

**OFFICER DELEGATION SCHEME
RECORD OF DECISION**

TO BE UPLOADED TO THE INTERNET BY DEMOCRATIC SERVICES

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| Date: 9/10/2024 | | Ref No: 2246 | |
| Responsible Officer: Dill Hawley Lead for Intermediate Tier/Louise Palmer Clinical Lead for Intermediate Tier | | | |
| Type of Decision (please refer to MO Guidance): | | | |
| Key | <input checked="" type="checkbox"/> | Non-Key | <input type="checkbox"/> |
| Freedom of Information Status: <i>(can the report go in the public domain)</i> Yes | | | |
| Title/Subject matter: Intermediate Care (IMC) Facility – changes to shift patterns and workforce skills mix at Killelea House | | | |
| Budget/Strategy/Policy/Compliance: | | | |
| (i) Is the decision within an Approved Budget? | | YES | |
| (ii) Is the decision in conflict with the council's policies, strategies or relevant service plans? | | NO | |
| (iii) Does the decision amend existing or raise new policy issues? | | NO | |
| (iv) Is the decision significant and/or does it meet the £100,000 threshold for recording? | | NO | |
| Equality Impact Assessment [Does this decision change policy, procedure or working practice or negatively impact on a group of people? If yes – complete EIA and summarise issues identified and recommendations – forward EIA to Corporate HR] | | YES | |

Summary:

Killelea House, Intermediate Care Facility, provides care and support for adults over the age of 18, requiring short term care aimed at maximising people's independence. This service reducing pressure on acute hospital by providing a pathway to timely discharge from hospital or by preventing admission altogether. The average length of stay is currently 28 days and the average number of people being cared for is circa 480 per year.

Intermediate Care (IMC) aims to improve quality of life supports strengths-based approaches to maximise opportunities for recovery and return to baseline abilities, enabling people to be able to return to their normal residence, with minimal assistance.

The service provides up-to-date approaches to reablement, focusing on independence and reducing the likelihood of people being re-admitted to hospital or going into long term residential care. This is currently an essential part of the Bury system approach to flow, supporting the acute hospitals in early discharge, and ensuring they remain at home.

Currently there are 33 support workers in total: 26 work days with 9 different shift patterns including 6 working the new 12-hour pattern and 7 work on a night shift of 21.30 – 07.30.

Registered nurses are employed by Northern Care Alliance (NCA) and predominantly work a 12-hour shift pattern; therefore, this proposal will not affect them.

Physiotherapists and Occupational therapists, including therapy instructors, are employed by both Bury Council and NCA and work in partnership with a working pattern of 08.00 - 16.00 or 10.00 – 18.00.

Proposal

As part of meeting the fundamentals of care it is important we continually review arrangements in practice and reduce any potential harm, therefore, we reviewed the handovers within Killelea House as it is known that multiple handovers can lead to increased harm caused. as you will see from the table below it can be very difficult to coordinate due to the 9 different day shift patterns. This leads to confusion of developing rotas, and continuity of care, leading to the risk of poor quality of care being delivered and less work/life balance.

6 members of the support worker team, co-designed the 12-hour shift pattern, which they voluntarily opted to work whilst in the pandemic, they have reported better work/life balance with extra days off which they can enjoy, no split shifts and feeling more involved with patient/customer care and continuity. They feel they work in closer partnership with the rest of the team and have more time for learning and being involved in decisions being made for the patient/customer and their family/friends. Due to all these reasons, the staff have requested to remain on this shift pattern and would not want to return to their previous pattern.

Following introducing this shift pattern we would review from a quality and work life balance after 3 months to ensure no negative impact on staff or patients/customers.

1. The current pressures on the service due to gaps in staffing provision between the hours of 07.30 - 08.00 and 20.00 – 21.30 create inefficiency within service delivery and prevent full multi-disciplinary team (MDT) handover at key times of the day.

Current shifts patterns for support staff are;

| Number of staff | Start time | End time |
|-----------------|------------|----------|
| 1 | 07.30 | 12.30 |
| 4 | 08.00 | 13.00 |
| 1 | 07.30 | 17.30 |
| 1 | 08.00 | 17.00 |
| 6 | 08.00 | 20.00 |
| 4 split shifts | 08.00 | 13.00 |
| As above | 16.30 | 21.30 |
| 3 | 12.00 | 17.00 |
| 5 | 12.00 | 21.30 |
| 2 | 16.30 | 21.30 |
| 7 | 21.30 | 07.30 |

There is a significant pressure on staffing ratios between night staff finishing duty and the majority of day staff commencing shift at 08.00. To resolve this issue a new shift pattern is proposed as per below.

The new shift pattern with appropriate breaks would be;

| | Start time | Finish time |
|-----------------------|------------|-------------|
| Day shift (full time) | 07.30 | 20.00 |
| Night shift | 19.30 | 08.00 |
| Part time (morning) | 07.30 | 13.30 |
| Part time (afternoon) | 13.30 | 20.00 |

2. Furthermore, since the pandemic and introduction of the Intermediate Care at Home service (IMC@Home), patients/customers who would previously have been admitted to a bedded facility are able to return home to receive their care. This then means that the people being admitted to Killelea House IMC are more unwell and dependant and requiring their medication to be administered to them, as many are unable to self-medicate.

Currently we employ support workers in grade 7 roles, however the establishment reflects grade 6 and 7 support worker roles. Support workers at grade 7 are responsible for the administration of medication, within Killelea House. Due to the increase in complexity of the customers being supported in our IMC facility, it is now necessary for all support staff to administer medication and as a result the request is made to ensure we have

all grade 7 staff within the establishment. The has already been supported by finance and will be managed within the 24/25 budget.

Finance Comments

A recent review of the Better Care Fund and a full budget and workforce review has allowed the change in establishment of grade 6 to grade 7 posts to take place without any further investment required.

In addition to this, there are currently no grade 6 staff employed within the workforce.

HR Comments

There are currently 33 staff who would require consultation, 4 of these staff work split shifts (as per table), and this is not available within the new shift pattern.

As the changes are contractual subject to agreement of the recommendations, officers will work to commence consultation for a period of 30 calendar days in-line with the employee and consultation toolkit and following a Local Government Consultation (Section 188) meeting with Trade Union colleagues.

Any changes to matrix payments would not be covered under pay protection policy.

In summary we are asking to have a workforce who are competently skilled and funded appropriately to do the role that is now required, since the changing customer complexity, and for the workforce to work shifts as a full MDT. Thus, creating a cohesive and safe team to reable the customers within Killelea House, which many support staff have already requested to change to.

Vanessa Brockbank, HR Business Partner.

Wards affected: N/A

Consultations: Will be required for all support staff.

Scrutiny & Review Committee Interest: N/A

Options considered:

Remaining on the current shift pattern, however, this is not considered a safe and viable option.

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| <p>Decision <i>[with reasons]</i></p> <p>To agree to the changes in shift pattern for Killelea House support staff to offer more coverage and consistency for customers, and a better work/life balance for staff.</p> <p>To agree establishment change from grade 6 to grade 7 support workers.</p> | | |
| Decision made by: | Signature: | Date: |
| Executive Director – Health and Adult Care |  | 27 October 2024 |
| Section 151 Officer |  | 22 January 2025 |
| Director of People and Inclusion |  | 28 January 2025 |
| Members Consulted <i>[see note 1 below]</i> | | |
| Cabinet Member |  | 6 February 2025 |
| Lead Member - HR |  | 28 January 2025 |
| Opposition Spokesperson | | |

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| <p>Notes</p> <ol style="list-style-type: none"> Where, in accordance with the requirements of the Officer Delegation Scheme, a Chief Officer consults with the appropriate Cabinet Member they must sign the form so as to confirm that they have been consulted and that they agree with the proposed action. The signature of the Opposition Spokesperson should be obtained if required, to confirm that he/she has been consulted. Please refer to the MO Guidance. This form must not be used for urgent decisions. Where there is any doubt, Corporate Directors should err on the side of caution and seek advice from the Council's Monitoring Officer. |
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