

From: Jonathan Warren, Acting Director of Nursing
To: Joint Staff Committee
Date: 3rd March 2010
Subject: Shift Patterns with Inpatient Units

1.0 Introduction

- 1.1 It has become increasingly apparent that the NHS is going to be expected to make significant savings in the coming years to cope with a reduction in income and an accompanying increase in costs (Agenda for Change pay drift, already agreed pay settlements etc). This will result in a reduction in budgets across all areas. The Trust is committed to exploring every option to ensure that we can avoid needing to make service cuts to balance budgets within this scenario.
- 1.2 This paper is the first of a series of papers that review the working arrangements of all professional groups including;
 - 1.2.1 Medical staff
 - 1.2.2 Psychology
 - 1.2.3 Occupational Therapy
- 1.3 It proposes the introduction of a single primary shift system across all inpatient units within the Trust in order to ensure we are making best use of available resources. It is, however, acknowledged that an increase in flexibility around shift times will allow teams to flex staffing dependant upon clinical need and activity within a ward.
- 1.4 The introduction of the Electronic Rostering System allows staff and managers to roster in a far more flexible way than ever before, to meet both clinical need and work life balance.
- 1.5 It is, therefore, also proposed that we increase the number of alternate shift times that staff can work within a set of clear criteria. These would include (but are not exhaustive).
 - 1.5.1 Mid shifts (9-5)
 - 1.5.2 Long days (07.00 – 21.00)
 - 1.5.3 Twilight shifts (21.00 - Midnight).
- 1.6 To ensure fairness and equity a number of rules will be agreed with staff side to maintain a safe working environment. These will include
 - 1.6.1 An agreed minimum staffing number
 - 1.6.2 An agreed balance of staff on long days and those on core shifts
 - 1.6.3 An agreed maximum number of consecutive long days.

1.7 It is anticipated that by changing the current shift pattern significant savings can be made whilst maintaining a number of minimum requirements as follows

- 1.7.1 Meet working time directive rules
- 1.7.2 Ensure best care for patients
- 1.7.3 Allow for flexibility for staff.

1.8 It offers two options that we wish to consult on and it is not intended to change the flexibilities that are currently afforded staff via the Work-Life Balance Policy.

2.0 Current Situation

2.1 Appendix B of the Work-Life balance policy refers to the following agreed ward time shifts

Early	07.30 – 15.30
Late	13.30 – 21.30
Night	21.00 - 08.00

2.2 What is clear, however, is that each unit and indeed ward has a variety of shift patterns in place, some of which break the current WTD.

3.0 Proposal

3.1 A number of principles were applied to test any option that was proposed as follows.

- 3.1.1 Must meet WTD Directives
- 3.1.2 Must make 'best use' of resources within the context of a reduced overall budget.
- 3.1.3 Must balance hours over a 3 month period
- 3.1.4 Must NOT have a start time earlier than 07.00 or a finish time latter than 21.45.
- 3.1.5 Must identify a rest period in each shift.

3.2 following examination of a number of options the following shift patterns were viewed to meet all the criteria, we are, therefore, proposing that the primary shift pattern within all inpatient wards is changed to one of the following;

Option 1

Shift	Start and Finish	Total Hours	Break	Total worked
Early	07.15 – 15.15	8	0.5	7.5
Late	14.30 – 20.00	5.5	0.5	5
Night	19.30 – 07.30	12	1	11

Option 2

Shift	Start and Finish	Total Hours	Break	Total worked
Early	07.45 – 14.30	6.5	0.5	6
Late	14.00 – 21.00	7	0.5	6.5
Night	20.45 – 08.00	11.25	1	10.25

Option 3

We would like to hear any other suggestions or options that staff may have

- 3.3 I propose to set up a dedicated e- mail address for staff to respond to, either, by way of a preference or a 3rd option.
- 3.4 It is not envisaged that any change should be made to the ability of individual staff members to apply to work alternative arrangements under the work-life balance
- 3.5 It is anticipated that staff and managers will need to balance hours over a 3 month period, with no staff being able to accrue more than 30 hours at any one time.

4.0 Conclusion

- 4.1 This paper outlines proposals to change the primary shift pattern for Nursing staff working in the inpatient units to one of those identified in section 3.2
- 4.2 Once agreed an implementation plan will be drawn up in conjunction with the JSC which would involve a short pilot within a single unit to identify any difficulties prior to full implementation. It is also anticipated that a number of seminars will be held for those staff drawing up rosters to ensure that the full range of flexibilities and restrictions are understood and applied. These will be run jointly by the staff side, the Director of Nursing and Operational Directors.