

RESPONSE TO CONSULTATION DOCUMENT FOR CHANGES TO NURSING ROSTERS

Introduction

This paper has been written to provide a thematic review of the responses received during the consultation and to inform decisions from BCUHB.

To summarise; this project's objectives are as follows:

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

Rationale for the changes

BCUHB has a statutory 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.

BCUHB also has 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.

Finally, BCUHB has a statutory duty to 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 some 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.

Summary of the thematic reviews

1. The proposed breaks in long shifts might leave some wards short staffed during these break periods. In Children's services, for example, nurses have fed back that the proposal of an hour's unpaid break will reduce their capacity on shift from 4 RN to 3 RN from 2 hours to 4 hours per shift. Patient safety is the Health Boards prime concern; senior staff on duty would seek, as far as possible, to time staff breaks to suit patient demand. Where breaks are interrupted, the nurse and manager should aim to provide the remainder of the break within the shift. Where breaks genuinely cannot be taken then the ward manager would amend the roster accordingly and this would be reported via a new exceptions and monitoring mechanism. On some wards with very low levels of registered nurse staffing on some shifts then paid breaks might be appropriate in line with WP21a. For example, in

community hospitals staff have said that where RN levels are 1 or 2 on shift at night breaks may not or cannot be taken. Should the full 1 hour break not be utilized due to patient care and safety, the time owing to the RN can be owed back to the RN within the roster period or paid in line with WP21a.

2. The availability of hot and cold food and beverages for staff on site – where there is one, the staff canteen areas are accessible via swipe card for staff to use the space out of hours. The HON and Catering teams will audit available facilities for hot and cold food and hydration, publicizing available facilities to their staff. If there are any identified gaps in the ability for staff to receive access to adequate hydration and nutrition whilst on shift, this will be reported through Datix and addressed by the local Occupational Health and Safety Group. In the event that this is not done the matter will be escalated to the Divisional and then to Strategic Occupational Health and Safety group
3. Financial Impact on staff - staff have fed back that they may feel no option but to request a reduction in their contracted hours to work 3 Long Days only and not build up the additional hours per month if working full time. Staff have also fed back their concerns that the earlier start times may impact on their childcare and or other carer responsibilities. The Health Board recognises and acknowledges that some staff would accumulate the requirement to work extra hours and advocate a position where these hours can be delivered flexibly within the roster period. No staff are required to request a reduction in hours; the requirement for RN hours on shifts is a high priority for the Health Board and all services are continuing their work to attract and retain nurses in the Health Board. The shift pattern start times should be aligned to service need; staff retain the ability to use the flexible working policy to request and discuss their preferred working patterns.
4. The loss of morale amongst nurses - many staff have made their views known that they believe the implementation of these proposals lack compassion, will be detrimental to their work life balance, welfare and that the proposal is not in line with BCUHB values. The Health Board places the health, safety and welfare of staff as a priority, in addition, these proposals seek to provide parity for staff in the allocation of an unpaid break within their shift as well as the monitoring that staff do receive their break to better support health and welfare.
5. Availability to take a break - staff have fed back that when they take a break they remain in receipt of a bleep and are expected to respond to calls and emergencies. In line with WP21a, 4.6, bleep holders are expected to hand their bleep to a colleague to enable an uninterrupted break. Where an emergency arises that requires the nurse to return to work the remainder of the break should be provided within the shift, or if genuinely cannot be

taken, recorded by the manager via the new exceptions and reporting mechanism. In line with WP21a, unpaid breaks can be taken in the workplace

6. Our service requires a twilight shift. BCUHB recognises that service demand varies and that there will be key peaks, such as in ED for example, where a shorter twilight or “Z” shift is appropriate.

Shift Pattern Principles

It is emphasized through the feedback from consultation that start and finish times need to meet service need and the safety huddles that are in place across sites and areas. Each clinical service should be able to control the start and end times of their shifts within a degree of variance (i.e.15 minutes from the times listed below) or where the service working day is less than 12 hours.

- Shift duration
 - 12.5 hour long day (paid for 11.5 hours)
 - 12.5 hour night (paid for 11.5 hours)
 - 6.5 hour early (paid for 6 hours)
 - 6.5 hour late (paid for 6 hours)
 - Standard 8 hour early or late (paid for 7.5 hours) in line with flexible working policies or service requirements that require working over a 5 day week
 - Standard 8 hour early or late (paid for 7.5 hours) in line with flexible working policies or service requirements that require working less than 5 days per week

It is expected that all handovers will be assumed as standard 30 minutes within each shift

- Start and finish times are proposed as below for nursing staff working long day/night shifts
 - 07:30 start, 2000 finish
 - 19:30 start, 0800 finish
 - 07:45 start, 2015 finish
 - 19:45 start, 0815 finish
- Start and finish times are proposed as below for nursing staff working shorter shifts: Early – 07:30-14:00 and Late - 13:30 – 20:00 and Z shifts which are aimed to meet peak service demand in line with the above shift durations.

Risks

Risks that had been identified prior to the consultation were

- current staffing levels and the vulnerability of the nursing workforce,
- access to childcare and parking,
- reality of releasing staff for a longer break and / or more frequent breaks
- longer handover periods are used for team meetings, appraisal and training
- an older workforce and the associated health risks need to be taken into account in line with current workforce policies
- Shifts over 5 day consecutive period may still be a requirement for some staff

Risks identified in addition during the consultation are:

- Increase cost of childcare to work an additional shift
- Increase costs of travel
- Safe staffing in Children's
- Staff morale being negatively effected
- Staff requesting to reduce their hours from 37.5 to 34.5 to work 3 LD only
- Access to facilities / refreshments & food (hot)

To mitigate these risks the following has been considered; the additional shift can be worked flexibly across the wider 12 week roster period to enable improved time to plan.

Any changes made to rosters, our staff would remain appropriately supported in line with all All Wales procedures, such as the Leave Policy, Flexible Working, Menopause Policy and Absence Policy. An Equality Impact Assessment has been completed

The risks of not making the changes include a continuation of the current position of inequity and variation across BCUHB. It is recognised that that clinical services will need to ensure staffing continues to meet patient and service needs and divisional leads have completed a baseline risk assessment to identify and understand anticipated risks particular to their division. This is key in all specialties, noting as example, Theatres, Children's, ICU and Renal services.

The benefits to moving towards a standardized approach to shifts patterns, breaks and handover are recognized as:

- Employer obligation to ensure that staff are having appropriate breaks supporting staff wellbeing and need to reduce the instances of breaches of the Working Time Regulations 1998
- Efficient utilization of staffing resources as our most valuable resource

- Reduction in number of shift patterns/break times/handover periods
- Shift patterns that meet service need
- Elimination of paid breaks (outside of exceptions outlined within WP21a policy)
- Potential reduction in fatigue if increased break period introduced for longer shifts.
- Increased roster efficiency
- Improved cross unit coverage (for instance staff working different start / end times at present they can't easily be deployed to another area as they may miss key shift times i.e. handovers).
- Increased consistency for nursing workforce (in terms of working hours and practices. At present some staff have longer breaks than others and some are paid for breaks etc.).
- Maintain safe and consistent workforce compliance (Nurse Staffing Act and EWTD)
- Improved nurse roster governance
- Optimization of shift patterns (minimizing the number of consecutive shifts worked)
- Reduction in overtime and agency spend
- Improved Patient Safety (standardization of handover periods)
- Reduction in the potential for European Working Time Directive non-compliance

It must also be noted that, whilst not expected, should any staff member believe that their pay has been negatively affected by the new rosters this must be flagged to their lead and for a review with HR on a case by case basis. Should any staff have lost income due to unsocial hour's short term, pay protection should be applied in line with OCP.

Implementation

Following the consultation, acknowledging the feedback and amendments the following recommendations for implementation are:

- Implementation for Secondary Care will be delayed from the original date of November 2019 to January 2020
- Roster period will be extended to a 12 week roster period (currently 4 weeks) to enable greater forward personal and organisational planning and to extend the period within which contracted hours must be worked
- Additional time built up by an employee, for example, consequence of long day (LD) shifts (namely 12.5hour shift paid 11.5hours) can be delivered flexibly, by agreement between nurse and manager, within a 12 week roster period.
- Development and implementation of an exceptions and monitoring mechanism (utilizing the Allocate System) to ensure that breaks are taken. Where breaks have not been

taken, to ensure that BCUHB has the ability to provide compensatory rest (i.e. deducted from any amount of time owed where applicable or, if no hours owing, to be taken within the existing or following roster period)..

- Weekly monitoring of break application at Matron level and monthly review by the Head of Nursing/HR/Occupational Health and Safety to ensure breaks are being taken and, where breaks have not been taken that the reasons for this are clear and actions taken to address. This information will be reporting through to the Occupational Health and Safety governance structure
- Standardized shift patterns per Site's and Area's with exception of the identified exemptions e.g. theatres, renal & day case areas
- An update of the BCUHB Roster policy, WP28a, to provide accurate guidance to users in line with these proposals by December 2019 to reflect the breaks for employees and agency workers.
- Review of the Breaks Policies (WP21 and WP21a) to ensure continued compliance with these rota's and this document
- The Head of Nursing and Catering will audit available facilities for hot and cold food and hydration, publicizing available facilities to their staff. If there are any identified gaps in the ability for staff to receive access to adequate hydration and nutrition whilst on shift will be escalated through the Occupational Health and Safety governance structure.
- Acknowledgement of the 6hr shift supporting service needs
- The re-issuing of the "standard ward routine" for ward managers, which includes and emphasizes the allocation of breaks

BCUHB recognise that transitioning to these new arrangements may be difficult for some staff and we are committed to supporting staff through these changes. We are committed to mitigate those difficulties by the measures described above; however, we firmly believe these new arrangements will provide better protection to staff health and wellbeing and will enable better quality, safer and more cost efficient services to our patients.