

**Health Board
/Finance and
Performance
Committee**



**GIG
CYMRU
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WALES**

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

24th October 2019

Report Title:	Nursing Shift Change Proposals
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Responsible Director:	Gill Harris, Executive Director of Nursing, Midwifery and Patient Services Deborah Carter, Acting Executive Director of Nursing, Midwifery and Patient Services Sue Green, Executive Director of Nursing, Midwifery and Patient Services
Public or In Committee	In Committee
Purpose of Report:	The purpose of this report is to provide the background to proposed changes to Shift changes for a proportion of Nurses and Midwives across the Health Board and to recommend implementation of the proposals with effect from January 2020.
Approval / Scrutiny Route Prior to Presentation:	<ul style="list-style-type: none"> • Nurse Efficiency Group (various) 2018/19 • Workforce Programme Review Group (various) 2018/19 • Workforce Partnership Group 21st June 2019 • Consultation in line with Organisational Change Policy: • Phase 1 (Secondary Care) - consultation is 15th July – 23rd August • Phase 2 (Community) - consultation is 12th August to 17th Sept • Local Partnership Forum 8th October 2019 • Workforce Optimisation Delivery Group 16th October 2019 • Executive Team 16th October 2019
Governance issues / risks:	<p>Risks in relation to implementation include:</p> <ol style="list-style-type: none"> i. Adverse publicity and reputational damage ii. Increase in nursing turnover/sickness absence <p>Risks in relation to non-implementation include:</p> <ol style="list-style-type: none"> iii. Claims by other nursing staff and staff groups for parity/equal pay in relation to paid breaks iv. Claims that Health Board is not meeting its statutory obligations in accordance with Working Time regulations 1998 v. Claims that the Health Board is not meeting its duty of care in relation to adequate rest breaks vi. Impact on other organisations/Health Boards where changes have been implemented.

	vii. Failure to reduce reliance upon agency nurses and failure to secure financial efficiencies as a result
Financial Implications:	The overall efficiency figure attributed to the changes in Acute (including Women's) and Community Services is iro £537,000
Recommendation:	The Committee is asked to approve the recommendation to proceed with implementation on the basis that the measures set out within the Response to Consultation are fully implemented and an evaluation of impact undertaken following 6 months in operation (i.e. after 2 full roster periods)

Health Board's Well-being Objectives <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	WFGA Sustainable Development Principle <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
Equality Impact Assessment is in place and has been updated to take into account feedback from the Consultation.			

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

1. Executive Summary

This report sets out a summary of the proposed changes to achieve the following objectives, i.e.

1. Achieve optimisation of nursing shift patterns across all services within BCUHB
2. Achieve optimisation of nursing shift handover periods across all services within BCUHB
3. Achieve optimisation of nursing shift breaks and break durations across all services within BCUHB

It outlines the process followed to consult on these proposals, the response to the feedback received following the consultation and recommends implementation of the proposals from January 2020.

In addition, it references two petitions submitted by Unite the Union and Plaid Cymru each requesting no change to the nursing rosters.

2. Background and proposals

2.1 Legislative framework

The Health Board has a number of statutory duties linked to these proposals:

- A duty to have assurance regarding the provision of high quality, safe compassionate care, achieving financial balance and achievement to the statutory requirements as detailed in the Nurse Staffing Wales Act (2016). Essential to this is the right staff, with the right skills, in the right place, at the right time with a sufficient supply of staff and temporary workers to meet patient acuity, dependence and service needs. This is a challenge for a variety of reasons including the recognised national shortage of registered nurses with a resulting increased reliance on temporary staffing.
- A duty to ensure that staff rostering enables managers to configure a roster that matches the demands of the service with the right staffing levels and skill mix including a dynamic process of continual review of the configuration depending on patient need or service changes. Rostering is fundamental to ensuring that staff are deployed, in the most safe and efficient way, to ensure the best use of public money in the delivery of NHS services and that the needs of the patient are placed firmly at the centre of the management of the workforce.
- A duty to ensure it adheres to the Working Time Regulations 1998. This sets out the requirements for employers to regard control of working hours as an integral element of managing health and safety at work and promoting health at work. The regulations and associated guidance from ACAS/NHS Employers etc. are clear that when the working day is longer than six hours, all staff are entitled to take a break of at least 20 minutes. Rest breaks must be taken during the period of work and should not be taken at either the start

or the end of the period of working time. In circumstances where work is repetitive, continuous or requiring considerable concentration, employers must ensure the provision of adequate rest breaks as an integral part of their duty to protect the health and safety of their employees.

Effective rosters take into consideration factors such as patient acuity, staff, organisational requirements, the workforce and skills required to deliver services and workforce availability. Rostering is therefore, a pivotal function in healthcare delivery, as it is a mechanism, which ensures that staffing resources are appropriately allocated in order to provide a high quality, safe and efficient health service. The Health Board is therefore, committed to ensuring all staff rotas are based on service need, to enable the best level of care and support within agreed resources.

There are currently 100 different shift patterns in operation across the Divisions. There is a variance in unpaid breaks from no unpaid break to one hour 15 minutes. Handover period varies from 30 minutes upwards to 3 hours. Paid breaks are still occurring in a number of areas.

These changes seek to standardise shift patterns, handover durations, and break durations, across all divisions. These changes will ensure that any paid breaks within BCUHB are allocated solely in line with WP21a, providing equity and consistency across the Health Board and eradicating extended handover periods. These changes will allow more efficient and effective rostering, supporting patient safety and releasing unwarranted variation, thus unlocking valuable nursing resource.

2.2 Review Process

During the last 12/18 months there have been a number of changes made to nursing rosters and shifts, predominantly at a local level. These include for example - Changes to Theatres shifts, including changes to comply with the breaks policy; Implementation of unpaid breaks and extension of break times for long shifts YGC; Implementation of unpaid breaks for Agency workers.

In late 2018/2019, a proposal was submitted by the Nursing Efficiency Group chaired by Associate Director of Nursing (professional regulation) for standardisation of shifts across the outstanding areas of the Health Board.

This proposal was then taken forward under the leadership of the Director of Nursing Secondary Care supported by the Workforce team.

Following a further review, it became clear that this standardisation needed to be applied across community settings and as part of the wider inpatient nurse establishment review being undertaken by the Mental Health and Learning Disabilities Director of Nursing.

The projects were submitted through the former turnaround structure and arrangements made to undertake consultation in accordance with the Organisational Change Policy. The consultation documentation was submitted through the Workforce Partnership Group for review before commencement. However, as the project for acute care had already commenced, it was agreed that there would be a Phase 1 and Phase 2 consultation.

Following a request from Trade Union partners, the consultation relating to Acute Care was extended and following further discussions a decision was taken by the Executive Team on 21st August to delay any decision making following the close of consultation in acute care until the feedback had been considered together with that from the community consultation. It was agreed that there would be a combined response to the 2 consultation processes.

One of the key lessons learned from this process has been to ensure that, in circumstances where a change is proposed across a range of services, there should be one consultation and where appropriate a phased implementation.

It has also been agreed that all change programmes will be discussed with the Workforce Partnership Group and a schedule of potential consultations required developed to ensure effective release and representation/support for staff; effective HR input and a “level loading” of change programmes wherever possible.

Following the end of the consultation and after the Response to Consultation was issued on 7th October 2019, the Health Board has received two petitions from Unite the Union and Plaid Cymru. These petitions will be formally noted at the Health Board Meeting on 7th November 2019.

Both petitions are signed by a mixture of staff, patients and members of the public.

2.3 Response to the Consultation

A final Response to Consultation has been produced, shared and discussed with Trade Union partners at the Local partnership Forum. This response also took into account feedback during meetings between the Chief Executive, Executive Director of Nursing, Midwifery and Patient Services, Executive Director of Workforce with the chair of Trade Union Partners; Independent Board Member, Trade Union and separately with Unite the Union branch officials.

A copy of the Response is attached at Appendix A.

This document and the recommendations for implementation were submitted to the Workforce Optimisation Delivery Group (a sub group of the Workforce Improvement Group) on 16th October and were supported subject to confirmation that delivery plans are in place to:

- i. Implement the changes including the extended roster period;
- ii. Develop and test the monitoring and reporting process required;
- iii. Metrics for the evaluation of impact following implementation (including any potential impact identified as part of the EQIA)

Following the meeting and at the time of writing this report, these delivery plans had been drafted and agreed for final scrutiny at the Workforce Improvement Group.

3. Financial Implications

The overall efficiency associated with these changes totals £537,000 for 2019/20. This figure will reduce following the decision to delay implementation to January 2020. This is being quantified in detail. However, there is recognition that this is the

right thing to do and as such the shortfall will need to be mitigated as part of the overall programme.

4. Risks

It is acknowledged that there is a risk of adverse publicity and reputational damage. The public quite rightly holds our nurses in high regard and this change has already been portrayed as being detrimental to them. Whilst it is acknowledged that there are financial benefits to these changes this has been far from the only compelling factor.

Ensuring our nursing staff get adequate breaks protects both their health and safety and that of their patients. It is important to note that no nurse will be compelled to reduce their working hours or pay, as has been reported, but in maintaining their hours/pay this will mean them working the occasional extra shift to balance their working time to their contracted hours. We have recognised that this may cause difficulties for some staff and to mitigate this we have reiterated that flexible working arrangements are available. In addition, we will significantly extend our rostering schedules to have 12 weeks available to book into in order to give staff maximum opportunity to plan their working time to suit their lives. It should also be noted by this committee that much of the adverse publicity has already happened and that our communications team continue to ensure a balanced message is given out.

It is also acknowledged there is a risk of increase in nursing turnover/sickness absence. As part of this implementation there will be a programme of reporting and monitoring of key metrics to workforce groups including the Strategic Occupational Health and Safety Group. Where issues are identified, additional support will be targeted to these hotspot areas. It should also be borne in mind that stress and workload have been identified as key drivers of sickness and turnover, these changes will ensure adequate breaks for staff and make more effective use of substantive staff time giving fewer shifts needing filling by temporary staff or being left unfilled. It is anticipated that these factors may have a positive impact.

5. Recommendations

The Committee is asked to approve the recommendation to proceed with implementation on the basis that the measures set out within the Response to Consultation are fully implemented and an evaluation of impact undertaken following 6 months in operation (i.e. after 2 full roster periods)

16th October 2019