

FACING THE FUTURE

Centre for Change and Innovation

Scottish Executive Health Department

**Balanced Working Lives:
a 'can do' approach to employing
nurses and midwives**

Sharing the Picture

SHARING THE PICTURE – DIAGNOSTIC WORKSHOP

Aims

- ➔ To promote balanced and flexible working practices in the NHS
- ➔ To assist managers with recruitment and retention
- ➔ To create communities of skilled nurses able to take up employment
- ➔ To illustrate good practice
- ➔ To offer practical assistance

Content

- ➔ Defining the state of play
- ➔ Diagnostic activity – Magnet hospital model: a Scottish model
- ➔ Building a community database – insights from agency working
- ➔ Creating staff communities working in positive environments: strategies and tactics from practice
- ➔ Your own aims – critical incident recording and action research

The State of Play – Scotland

From the statistical and other literature two main themes emerge:

- ➔ There is a gap between the number of registered nurses currently working in the NHS, which is approximately 37,000 whole time equivalents (WTE) and the number of registered nurses living in Scotland which is approximately 55,000.
- ➔ The evidence is that the 'gap' is not comprised of large numbers of unattached/unemployed nurses – particularly since the implementation of the Community Care and Health Scotland Act 2002 and other statutory changes to health/social care provision and nursing education. This is supported by the recent return to nursing exercise undertaken by the SEHD.
- ➔ Over the past 10 years a considerable amount of care activity, particularly long-term and community-focused activity, has moved from the health service to other agencies. Registered nurses have moved into these areas and decisions to move centre around conditions, location and hours as well as hourly rate (not always registration issues).

- ➔ There are a variety of issues nurses have to 'carry' in order to gain the benefit of the slightly higher hourly rate usually paid to registered nurses. These include registration, PREPP (Post Registration Education and Preparation for Practice) as well as the responsibilities which go along with the job. In a recent study some reported, physical demands, working hours, emotional/personal intrusion and difficulties with childcare. One nurse put it ... 'working in my present non-nursing post I can just be a normal person doing a job'.
- ➔ Many nurses are the primary earners in their household and although partners may earn more, the nursing salary may be more stable and 'pays the mortgage'. This can promote stability and low turnover. However, it does mean that staff may be 'putting up' with conditions and not that they are necessarily happy in their roles. This threatens the stability of the workforce if circumstances change.

The State of Play – Locally

Diagnostic activity and status questionnaire

Accreditation models such as Investors in People (IIP) and the Magnet Hospital model: Creating a good place to work and practice, Buchan J (2002) (Attraction of Opposites. Health Service Journal) demonstrate that the best results in recruitment and retention are achieved when there is:

- ➔ participatory, supportive management
- ➔ decentralised organisational structure
- ➔ adequate nurse staffing
- ➔ deployment of clinical specialists
- ➔ flexible working schedules
- ➔ clinical ladders
- ➔ professional care delivery models
- ➔ autonomy and responsibility
- ➔ specialist advice
- ➔ planned orientation
- ➔ continuing education
- ➔ management development

A Scottish model: Sharing the Picture

Gaining and sharing an understanding of current activity is important as it enables you to:

- ➔ have a clear understanding of your workforce issues
- ➔ learn from what has already been done
- ➔ agree on individual and group action.

1. Look at your own area of responsibility and measure present management practice with the following:

Do you have?

- ➔ Emphasis on return to practice
- ➔ Close working with universities and other agencies
- ➔ Controlled nursing bank activity
- ➔ Appointment of overseas nurses
- ➔ Staff utilisation reporting
- ➔ Controlled use of agency staff

2. Look at your current activity in relation to flexible working arrangements and discuss the following:

a. Do you have examples of?

- ➔ Flexitime systems
- ➔ Fixed rotas
- ➔ Term-time working
- ➔ Bank working
- ➔ Part time working
- ➔ Day/night/twilight shifts
- ➔ Team-based self-rostering
- ➔ Job share
- ➔ Annualised hours
- ➔ Weekday/weekend working
- ➔ Minimum number of contracted hours

b. Where you have examples of these consider the following questions:

How were different working arrangements introduced?

What, if any, problems did you encounter?

Why have they been successful and how do you monitor this?

What has been the effect in terms of agency use?

Developing your community of nurses and midwives

1. Moving from nameless markets to known, named communities

Scotland has strong local communities with a high degree of social and familial connection. However:

- ➔ The NHS model has tended to try and fit 'square pegs into square holes' seeking recruits in very small pools and databases. Many of our specific requirements apparently exclude large parts of the available workforce. Each area has its own list of names (if they have any at all) and these may not be shared on an organisational basis.
- ➔ The 'agency' approach is to trawl as many people as possible, valuing **every** contact. Once on the database, effort is spent making each contact available and 'ready' for as many opportunities as possible. There is room for dormant, partially active and fully active contacts. There is **one main database**, which can be interrogated/collated into sub groups. A Scottish example of an agency database of registered and unregistered nurses/carers is:

15,000 on the database
5,000-6,000 working in a year
700-1,000 working in a week.

The importance of these figures is the ratios not the actual figures. The model suggests successful general approaches which lead to cross discipline and multi-skilled staff who are employed accepting their range of availability.

Also relevant is that the agency makes one-and-a-half times more calls than it receives. This is an important measure of pro-activity and response.

2. Adopting the 'Australian' flexible model – benefit to full- and part-time workers.

- ➔ In Australia, many health service employers have flexible hours/working practices to meet with specific social and cultural needs. Many people who live and work in Australia have visitors who have travelled far

and will stay for an extended period. During this time formal and informal arrangements are made about hours and attendance. This approach is used by full- and part-time workers.

3. *Moving to a flexible core staff*

- ➔ In Scotland, staff have a variety of needs which mean they require flexibility. The workforce cannot be divided into 'permanent, full-time, stable' and 'transient, part-time unstable'. An individual's social, domestic and professional needs and capacity changes throughout her/his career. At various times the emphasis on 'what is important to me' will also change. The ability to manage and plan for these needs along with the needs of the service is the key. In other words meeting the demands of the service should be enabled by flexibility at the core of the staff group rather than flexibility being provided by only bank or agency staff.

- ➔ Educational voucher schemes
- ➔ Survey of non-active nurses for potential recruits
- ➔ Assistance with registering

The Next Steps

What actions will you take?

What timeframe do you have?

What support do you need?

Creating staff communities working in positive environments

Overall aims

- ➔ To create an interesting place to work with enhanced patient care and practice.
- ➔ To encourage joint working with universities and other agencies to promote effective and meaningful practice and employment.
- ➔ To encourage special features in posts and areas of work so that individuals feel they are valued members of a community.
- ➔ To encourage nursing colleagues to remain in touch with their work community.

Strategies and tactics from practice

- ➔ Central free phone number with named locality contacts
- ➔ Free in-service training access to non-active nurses – free PREPP, '750' or '20 shift' clubs
- ➔ Follow-up of workers taking a break (creating and maintaining continuing dialogue)
- ➔ Return to nursing courses
- ➔ Joint appointments with universities and social services – managers and practitioners
- ➔ Special projects – (Designed healthcare examples)
- ➔ Health Board registers with an emphasis on large, central database
- ➔ Career counselling across trusts

Stories from real life

In developing this booklet there has been the opportunity to speak to individuals throughout Scotland about work-related issues.

This has produced a wealth of knowledge and insight. Here are summaries of some of the stories. It is hoped that they are a useful tool to assist understanding of the impact, the availability, or otherwise, flexible working practices can make. These will be explored further as part of the workshop process.

The full-time nursing bank: where a nurse asking for part-time work is refused a place in an **empty** full-time bank.

The hidden children's nurses: where children's nurses can get full-time hours without ever having to work for the NHS.

The rigid 12-hour shift: may have advantages for some full-time staff but can completely stop other nurses working.

The supermarket part-time worker: where a worker wanting to work 09.15 – 14.00 shifts during school term is seen as an **asset** to the team.

Maternity pay and repayment – disadvantaging the good: if you are honest you have to repay and if you aren't you don't – sometimes sensitive HR issues are summarily dealt with by the finance department.

Why £6 an hour is better than £11: 'you go into work and out with no strings and little fuss'.

The midnight shifts (20.00 – 24.00, 24.00 – 03.00) – going the extra mile? where a nurse could have done the shifts but needed help with transport, this was refused.

Flexible with shifts – inflexible with training: where the shifts offered were flexible but the in-service training necessary was not.

Job share – child share: where two or three nurses run their work/home lives as a co-operative.

Inflexible days/hours sessions – two days can't be three days! a professional offered to take on a Health Visitor in a part-time post over three days. She was refused and told 'You must work only on two days'.

Supporting delicate ecologies – a little slack all round: slight adaptations to working practices/hours can mean the difference to filling a post and not.

Difficult to place? The private sector manager's view: 'employing a difficult to place person is seen as a competitive advantage and good for retention'.

Need for a quartermaster? Role of co-ordinating and commandeering: in peace-time the quartermaster role concerns replacement to specification, but in crisis one has to negotiate, approximate, scrounge and commandeer.

Data protection issues 'Please tick here if you want more information': gaining the consent of applicants to use the information they supply for future opportunities.

NHS social medicine 'Value for money' ethos versus Insurance 'knowing your population' models: where each transaction is scrutinised for its financial value rather than its overall benefit to the system, e.g. training, job description issues and the on-costs of two people rather than one. 'Cutting off your nose to spite your face'.

'Named individuals' not 'nameless cohorts' model – high degree of community connection in Scotland – the NHS tends to use anonymous targets as though they are seeking an unknown resource. However, the people you seek are known, named individuals. The workforce is highly socially and familiarly connected.

The 'Hell mend them' response: having been treated in a high-handed, unsympathetic or clumsy manner by the NHS, many nurses, after telling their story, say this, particularly if they get a better paid post or one with better conditions elsewhere.

The 'not knowing enough to do the job': some managers do not appear to know that refusal to allow flexible working can lead to an industrial tribunal if the employer doesn't have a valid excuse.

Useful contacts and references

Shona Cowan – Shona.Cowan@scotland.gsi.gov.uk –
Centre for Change and Innovation – SEHD

Dr John Atkinson – john.atkinson@paisley.ac.uk – website –
<http://myprofile.cos.com/atkinson22>

PIN Guidelines – HR Directorate – SEHD website

'Improving Working Lives' – Department of Health –
website – www.doh.gov.uk/iwl

Buchan J The greying of the UK nursing workforce:
implications for policy and practice. *Journal of Advanced
Nursing* 1999;30 (4)

Buchan J (2002) Attraction of Opposites. *Health Service
Journal* vol.112 4/7/2002

Audit Scotland Report 2002 Planning Ward Nursing –
Legacy or Design?

Equality Direct –
<http://www.equalitydirect.org.uk/index.html>

www.new-ways.co.uk

World Health Organisation Website
Rainbow Pack, Greenhalge & Co.
GCL House, Gronco Lane, Macclesfield

Appendix 1

Equality legislation

The UK has specific legislation on equality that outlaws
discrimination and protects employees (including contract
workers, agency staff, etc.). It also covers provision of
goods and services.

The main laws on discrimination relate to sex, race and
disability. Discrimination on the grounds of age, religion
and sexual orientation is not covered, as yet, by direct
legislation in the UK, but it will be introducing legislation in
these areas over the next few years.

Main laws

The Sex Discrimination Act 1975 makes it unlawful to
discriminate on grounds of sex or marriage.

The Race Relations Act 1976 makes it unlawful to
discriminate on grounds of colour, race, nationality, ethnic
or national origin.

The Disability Discrimination Act 1995 makes it unlawful to
discriminate on grounds of disability.

The Equal Pay Act 1970 makes it unlawful to discriminate
between men and women in their contracts of employment
including pay, holiday entitlement, pension, etc.

The Employment Relations Act 1999 gives working
parents the right to unpaid parental leave and time off to
deal with emergencies.

Related regulations and other information

The Human Rights Act 2000 protects the human and civil
rights of individuals and has a potential impact on working
practices and policies.

The Working Time Regulations 1998 set a limit on how
many hours people can work.

The Part-Time Working Regulations 2000 require
employers to offer the same terms and conditions pro rata
to part-time workers as full-time workers.

The National Minimum Wage sets a minimum wage for all
workers aged 18 and over.

The Working Families Tax Credit provides a minimum
weekly income guarantee for families.

The Disabled Person's Tax Credit provides extra help for
people who have an illness or disability and work for
16 hours or more a week.

The Employment Rights Act 1996 requires employers to
issue a written statement of terms and conditions of
employment. It also provides rights to pregnant women.

