

## CHILDREN'S THEATRES NIGHT SHIFT CONSULTATION

## FINAL IMPLEMENTATION PLAN

- The consultation process to introduce a night shift into the duty roster for Children's Theatres commenced on 17<sup>th</sup> February 2017
- The proposal paper was presented to staff, with representation from both HR and staff side present.
- Staff were given the opportunity to review and provide feedback on the proposal. This period of review ended on 31<sup>st</sup> March 2017.
- Feedback received following the consultation has been reviewed and the following amendments made:
  - The original proposal presented a pattern to work 3 nights in a row and then have 4 nights off. This would have resulted in a shortfall of 9 hours per week for full time staff which would need to be made up at another point during the roster period. Trust policy on working no more than 3 nights in a row has been driven by the shift times worked in other areas, that is 12 hours per shift. Theatre staff work 9.5 hours per shift, therefore agreement was sought to allow theatre staff to work 4 night shifts in a row. This has been agreed.
  - ➤ In order to manage the night shift roster against existing twilight and permanent night shift staff, the night duty roster will have both a 4 night and 3 night pattern (please see proposed published roster on display). Aside from providing appropriate cover across the week, having both a 4 night and 3 night option will give staff more of a choice, as it is acknowledged that for some individuals 3 nights in a row would be preferred.
  - The original planned shift time for night duty was 21:30 until 07:45. These times would not allow a handover period between late shift and night shift, and night shift to day shift. In order to allow staff to finish and leave their shift on time, the new shift time for nights will be 21:15 until 08:00, with a 45 minute unpaid break, giving an overall shift time of 10 hours. This change of time will allow a 15 minute handover period, however this will impact on staff members overall working hours. For example, a full time member of staff working 3 nights will effectively work 7.5 hours less than contracted hours, and if working 4 nights will accrue 2.5 hours in excess of contracted hours. These hours will need to be equalled out over the course of a 4 week roster period, and this will be done at roster planning stage.

- > Staff who work part time will have their hours calculated on an individual basis, dependent on their contracted hours.
- > The default position will remain that all eligible staff will be included in the night shift roster, however requests to work specific periods of nights will be accepted and approved within the following parameters:
  - All members of staff affected must work at least one week of day shifts per 4 week roster period.
  - All staff affected must continue to form part of the required second on call team.
- It is acknowledged that a small number of staff participate in the specialist on-call rotas for neuro- and cardiac surgery, and the cardiac interventional service. The number and frequency of these on-calls will be taken into account when rostering these individuals to nights, so as to provide fairness.
- It is acknowledged that the introduction of a night shift roster will affect the unsocial payments to the existing twilight staff, who currently provide cover as first on-call. Pay protection will be calculated for this small group of individuals. The Sunday night first on-call, which is the only first on-call to remain within the roster (aside from the specialist areas highlighted above) will continue to be covered by the twilight staff on a rotational basis. Please note this rotation is only for the on-call element of the shift.
- Implementation of night shifts into the roster must begin at a time which is appropriate, considering vacancies, new starters to come into post and their subsequent training. However it is important that a roll out plan is in place. The ideal would be for a full night shift team to be rostered from the agreed implementation date, however to ensure that we can safely maintain our overall service for both days and nights, the implementation will begin with the anaesthetic practitioners only. The implementation date will be 2<sup>nd</sup> October 2017. The roll out for the scrub practitioners will begin on 4<sup>th</sup> December 2017.

I wish to thank everyone who has provided me with their thoughts, ideas and suggestions. I am pleased I have been able to adapt the proposal to accommodate these.

Matron