens in a new tab) national and local standards.
- Ensure that the finalisation process is completed in a timely manner, to ensure prompt payment, and that the roster adequately identifies the staffing requirements.

The Head of Midwifery will:

- Ensure that the midwifery staffing levels for their areas is in line with Health Board policy and national and local standards i.e. Birthrate Plus workforce planning calculation
- Ensure that the finalisation process is completed in a timely manner, to ensure prompt payment, and that the roster adequately identifies the staffing requirements