



### Local Partnership Forum

### Minutes of the meeting held on 8<sup>th</sup> November 2019 UNISON Office, Abergele Business Park, Abergele.

#### Present

Mr Gary Doherty	BCUHB – Chief Executive
Mrs Sue Green (SG)	BCUHB – Executive Director of Workforce & Organisational Development (OD)
Ms Jan Tomlinson	UNISON
Mr Paul Andrew	BCUHB – Directorate General Manager, Surgical
Mr Ben Bowden	GMB
Mr Tony Brady	UNITE
Ms Cheryl Brown (CD)	Midwife, Royal College of Nursing
Mrs Deborah Carter	BCUHB - Director of Quality & Assurance
Ms Sharon Cawdell	UNISON
Mr John Chapple	Royal College of Nursing
Ms June Davies	GMB
Ms Jan Garnett (JM)	BCUHB – Head of Nursing, Surgery
Ms Alison Griffiths	BCUHB – Director of Nursing, Central
Ms Lesley Hall (LH)	BCUHB - Assistant Director, Workforce & OD
Ms Debra Hickman	Director of Nursing, Secondary Care
Ms Sue Hill (SuH)	BCUHB – Interim Finance Director
Ms Jackie Hughes (JH)	SoR and (Trade Union) Independent Member
Ms Donna Hutton	UNISON
Ms Catherine Jones (CJ)	Royal College of Nursing
Ms Jennifer Jones (JJ)	BCUHB - Head of Secondary Care Office
Mr Keith Jones	BCUHB – Interim Director of Nursing
Ms Mandy Jones	BCUHB – Director of Nursing Secondary Care, West
Ms Chris Lynes	BCUHB - Director of Nursing, West
Mr John Martin (JM)	BCUHB - Head of Workforce (East)
Mr William Nichols (WN)	Royal College of Nursing
Mr Richard Oldfield (RO)	UNISON
Mr Mike Openshaw (MO)	UNISON
Ms Kate Parry (KP)	Royal College of Nursing
Ms Alison Pawley (AP)	Unite Union
Mr George Roberts	BCUHB – Head of Workforce
Mr Richard Tanswell	UNISON
Ms Sue Williams	Royal College of Nursing
Mr Matthew Winter (MW)	BCUHB - Head of Workforce: Mental Health

#### In attendance

Sian Jones (SJ)	For minute taking
-----------------	-------------------

Agenda Item	Action By
<p><b>L19/76 Apologies for Absence</b></p> <p><b>L19/76.1</b> None received.</p>	
<p><b>L19/77 Shift Change Proposals</b></p> <p><b>L19/77.1</b> GD welcomed everyone, and clarified that working in partnership with trade unions in a mutually respectful manner is very important to discuss issues at work, and confirmed the health board's commitment to work in partnership. The focus of this meeting will be on moving forward in respect of rota consultations, there have been many meetings and conversations that have taken place, and it's important that we reflect and learn from them. There was a need to look at everything within the consultation package and consider whether we can agree on elements within that package at this meeting, and look at examples of concerns within the health board. Finally, there is a need to consider and agree communications that will go out following this meeting. SG advised that she had asked nursing colleagues what they wanted to achieve from this meeting and would want to know what TU colleagues wanted to achieve from today.</p> <p><b>L19/77.2</b> DH (UNISON) confirmed all TUs in agreement and would like a timetable agreed regarding process to be followed, to ensure that meaningful consultation will take place and commitment to meet with Local Partnership Forum/Staff Side to take this forward.</p> <p><b>L19/77.3</b> JC (RCN) stated that the consultation hasn't been a meaningful consultation. It was an information giving exercise and all the comments made by staff were negative. In addition the FAQs didn't cover all the questions which had been raised. There is a large gap in staffing, a large retirement drift, there is a policy already for paid/unpaid breaks but not often used. This agreed pause needs to be effective. Issues raised by staff regarding child care, transportation, time owing, not getting breaks have not been properly addressed and need to be consulted upon. TB (UNITE) agreed with UNISON and RCN and wanted to understand the intentions.</p> <p><b>L19/77.4</b> SG (WOD) confirmed that during the meeting there would be clarity on what has been proposed in consultation, clarity on safeguards, hear a little bit of nursing perspective from consultation process and from nurses working with the proposed roster. SG had envisaged the requirement for a timetable and we can plan that together. SG would like opportunity to go through proposal and look at how we can agree a timetable and approach for meaningful consultation. She confirmed that the changes wouldn't proceed at present.</p> <p><b>L19/77.5</b> TB (UNITE) queried that there has been insufficient consultation with UNITE. SG acknowledged that UNITE didn't feel they'd been consulted enough and maybe hadn't discussed with individual unions sufficiently. SG confirmed that all trade unions were present when the feedback was provided. Nurse colleagues needed a clear way forward from this afternoon.</p>	

**L19/77.6** GD stated that there is a need to be clear on how we respond about concerns regarding breaks to give reassurance. Look at examples from our health board or other health boards of good practice which can be shared to provide reassurance. Concern had been raised with GD directly at awards evening plus he has received emails from colleagues who are supportive of the proposal.

**L19/77.7** SG shared documentation (Nurse Shift Change Proposals – 8/11/19) and suggested that consideration is given to this and should TUs need time to consider this can be provided by adjournment. Need to be clear about what a meaningful consultation would include as important this isn't raised as an issue in a few months. Once feedback is given we can consider the timetable. TB stated there should not be a question about what meaningful means as that is already clear.

SG went through the handout:-

**L19/77.8** Page 1

**Current** - 100 current different shift patterns, mostly due to working as separate previous organisations and it isn't therefore standardised. Unpaid breaks vary from none to 1hr 15mins, handover varied from 30 mins to 3 hours, paid breaks in some areas.

**Proposed** – standard framework for start/finish times, handovers, consistent application of breaks policy, additional break in long shifts.

**L19/77.9** Page 2

**Shift times** – long days/night shifts/early/late/handover times subject to service need/safety huddles, discretionary variance within 15 minute tolerance, flexible working agreements (eg. if shift starts at 7.30am but no transport till 8am or childcare difficulties).

**L19/77.10** Page 3

**Rest breaks** – 60 minutes break in 12+ shift taken in 2 periods during the shift but not in one block or either end of the day. 30 minutes break for a 6.5 hour to 8 hour shift. This is linked to breaks policy of 2015, TOIL policy, Working time procedure and flexible working policy.

**L19/77.11** Page 4

**Entitlement to breaks policy (2015)** – clarity on what happens when can't take a break where payment will be agreed.

**L19/77.12** Page 5

**Impact of extended break for long shifts** – 550 wte across 3 sites – net over and under hours in last 12 months. (Theatres currently do 45 minutes not 1 hour).

**L19/77.13** Page 6

**Unpaid breaks** demonstrated in Central Secondary Care Inpatient Wards for April and October 2019. Understand feedback that staff may not be able to take breaks and questionable whether this is already recorded. Therefore need to build that in to the plan when moving forward.

**L19/77.14** SG said she committed to the Board and to TU partners that there would be equity for case work, equal pay and this is another area where there is no equity in BCUHB. SG stated that as executive lead for health and safety she has done a gap analysis and in terms of WTD we are not consistent in application across the board. This consultation process is meeting both these requirements. BCUHB currently has wrong ratio of bank/agency and this needs to be addressed. SG asked nursing colleagues for their feedback.

**L19/77.15** DC confirmed that this proposal will provide greater level of safety to nursing staff, based on evidence that staff on long shifts do not get relief which impacts negatively on their time off. Looking at this in an equitable manner, from a health and wellbeing and from a safety perspective this is the right thing moving forward.

**L19/77.16** AG (YGC) said the driver for implementing this was not about finances but about staff welfare and patient safety and there is a desire to have a BCU nurse at the patient bed although we appreciate agency staff give a huge contribution. The proposed shifts had been previously imposed in YGC for perfect roster and bringing fairness into the workforce. Surgery were first to implement this and ward managers stated yesterday that they would not want it to be any other way now. It was right for them as leaders. Staff who work a 12 hour shift do need sufficient breaks. The complexity of nursing duties need to be recognised and the contribution to patient safety. Staff who are not being paid breaks are more likely to take them and break allocations are discussed at the mid-day meeting at YGC. AG fully recognised the support from the unions and support about hydration stands on the ward. Ward managers are concerned that this may revert, concerns that peers not working in the same way, they wanted to come and meet with you today but due to noise raised regarding this they were worried about how they would be perceived by staff if they attended. We have testimonials of staff who have been working in this system for some time now.

**L19/77.17** SG said we'd heard a lot about staff concerns and a snapshot of people's testimonials would be helpful before we move forward.

JG (YGC) said that she had been a nurse for a very long time and stated that when long days were implemented on the surgical floor, one hour break was included and it has worked. Some of the feedback was:-

- "8pm finish will give me a better worklife balance. Being undervalued as other get paid break."
- "Don't mind finishing at 8pm – not fair others get paid."
- "Finishing at 8 would be great as work till 9 at present"
- "Paying for breaks in other areas discriminates against them"

**L19/77.18** SG thanked the nursing colleagues for their feedback and suggested an adjournment. During adjournment SG asked that all consider that part of the proposal was moving to a 13 week roster so nursing staff can plan better, managers would know what bank is required in advance and this seemed to have a positive response from the consultation. SG requested consideration on whether parts of the proposal can be agreed and we can move forward with the agreed elements. TB said he had 2000 testimonies that do not support the proposals. SG confirmed she'd read all the feedback

[Meeting Adjourned – 4.10 – 4.30pm]

**L19/77.19** DH said clearest message for all responses is that it's difficult to take breaks. The members want to hear that this is taken seriously. Trade Unions requested a full review of ability of staff to take breaks and then review through partnership forum and restart talks about what's in the consultation. Need to show members that we've heard and you've listened so need that baseline on breaks.

**L19/77.20** SG confirmed that the data is available and was more than happy to go through due diligence of that data with relevant trade union representatives and this could take place promptly and asked for nominations from Trade Unions to go through this exercise in partnership

**L19/77.21** SG asked whether we can proceed with part of the proposal, i.e. Start time/handovers/roster periods? DH responded that they would not wish to proceed with any element until there was a greater understanding about of breaks.

**L19/77.22** SG confirmed that the proposal relating to 12 week roster has not had any negative feedback. If we are delaying that it would be delayed for quite a long time and wouldn't be ready for January 2020. TB responded that without agreement on breaks and evidence of staff taking breaks they would not support progressing with any element. SG gave her commitment regarding joint due diligence on ability to take breaks and identify areas which are not. SG confirmed that she would be able to identify those who have breaks usually and those who are unable to take breaks

**L19/77.23** DH confirmed their commitment to partnership working and to remember that members have had a lot of negative feedback. This will enable them to go back to our members to say their feedback has been heard and we are working in partnership to progress further.

SG appreciated that the commitments of full time officers and in the interest of moving forward quickly asking for agreement that she could work with local trade union representatives. JC/DH/TC agreed for this to take place and JC asked for agreement to co-opt full time officers as and when required. SG agreed to this.

**L19/77.24** It was suggested that another meeting take place in December before the January LPF and complete the due diligence work t before then. Need to give people a timetable on when can re-enter consultation. It was agreed that a joint statement would be prepared to go out on Monday. SG would be writing a draft statement which would be circulated to all Trade Unions for their comment/feedback by cop Monday.

**L19/77.25** JC thanked everyone for their efforts to arrange this meeting today and felt it had given opportunity for all to put our views across in a timely fashion.

**L19/78.** Date of next meeting.

**L19/78.1** Tuesday, 7/1/2020.