

NHS Scotland Agenda for Change **Initial Research Paper – Reduction in the working week**

Executive Summary

From studies undertaken to date in the public sector (including Health), research results indicate that the reduction in the working week (without a reduction in salary) brings benefits to both Employees and Employers with examples including (but not limited to):

- Productivity and service provision remaining the same or improved across the majority of trial workplaces;
- An increase in staff morale and job satisfaction;
- Improvements in Recruitment and Retention levels;
- Reduced costs for Employers through lower staff turnover and reduced absenteeism;
- Helping to address gender inequality and,
- An increase in worker wellbeing across a range of indicators including (but not limited to):
 - Reduction in perceived stress / burnout levels;
 - Improvement in health (including more time to exercise);
 - Better work / life balance;
 - Helping those with carer / parenting responsibilities.

Post COVID-19 Pandemic, trials into reducing the working week also extensively noted that staff are now putting significant importance behind “understanding and flexible Employers”.

Several publications recognise cost as a potential blocker – as an example, the PCS publication “A shorter working week in government” (2021) estimates a 4 day working week across the Scottish public sector would cost between £1.4 - £2bn.

Cost implications will therefore require significant consideration from the working group prior to any agreement or implementation.

Also for working group consideration is that recent and more extensive research suggests that the success of any reduction in the working week is predicated on robust operational planning and ongoing Employer / Employee engagement.

While modelling and scenario planning is needed to confirm the exact cost and impact on service capacity of any move to reducing the working week, the move may provide solutions to the current levels of vacancies within the service and facilitate a sustainable and modern service for the future. In addition – the benefits noted would support NHS Scotland’s position as an “Anchor” institution and help facilitate NHS Scotland’s Workforce Strategy under the three Pillars of Attract, Employ and Nurture.

Background

The 2022/23 and 2023/24 NHS Scotland Agenda for Change (AfC) pay deal included a commitment to undertake a review with the aim of reducing the current working week of 37.5 hours for AfC staff.

This paper highlights the outputs of initial research into the topic and corresponding next steps.

Initial Research

There is a significant number of articles / studies regarding this topic (please bibliography) which will be reviewed as part of the working group, however the synopsis below provides a selection of research undertaken along which – in addition to the items raised above – provides additional points for consideration:-

“Going Public: Iceland’s journey to a shorter working week” (Autonomy 2021) - the Authors, looked at two trials which ran concurrently in Reykjavik (2014-19) and the Icelandic Government (2017-21) for the reduction of a working week (from 40 to 35/36 hours) across the public sector. In particular:

- The trials covered a total of 1% of the Icelandic population and a range of both shift patterns and workplaces (including from their Health Service);
- Following the trials, approximately 86% of Iceland’s entire working population has now either moved - or have the right to – shorter working hours;
- These trials indicated that staff did not “overwork” as a result of reduced working hours; and,
- The trial did note that the success of the trial was a direct result of workplaces implementing new work strategies to organise tasks through co-operation between Employers and staff.

“A shorter working week” (IN Labour research, vol 111 2022) - the authors looked at the prospect of a reduced working week of 32 hours over four days for the public sector. Along with employee health and well-being they also suggested such a move would see:

- A reduction in carbon footprint (through less commuting);
- An increase in gender equality due to greater sharing of care commitments; and,
- A reduction in unemployment.

“The shorter working week: a radical and pragmatic proposal” (Autonomy 2019) – key findings from a 2014 trial for 23 months with Swedish nurses in a Social Care setting moving to a six hour day from traditional eight hour shifts include:

- Considerable health gain, particularly for those aged over 50 with lowered blood pressure levels when compared to pre-trial;
- An noted increase in productivity for each nurse and;
- The overall cost of the trial was approx. £1m (which included the recruitment of new staff to cover gap in service hours and maintaining salaries after reduction in working week). However, once factoring in reduction in sick leave and removal of unemployment benefits (for new staff) the net cost figure was £0.55m.

Next Steps

Officials will utilise this initial and future research in discussions and planning through the corresponding Reduced Work Week working group.

Bibliography

The suitability of reduced working hours in the public sector in the UK is also discussed in resources such as the 2020 *Autonomy* reports (see **Ref No: [B55974](#)** and **Ref No: [B54780](#)**) and the *Public Finance* article (see **Ref No: [A68482](#)**).

The 2022 *Autonomy* report on the case for implementing a four day week in Wales (see **Ref No: [B59744](#)**), draws on previous case study experiences in international countries. Discusses the 2015-16 small trial of public sector workers in Reykjavik, Iceland where weekly reductions in hours (40-35) were implemented in service centres and child protection, leading to a later larger trial of 2,000 council employees. Studies demonstrated reduced stress among workers, improved work-life balance and boosts in participant performance and organisation productivity. No reductions in output were found as workers seemed well equipped to fit the same amount of tasks necessary for their job into fewer hours.

The trial method in Reykjavik was effective in inspiring wider support and take-up of the shorter working week across Iceland, as several Icelandic state departments across the country began their own trials. Consistent positive news coverage raised the idea of a shorter working week to the forefront of public consciousness. This has meant that reduced working hours has remained on the agenda since. Likewise, Reykjavik council specifically selected departments where employees were deemed to have a high workload and were consequently suffering from stress, meaning that these employees most likely to show positive results.

Committees were set up to manage the trial and measure its success. These committees were instrumental in helping to design and measure performance indicators for productivity and well-being and work-life balance. Moreover, trade unions played a significant role in establishing the trials, helping to push the policy through government negotiations. Unions also played a significant part in guiding the trials themselves, helping to organise how the trials would be implemented and to manage and oversee the process as the trials developed. This led to a new collective agreement between trade unions and the Icelandic Confederation of Enterprise in 2019.

The 2019 *Autonomy* report (see **Ref No: [B52304](#)**) also draws on multiple case study experiences of reduced working hours from around the world. Raises Utah's public sector experiment- a 4/10 workweek (10 hours a day, Mon-Thurs for all 17,000 state employees) to improve efficiency, reduce costs and conserve energy in a time of budget constraints. Employees demonstrated excellent responses to this, however, the decision was reversed due to claims in savings not materialising and complaints that public services were not available on Fridays. Suggests that the four-day workweek may be more effective to implement at a local level.

From 2014, for a period of 23 months, Swedish nurses in a retirement home in Gothenburg worked six hour days, instead of traditional eight-hour shifts. To meet this reduction in hours, additional employees were recruited covering about 15 full-time equivalents. The wages of the nurses remained stable and the wages of the new recruits were paid using public money. Results found general health indicators (perceived overall wellbeing, alertness, absence of stress and having an active

lifestyle) to be considerably better where the 30- hour working week was introduced and this resulted in decreases in sick leave.

Productivity and quality of service in the retirement home also increased. Staff in the home had more energy to engage with more activities with the residents, reflecting an increase in productivity. Residents in turn reported more positive experiences of care. The cost of the experiment was relatively low at around SEK 12.5m (around £1m). Even though extra staff were recruited and salaries remained the same, there was a considerable reduction in long-term sick leave, compensating some of those expenses. However, researchers suggest that if the savings on unemployment benefits are taken into account, the net cost would drop to around SEK 6.5m (around £0.55m).

The lessons from international reduced working week case studies are further considered in the *Progressive Economy Forum (PEF)* report (see **Ref No: [B53631](#)**). Examines the French 35-hour week in 1998 and draws that sectoral issues imply that the implementation of working time reduction needs to be considered carefully on a sectoral basis: a one-size-fits-all approach will inevitably lead to problems in some sectors. Also looks at collective bargaining in Germany and voluntary working time reduction in the Netherlands.

An online search was also conducted that uncovered additional resources that complement The Knowledge Exchange database results. These can be found following the results below.

[The Knowledge Exchange Database Results](#)

Ref No: A67125

Anon.

A shorter working week?, IN Labour Research, Vol 111 No 1 Jan 2022, pp16-18

Journal article

2022 Pages: 3

Looks at the prospects of a four-day working week. Notes that unions have been arguing for a reduction to a 32-hour week over four days with no reduction of pay. Considers the suggested advantages in terms of mental health and wellbeing, productivity, carbon reduction as a result of less commuting, gender equality due to greater sharing of housework and caring, and reducing unemployment through automation. Discusses trials of a four-day working week. Examines political and public support. Reflects on union pressure for trials, including in the public sector, and to tackle workload as well as working hours. Concludes by exploring how a transition to a four-day working week could happen.

Ref No: A68482

Prosser, David

Time for change? (working week), IN Public Finance, Sep/Oct 2022, pp48-51

Journal article

2022 Pages: 4

Considers whether the UK public sector might adopt a four-day working week. Explains that a trial of a four-day working week is taking place in 70 UK companies with employees on full pay if they manage to maintain productivity. Discusses a similar trial which took place in Iceland and which resulted in over 86% of the working population either working fewer hours or having the right to do so with maintained or increased productivity and an improvement in workers well-being and work-life balance. Notes that the coronavirus (COVID-19) pandemic has highlighted, for many workers, the value of spending more time with family. Finds that employers are motivated to reduce working hours by their current recruitment and retention issues. Notes that this is a major problem in parts of the public sector such as health services. Considers that the benefits for employers are more motivated staff, reduced costs through lower turnover and absenteeism, and attracting higher quality workers. Suggests that gender inequalities might also be improved with many women currently working four-day weeks with the same responsibilities as those working five days (for more pay).

Ref No: B59744

Calvert Jump, Rob et al

A future fit for Wales: a shorter working week for all

Autonomy

(Report available on the internet at: <http://ow.ly/tblk30sf0Z5>)

2022 Pages: 130

Makes the case for moving to a four-day working week in Wales. Discusses the context to the proposed changes with many people in Wales being in low-paid and/or zero-hour contracts and many facing increased automation of their jobs. Outlines the benefits of reducing the working week including improved mental and physical health, redistribution of jobs more equitably and reduced carbon emissions. Looks at ways in which a shorter working week can be accomplished: by worker-led sectoral initiatives; at the firm level; or at the state level. Proposes a series of initiatives that could form a roadmap towards a four-day working week in Wales. Discusses the barriers to the implementation of a shorter working week such as lack of legislative powers and financing. Looks at previous trials of shorter working weeks in Iceland, Germany and the UK. Outlines a potential implementation strategy within the Welsh public sector and suggests that this would act as an example to the rest of Wales and encourage adoption of the policy across the country. Discusses the use of public sector procurement strategies to encourage working time reductions in the private sector and highlights the role of trade unions in the process.

Ref No: B58275

Lewis, Kyle; Stronge, Will

A shorter working week in government: a worker-led inquiry into desirability, feasibility and impact

Autonomy

(Report available on the internet at: <http://ow.ly/f6Qn30rQ9WQ>)

2021 Pages: 100

Presents the results of a consultation process, involving the PCS Scotland trade union, which explored the potential of implementing a four-day working week across the Scottish Government (SG). Draws on the results of interviews, surveys and workshops with staff from across the SG to inform the study. Aims to understand the ways in which factors (such as job role, work setting, disability and caring responsibilities) influenced workers' views on shortening the working week (without a reduction in pay). Assesses the ways that working shorter hours would affect the lives of staff both inside and out of the workforce. Finds that there is a high degree of support for a shorter working week within the SG. Considers that staffing numbers, access to sufficient technological resources, management buy-in and making meetings more productive were essential if a shorter working week was to be implemented successfully. Provides a number of recommendations for PCS if it is to proceed with attempts to negotiate a shorter working week on behalf of its members. Estimates that a four-day working week in the Scottish public sector would cost between £1.4bn and £2bn.

Ref No: B58408

Statham, Rachel; Smith, Casey

Changing times: the future of working time in Scotland

IPPR Scotland

(Report available on the internet at: <http://ow.ly/5fhh30rSRU5>)

2021 Pages: 34

Explores the arguments for reducing working time in Scotland, and considers the ways in which shorter working hours might be supported. Outlines the context for the report, highlighting the changes in working patterns during the coronavirus (COVID-19) pandemic and political commitments to reduce working time. Describes the history of working time reductions and the twin challenges around underemployment and long working hours. Considers the case for shorter working time in Scotland, including impacts on productivity, wellbeing, workplace benefits, gender equality and reducing carbon emissions. Looks at routes to reducing working time: state-employer partnerships to navigate transition; new labour market institutions; workplace innovation; and perspectives from workers and unions about organising working time reductions. Presents policy recommendations, including expanding the Scottish Government's four-day week pilot and creating a new working time commission.

Ref No: B55847

Swift, Mark

Transitioning towards a four day working week: evidence review and insights from praxis (Heseltine Institute Covid-19 policy briefing no 017)

University of Liverpool

(Report available on the internet at: <http://ow.ly/x8MV30qYA8K>)

2020 Pages: 10

Explores the arguments for moving towards a shorter working week as part of economic recovery plans following the coronavirus (COVID-19) pandemic. Explains that full-time employees in the UK work longer hours than their counterparts in most other European countries, yet productivity levels are lower than many other countries. Identifies the advantages of a four day working week relating to automation, productivity gains, environment, gender equality, health and wellbeing, and active citizenship. Considers ways of supporting and progressing a four day working week, drawing on examples from other European countries. Looks at the possibility of using the public sector as a trailblazer, and the ways in which local organisations can lead by example in adopting reduced working hours and flexible working practices.

Ref No: B56364

Idox; The Knowledge Exchange

Counting down the hours: could a shorter working week raise productivity and improve our mental health?

The Idox Knowledge Exchange, The Grosvenor Building, 72 Gordon St, Glasgow, G1 3RS

2020 Pages: 3

Considers the benefits and costs of working time reductions. Explains that the economist John Maynard Keynes forecast that by 2030 the working week would have shrunk to 15 hours. Notes that, while working hours fell in the post-war period, a number of factors slowed the rate of working time reductions, and today working hours in the UK are among the longest in Europe. Outlines the benefits of a shorter working week, including increased productivity, greater work-life balance and environmental benefits. Describes a trial of a four-day working week in New Zealand, which resulted in sustained performance levels and improved job satisfaction. Reports on a further trial in Sweden, which also resulted in improvements in job satisfaction, but also required additional public investment. Notes that cost is a potential stumbling block to further working hours reductions, and provides estimated costs from think tanks on different sides of the argument. Notes that the coronavirus (COVID-19) pandemic has injected new urgency into the debate on working hours, reporting that women are experiencing particular pressures. Concludes that new ways of thinking about ways of working are now necessary, including the case for reductions in working hours.

Ref No: B56248

Murray, Nic

Burnout Britain: overwork in an age of unemployment

Autonomy

(Report available on the internet at: <http://ow.ly/Bg2w30rebqd>)

2020 Pages: 38

Looks at the impact of longer working hours on mental health, and considers the options for reducing working time. Notes that in the past decade work has become more intense, and working hours have remained well above those of the UK's European neighbours (with no corresponding increase in productivity). Reports that since 2010, poor mental health has made up an increasing proportion of all work-related ill health, and in future may represent the majority of all cases of work-related ill health. Looks at the impact of the coronavirus (COVID-19) pandemic on mental health among workers. Observes that the mental health impacts have been disproportionately felt by women, highlighting increasing levels of unpaid labour. Notes that unemployment is expected to rise significantly in the coming months, with consequent impacts on mental health. Explains the importance of autonomy at work, and the negative impact on autonomy of longer working hours. Highlights the importance of free time for wellbeing and a protection against burnout. Makes recommendations, including a four day week in the public sector and the establishment of a Working Time Commission to find the best policy-making opportunities for using shorter working time to share work more equally across the economy.

Ref No: B54780

Jump, Rob Calvert; Stronge, Will

Get real: accurately costing a four-day week in the public sector

Autonomy

(Report available on the internet at: <http://ow.ly/BRkt30qh3JG>)

2020 Pages: 6

Explores the cost of moving to a 32-hour work week in the public sector in the United Kingdom without altering employee wages. Reviews current estimates to the cost of moving to a 32-hour work week made by the Conservative Party and the Centre for Policy Studies. Identifies factors that were not considered when those estimates were made such as account tax contributions and overwork-related sickness. Concludes by recognising benefits from transitioning to a short work week such as the creation of more jobs and reducing the carbon footprint of the public sector.

Ref No: B55974

Jones, Phil; Jump, Rob Calvert; Kikuchi, Lukas

Public sector as pioneer: shorter working weeks as the new gold standard

Autonomy

(Report available on the internet at: <http://ow.ly/lvAl30r7hn3>)

2020 Pages: 15

Assesses the advantages and potential for shorter working weeks, beginning with the public sector. Uses data from the Office for National Statistics. Argues that a shorter working week in the public sector is justified due to: burn out, work-related poor mental health, and bad work-life balance. Contends that a 32-hour week in the public sector would also create hundreds of thousands of jobs and establish a new standard for all employment in the UK. Suggests that it would create between 300,000 and 500,000 new full-time equivalent jobs in the sector. Notes that public sector employment makes up a relatively high proportion of employment in Wales, the North of England and Scotland, and therefore determines that regions that have felt the hardship of austerity most would gain the greatest benefit. Suggests that it is affordable, calculating that it could cost around £9bn. Outlines how procurement strategies aimed at private sector partners could encourage broader change across the UK labour market.

Ref No: B52304

Stronge, Will; Harper, Aiden (eds)

The shorter working week: a radical and pragmatic proposal

Autonomy

(Report available on the internet at: <http://ow.ly/lh1i30nxK8g>)

2019 Pages: 96

Makes the case for a transition towards a shorter working week in response to trends in the nature of work in the UK. Highlights evidence of job polarisation, precarious forms of work (zero hours, short-term contracts), gendered inequalities (childcare, unpaid care work), stagnating productivity growth, decline in collective bargaining power and the potential impact of automation. Shows that there is no positive correlation between productivity and hours worked per day and suggests that, in many cases, there would be no justification for cutting wages in tandem with reduced working hours. Considers how overwork, stress and wellbeing contribute to poor productivity and absenteeism. Finds that a shorter working week could help: improve workers' health, and the success of businesses; help reduce carbon emissions and air pollution (partly through reduced commuting); and address gender inequalities and benefit parents with caring responsibilities. Includes case studies where a shorter working week was implemented: 'President's Reemployment Agreement' introduced by Roosevelt in 1933; 35-hour week in France, 1998; Svartedalen - Swedish nurses in a retirement home reduced working hours; Belgian public broadcast organisation VRT experiment; IG Metall, 28-hour week, Germany; Volkswagen, shorter working week; Toyota Factory, Gothenburg; CWU - Royal Mail 35 hour week; and Reykjavík city workplaces experiment. Proposes the government review policy for working week reduction and establish a timeline for implementation. Lists existing companies experimenting with a shorter working week.

Ref No: B53071

Chartered Institute of Personnel and Development (CIPD)

Flexible working in the UK

Chartered Institute of Personnel and Development (CIPD), 151 The Broadway, London, SW19 1JQ

(Report available on the internet at: <http://ow.ly/ABtA30oY80s>)

2019 Pages: 20

Examines evidence on the progress of flexible working in the UK. Draws on data from a review of statistical evidence set out in 'Megatrends: flexible working' (CIPD, 2019), the 'UK working lives survey' (CIPD, 2019) and Eurobarometer (2018). Finds that, between 2005 and 2017, the share of people with a flexible working arrangement increased from 23% to 27%, an increase accounted for mainly by a rise in zero hours contracts. Compares progress in the UK with the Netherlands, Germany, Sweden, Italy, France, Spain, and Poland. Reveals that in 2017 the UK had relatively high shares of people working part-time or doing some work at home, according to Eurostat (25% of employees worked part-time compared with 21% across the EU28, and 20% did some work at home compared with 11% across the EU). Highlights six specific forms of flexible working – flexitime, working at home during regular office hours, compressed hours (eg four-day week), job-sharing, term-time working and reduced hours. Finds that flexitime was the most common, used by 34%. Looks at demand for flexible working, the right to request flexible working, flexible working by size of organisation, and differences in flexible working arrangements in different industrial sectors. Discusses managers' attitudes, the impact of flexible working on skills and workplace wellbeing, and concerns that some forms of flexible working may impact on career prospects and quality of life. Sets out policy recommendations.

Ref No: B53631

Skidelsky, Robert

How to achieve shorter working hours

Progressive Economy Forum (PEF)

(Report available on the internet at: <http://ow.ly/YHrq30pwkUj>)

2019 Pages: 60

Considers how shorter working hours could be achieved in the UK. Outlines two main reasons for interest in shorter working time: the prolonged failure of hours of work to fall, contrary to historical experience and the desire of the workforce; and predictions of job losses from automation. Compares weekly working hours in the EU countries and notes that 74% of the UK workforce work longer hours than full time employees in all other countries except Greece and Austria. Looks at why hours of work have stopped falling since the 1980s, and the links between falling working hours and wage growth and productivity. Discusses legislation and trade union activity that has led to a reduction in working hours, worker's attitudes towards reduced working hours and current demand for shorter working time. Includes case studies: France's 35-hour working week - 'Reduction du temps de travail'; collective bargaining in Germany which resulted in a 35-hour week for some German

workers; company-level working time reduction (Perpetual Guardian in New Zealand, Pursuit Marketing in Glasgow, Simply Business call centre in Northampton, and voluntary working time reduction in the Netherlands); and the 1973 three-day working week in the UK. Suggests policy change to achieve a reduction in working hours and proposes: a Job Guarantee Scheme; public sector investment; procurement policies to establish pay, conditions, and hours; sectoral social partnership forums; and improve and enforce individual time rights.

Ref No: B42724

Kane, Peter et al

Time for Life: why a four-day, 30-hour working week can create a stronger a more equal society and greater life satisfaction for everybody

Jimmy Reid Foundation

(Report available on the internet at: <http://reidfoundation.org/wp-content/uploads/2014/04/Time-for-Life.pdf>)

2015 Pages: 29

Considers the economic, social, psychological and environmental impacts of overwork amongst British workers. Suggests that there is the capacity through reducing working hours towards 30 hours a week, to create sufficient new jobs to achieve full employment. Outlines some of the steps that will help the process, including: reducing the general cost of living, tying pay to value through a pay commission, getting more women into the workplace and using school hours contracts and flexible working benefits. Focuses on the potential benefits to the Scottish labour market arguing that programmes have been successful in other places, including Utah, USA and the Netherlands. Outlines the four stages necessary for a 10-year transition strategy. Suggests that if the Scottish labour market is to be re-balanced then there has to be a more serious commitment to a more radical approach to working-hours in Scotland.

Ref No: B32460

**European Foundation for the Improvement of Living and Working Conditions (Eurofound)
Developments in collectively agreed working time 2012**

European Foundation for the Improvement of Living and Working Conditions (Eurofound)

(Report available on the internet at:

<http://www.eurofound.europa.eu/docs/eiro/tn1305017s/tn1305017s.pdf>)

2013 Pages: 28

Provides a snapshot of working time developments in the European Union and Norway in 2012 as agreed between the social partners by collective agreements. Draws on contributions from the national correspondents of Eurofound's European Industrial Relations Observatory (EIRO) and focuses on the following issues: average weekly working hours as set by collective agreements, both economy-wide and for three specific sectors (metalworking, banking and local government); statutory limits on weekly and daily working time; average actual weekly working hours; developments regarding flexibility of working

time; annual leave entitlements, as set by collective agreements and law; and estimates of average collectively agreed annual working time. Highlights a number of findings: average collectively agreed weekly working hours in 2012 stood at 38.1 per week; the working week was on average 30 minutes shorter in the pre-2004 EU15 countries and over one hour and 30 minutes longer in the new Member States; of the three sectors examined, banking recorded the shortest average agreed normal weekly working hours at 37.6, in local government the average was 37.8 and in metalworking it was 37.9; and, when collectively agreed paid annual leave entitlements are accounted for, average annual leave stood at 25.3 days across the EU, being slightly higher in the EU15 countries (26.7 days) and considerably lower in the new Member States (20.8 days).

Online Search Results

[The Four Day Week: Assessing Global Trials of Reduced Work Time with No Reduction in Pay](#)

4 Day Week Global, 2022

This report presents research results from two reduced working week trials, which comprised 33 companies and 903 employees in the US, Ireland, and a few other countries. The first trial began at the beginning of February 2022; the second on April 1, 2022. The trials have been a tremendous success with both companies and their employees expressing enthusiasm, and data collection supports that conclusion.

[Achieving a Shorter Working Week Across Europe Newsletter](#)

New Economics Foundation, 2022

The European Network for the Fair Sharing of Working Time represents an attempt to coordinate the efforts of the trade unions, political parties, and civil society actors across Europe. The newsletter is produced by the New Economics Foundation (UK), and is coordinated by ATTAC (Germany – Group ArbeitFAIRTeilen) and Réseau Roosevelt (France). It is supported by Rosa-Luxemburg-Stiftung, Brussels Office, funded by the German Federal Foreign Office.

[GOING PUBLIC: ICELAND'S JOURNEY TO A SHORTER WORKING WEEK](#)

Autonomy, 2021

This report summarises the results of reduced working week trials in Iceland, and offers a comprehensive account of their story and development. The aim is to provide policymakers, unions, employers and grassroots organisations with a deep insight into one of the most significant successful trials of a shorter working week to date, adding to the mounting evidence in favour of reducing working hours worldwide.

I. KandE

KandE (Knowledge and Evidence): lets you do a single search (like Google) across a range of quality databases selected by the librarians. Click on the link in each record to access or request the full text.

CHUNG, HEEJUNG. "A Social Policy Case for a Four-Day Week." *Journal of Social Policy*, vol. 51, no. 3, 2022, pp. 551-566

https://search.ebscohost.com/login.aspx?direct=true&db=sxi&AN=157286204&site=eds-live&scope=site&custid=s2198163&authtype=uid&user=scotland&password=ScOtgovlib*1

There has been an explosion of interest in the "four-day-week" movement across the globe, especially due to its potential in addressing many of the societal challenges left by the COVID-19 pandemic. Four-day-week is a movement set to shorten the working hours of full-time workers without a reduction in pay. I aim to set out the case for a national move towards a four-day-week explaining why social policy scholars should lead the debate. First, I provide evidence of the societal costs that the current long-hours work culture has on workers' and their family's well-being and welfare, social inequality, and social cohesion. Shorter working can help tackle these issues by giving workers right to time, shifting the balance between work and non-work activities in our lives and valuing them both. Social policy scholars need to lead this debate owing to our existing knowledge and expertise in dealing with these social issues and state-level interventions. In addition, without pressing for fundamental changes in our labour market, we cannot adequately address some of the key challenges we face as a society. The paper ends with key research questions social policy scholars should address as a part of this move.

Kamerāde, Daiga, et al. "A Shorter Working Week for Everyone: How Much Paid Work is Needed for Mental Health and Well-being?" *Social Science & Medicine*, vol. 241, 2019

https://search.ebscohost.com/login.aspx?direct=true&db=edselp&AN=S0277953619303284&site=eds-live&scope=site&custid=s2198163&authtype=uid&user=scotland&password=ScOtgovlib*1

There are predictions that in future rapid technological development could result in a significant shortage of paid work. A possible option currently debated by academics, policy makers, trade unions, employers and mass media, is a shorter working week for everyone. In this context, two important research questions that have not been asked so far are: what is the minimum amount of paid employment needed to deliver some or all of the well-being and mental health benefits that employment has been shown to bring? And what is the optimum number of working hours at which the mental health of workers is at its highest? To answer these questions, this study used the UK Household Longitudinal Study (2009–2018) data from individuals aged between 16 and 64. The analytical sample was 156,734 person-wave observations from 84,993 unique persons of whom 71,113 had two or more measurement times. Fixed effects regressions were applied to examine how changes in work hours were linked to changes in mental well-being within each individual over time. This study found that even a small number of working hours (between one and 8 h a week) generates significant mental health and well-being benefits for previously unemployed or economically inactive individuals. The findings suggest there is no single optimum number of working hours at which well-being and mental health are at their highest - for most groups of workers there was little variation in wellbeing between the lowest (1–8 h) through to the highest (44–48 h) category of working hours. These findings provide important and timely empirical evidence for future of work planning, shorter working week policies and have implications for theorising the future models of organising work in society.

Revell, Timothy. "Be Careful what You Wish for: Rising Prosperity may Lead to a 15-Hour Week. if we'Re Still on Course to Fulfil this Old Prediction, is it Good News Or Bad, Asks Timothy Revell." *New Scientist*, vol. 234, no. 3125, 2017, pp. 22-23

https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=122983955&site=eds-live&scope=site&custid=s2198163&authtype=uid&user=scotland&password=ScOtgovlib*1

The article focuses on the two studies and which seeks to find if few working hours ables to maintain productivity, job satisfaction and reduce stress. The findings of the two studies resulted into contradictions and suggests that under the right conditions, a shorter working week is the way forward rather than the reduction of working hours, in which there are areas that employees needed time to accomplish a job and the people tend to prefer toward the traditional time.

"RSB to Pilot Fourday Working Week." *Biologist*, vol. 69, no. 2, 2022, pp. 5

https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=157559874&site=eds-live&scope=site&custid=s2198163&authtype=uid&user=scotland&password=Sc0tgovlib*1

The article reports that The Society is one of 60 organisations in Britain trialling a four-day working week for its staff. In what is thought to be the biggest pilot scheme of its kind in the world, the research will explore how a shorter working week affects productivity and working conditions, and how the additional day off per week impacts work–life balance.

Skelton, Sebastian K. "Tech Companies Join Uk Four-Day Work Week Trial." *Computer Weekly*, 2022, pp. 28-33

https://search.ebscohost.com/login.aspx?direct=true&db=edb&AN=157604199&site=eds-live&scope=site&custid=s2198163&authtype=uid&user=scotland&password=Sc0tgovlib*1

The article offers information that technology firms taking part in the United Kingdom's four-day work week trial, which will measure the impact of shorter working weeks on productivity, well-being and the environment. It mentions about measuring the impacts of working four days in a range of areas, including employee productivity and wellbeing, the environment, and gender equality.

THOMPSON, DERRICK. "Shorter Workweeks are Back in the Spotlight." *TD: Talent Development*, vol. 75, no. 12, 2021, pp. 21-23

https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=153909078&site=eds-live&scope=site&custid=s2198163&authtype=uid&user=scotland&password=Sc0tgovlib*1

Specifically, Going Public: Iceland's Journey to a Shorter Working Week indicates that European workers have become increasingly vocal in recent years about their desire for an abbreviated workweek with the same pay - often framed as a four-day week. Trends ORGANIZATION DEVELOPMENT AND CULTURE Fed up with 100-hour-plus workweeks in the 19th century, labor rights organizations popularized the slogan "Eight hours for work, eight hours for rest, and eight hours for what you will" to energize their fight for a shorter workweek. They add that the common denominator of a shorter workweek "is that you're not cramming your previous work span into a shorter timeframe, like working 40 hours in four days; you are removing a portion of your total work time for the week."

Veal, A. J. "The 4-Day Work-Week: The New Leisure Society?" *Leisure Studies*, 2022, pp. 1-16

https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=157663052&site=eds-live&scope=site&custid=s2198163&authtype=uid&user=scotland&password=Sc0tgovlib*1

Current campaigns for a four-day, 32-hour standard working week to replace the five-day, 40-hour model have attracted the attention of employers, trade unions, political parties, governments and the communications media but, seemingly, not of leisure scholars. This is in contrast to the leisure society concept of the 1960s/1970s, some versions of which anticipated a 30-hour working week. This paper examines the 4-day work-week proposition from a leisure point of view. It summarises: some of the antecedent twentieth century calls

for shorter working weeks; the twenty-first-century advocacy literature for the 4-day week; and the growing list of live trials of the concept. An analysis is offered of the goals of the 4-day week proposition and its proponents' response to anticipated opposition. It is concluded that, in the interests of social relevance, there is a role for leisure scholars to play in critically evaluating the 4-day work-week proposition, in general and in regard to its implications for leisure.

2. Knowledge Network

Knowledge Network: the national knowledge management platform for health and social care in Scotland. Register for an Open Athens password to access all these resources and full text. Click on the link in each record to access the full text (type NHS Scotland if prompted to choose organisation). If full text isn't available please complete and submit this [journal article request form](#). You may submit multiple requests on the form.

ANTTILA, Timo, Mikko HÄRMÄ, and Tomi OINAS. "Working Hours – Tracking the Current and Future Trends." *Industrial Health; Ind Health*, vol. 59, no. 5, 2021, pp. 285-292

<https://libkey.io/10.2486/indhealth.2021-0086>

It is important to track the trends of future working hours, since working hours have strong associations to everyday life and work-life interaction, but also to health. In this paper we aim to track the current and future trends in working hours. We discuss the trends through the key dimensions of working hours: the length, timing, tempo and autonomy. We also consider the role of current trends of spatial changes of work. Changes in working time patterns are fostered by several driving factors: globalization and business restructuring challenging the current work organizations, new information technologies, demographic and climate change and the current and future pandemics. The past and current tremendous changes in working hours indicate that changes in working hours will continue. The contemporary trends in future working hours pose risks for personal, family and social life, material well-being and health. At its best, however, the new post-industrial working time regime may provide more autonomy and time for recovery to employees as new technologies and changes in business structures release opportunities for greater individual autonomy over how, where, and for how long paid work is performed.

Biancardi, Daniele, Claudio Lucifora, and Federica Origo. "Short-Time Work and Unionization." *Labour Economics*, vol. 78, 2022

<https://libkey.io/10.1016/j.labeco.2022.102188>

Highlights:

- We study the effects of short time work on firm performance.
- We consider the role of firm-level unions and collective bargaining.
- Short time work reduces hours and labour cost, but also productivity and profits.
- Working hours reduction is not associated with lower labour cost in unionized firms.
- Short time work operates as a work sharing device in unionized firms.

Delaney, Helen, and Catherine Casey. "The Promise of a Four-Day Week? A Critical Appraisal of a Management-Led Initiative." *Employee Relations*, vol. 44, no. 1, 2022, pp. 176-190

<https://libkey.io/10.1108/ER-02-2021-0056>

Purpose: This article critically investigates a management-led experiment to institute a four-

day work week with stated intentions of improving productivity and worker wellbeing. The article analyses the framing and implementation of the reduced work hours (RWH) trial, the responses of employees and the outcomes and implications of the trial. It raises concerns regarding the managerial appropriation of employee aspirations for more autonomy over time and improved work life.

Design/methodology/approach: We conducted a qualitative case study of a medium-sized company operating in the financial services sector in New Zealand. Focus groups and semi-structured interviews were conducted with 45 employees.

Findings: Our study finds that the promise of a four-day week attracted employee favour and individualised benefits. However, entrenched managerialist practices of performance measurement, monitoring and productivity pressures were intensified. Pro-social and collective interests evident in labour-led campaigns were absent. We urge greater critical scrutiny into seemingly advantageous “business case” initiatives for reduced work hours.

Originality/value: Little is known about what happens to concern for social and employee interests entailed in reduced working hours initiatives when a management-led initiative is implemented. Indeed, the majority of research focuses on the macro-level rather than interrogating the “black box” of firms. Our inquiry contributes to these debates by asking, how does a management-led RWH initiative affect employees?

Gilles, Fabrice. "Evaluating the Impact of a Working Time Regulation on Capital Operating Time: The French 35-Hour Work Week Experience." *Scottish Journal of Political Economy; Scott J Polit Econ*, vol. 62, no. 2, 2015, pp. 117-148

<https://libkey.io/10.1111/sjpe.12067>

In this article, we evaluate the impact of diminishing weekly working hours on capital operating time using the French 35-hour working week experience. We merge the French survey on Capital Operating Time (COT, *Banque de France*, Central Bank of France; 1989–2004) and administrative Working Time Reduction agreements files (WTR, *DARES*, French Ministry of Labour; May 2003). We construct shift-work-based capital operating time indicators. Using differences-in-differences econometric models, we show that the implementation of the 35-hour work week did not induce any reduction in COT. Hence, firms increased shift-work to compensate for the decrease in working hours.

Nielsen, Helena B., et al. "Short Time between Shifts and Risk of Injury among Danish Hospital Workers: A Register-Based Cohort Study." *Scandinavian Journal of Work, Environment & Health; Scand J Work Environ Health*, vol. 45, no. 2, 2019, pp. 166-173

<https://libkey.io/10.5271/sjweh.3770>

Objectives: Short time between consecutive work shifts (quick returns, ie, ≤ 11 hours between shifts) is associated with sleepiness and fatigue, both of which have been linked to risk of injury. This paper aims to study quick returns between work shifts and risk of injury among Danish hospital workers.

Method: The study population included 69 200 employees, primarily working at hospitals, corresponding to 167 726 person years at risk between 2008–2015. Information on working hours was obtained from payroll data in the Danish Working Hour Database and linked, at an individual level, with data on 11 834 injury records identified in the National Patient Register and the Danish Register of Causes of Death. Multivariate Poisson regression models were used to calculate incidence rate ratios (IRR) with 95% confidence intervals (CI).

Results: Results showed the shorter the time between shifts, the higher the risk of injury. Thus, an elevated risk of injury was observed after quick returns compared with the standard 15–17 hours between shifts (IRR 1.39, 95% CI 1.23–1.58). Furthermore, when assessing the number of days since a quick return, the risk of injury was especially high within the first two days (day 1: IRR 1.39, 95% CI 1.23–1.58; day 2: IRR 1.39, 95% CI 1.21–1.58) following a quick return.

Conclusions: Our results suggest that quick returns increased the risk of injury, in particular within the first two days following a quick return. These findings point towards avoiding or reducing the number of quick returns in order to lower employees' risk of injury.

Norman, R., and J. Hall. "Can Hospital-Based Doctors Change their Working Hours? Evidence from Australia." *Internal Medicine Journal; Intern Med J*, vol. 44, no. 7, 2014, pp. 658-664

<https://libkey.io/10.1111/imj.12414>

Background and Aims To explore factors predicting hospital-based doctors' desire to work less, and then their success in making that change. **Methods** Consecutive waves of an Australian longitudinal survey of doctors (Medicine in Australia – Balancing Employment and Life). There were 6285 and 6337 hospital-based completers in the two waves, consisting of specialists, hospital-based non-specialists and specialist registrars. **Results** Forty-eight per cent stated a preference to reduce hours. Predictive characteristics were being female and working more than 40 h/week (both $P < 0.01$). An inverted U-shape relationship was observed for age, with younger and older doctors less likely to state the preference. Factors associated with not wanting to reduce working hours were being in excellent health and being satisfied with work (both $P < 0.01$). Of those who wanted to reduce working hours, only 32% successfully managed to do so in the subsequent year (defined by a reduction of at least 5 h/week). Predictors of successfully reducing hours were being older, female and working more than 40 h/week (all $P < 0.01$). **Conclusion** Several factors predict the desire of hospital-based doctors to reduce hours and then their subsequent success in doing so. Designing policies that seek to reduce attrition may alleviate some of the ongoing pressures in the Australian hospital system.

Riekhoff, Aart-Jan, Oxana Krutova, and Jouko Nätti. "Working-Hour Trends in the Nordic Countries: Convergence Or Divergence? 1." *Nordic Journal of Working Life Studies*, vol. 9, no. 3, 2019, pp. 45-70

In this article, we investigate changes in usual working hours and part-time work in Denmark, Finland, Norway, and Sweden in recent decades. We analyze whether convergence or divergence occurred between countries, between men and women, and between men and women in each country. We use annual data from the European Labor Force Survey to identify trends between 1996 and 2016 ($N = 730,133$), while controlling for a set of structural factors. The findings suggest a degree of divergence between countries: usual working hours and the incidence of part-time work were relatively stable in Finland and Sweden, while working hours decreased in Denmark and Norway. The latter is partly driven by a decline among the 15-29 age group. The gender gap in working hours and part-time work was closed somewhat, in particular due to a rise in part-time work among men and a decline among women in Norway and Sweden.

Rossiter, Jack, et al. "Friday Off: Reducing Working Hours in Europe." *Sustainability*, vol. 5, no. 4, 2013, pp. 1545-1567

<https://libkey.io/10.3390/su5041545>

This article explores the pros and cons for reducing working hours in Europe. To arrive to an informed judgment we review critically the theoretical and empirical literature, mostly from economics, concerning the relation between working hours on the one hand, and productivity, employment, quality of life, and the environment, on the other. We adopt a binary economics distinction between capital and labor productiveness, and are concerned with how working hours may be reduced without harming the earning capacity of workers. There are reasons to believe that reducing working hours may absorb some unemployment, especially in the short-run, even if less than what is advocated by proponents of the proposal. Further, there may well be strong benefits for the quality of peoples' lives. Environmental benefits are likely but depend crucially on complementary policies or social conditions that will ensure that the time liberated will not be directed to resource-intensive or environmentally harmful consumption. It is questionable whether reduced working hours are sustainable in the long-term given resource limits and climate change. We conclude that while the results of reducing working hours are uncertain, this may be a risk worth taking, especially as an interim measure that may relieve unemployment while other necessary structural changes are instituted.

Rudolf, Robert. "Work Shorter, be Happier? Longitudinal Evidence from the Korean Five-Day Working Policy." *Journal of Happiness Studies*, vol. 15, no. 5, 2014, pp. 1139-1163

<https://libkey.io/10.1007/s10902-013-9468-1>

This article uses detailed longitudinal data from the Korean Labor and Income Panel Study for the period 1998–2008 to analyze the happiness impact of working hours reductions on workers and their families. The major contribution to the literature is the use of an exogenous reduction in working hours, due to the Korean Five-Day Working Reform, in a subjective well-being (SWB) model. The findings indicate that reductions did not have the expected positive effects on worker well-being. While satisfaction with working hours increased, reductions had no impact on job and life satisfaction. Thus, long working hours might not be as negatively related to worker well-being as predicted by theory. Moreover, positive SWB effects might be offset by rising work intensity.

Sanchez, Rafael. "Does a Mandatory Reduction of Standard Working Hours Improve Employees' Health Status?" *Industrial Relations (Berkeley)*, vol. 56, no. 1, 2017, pp. 3-39

<https://libkey.io/10.1111/irel.12163>

Most of the empirical evidence regarding the impact of reductions of standard working hours analyzes its effects on employment outcomes, family life balance, and social networks, but there is no empirical evidence of its effects on health outcomes. This study uses panel data for France and Portugal and exploits the exogenous variation of working hours coming from labor regulation and estimates its impact on health outcomes (from 39 to 35 hours a week and from 44 to 40 hours a week, respectively). Results suggest that the mandatory reduction of standard working hours decreased the working hours of treated individuals (and not the hours of individuals in the control group). Results also suggest that the fact of being treated generated a negative (positive) effect on young males' (females') health in France. No effects on health outcomes were found for Portugal.

Shao, Qinglong. "Does Less Working Time Improve Life Satisfaction? Evidence from European Social Survey." *Health Economics Review*, vol. 12, no. 1, 2022, pp. 50
<https://libkey.io/10.1186/s13561-022-00396-6>

Background: Worktime is one of the main drivers of life satisfaction, and a balanced distribution of working hours and leisure hours directly impacts feelings of well-being. Based on previous studies, we seek to confirm this relationship in the European context and explore other potential driving forces of life satisfaction. Health condition as the mediating variable is also examined.

Methods: This article uses an ordered probit model to analyze the impact of working time on life satisfaction using data extracted from the most recent round (wave 10) of the European Social Survey (ESS). Hypotheses are proposed to test the impact of working time on life satisfaction, the mediating effect of health in the worktime–satisfaction nexus, and the effects of social inclusion, social trust, feelings of safety, and digitalization on life satisfaction.

Results: The results reveal a negative and significant correlation between hours of work and life satisfaction, thus implying that a shorter working week can improve Europeans' life satisfaction. Health is found to be an important intermediate variable that plays an essential role in the dynamic through which working times influence life satisfaction. Further, we find that those in the middle class prefer to work shorter hours to achieve a higher feeling of satisfaction and that high earners to a lesser extent, while low earners generally show no preference. Employees of private firms are more satisfied with shorter working hours, while satisfaction for those working in public institutions is not affected by changes in hours worked. Finally, we verify the robustness of our estimations by replacing life satisfaction with happiness.

Conclusions: Working fewer hours contributes to higher life satisfaction in Europe, and health plays an essential mediating role in this relationship. Social inclusion, social trust, feelings of safety and digitalization all play a factor in improving life satisfaction. Compared to other job categories, private sector employees can achieve greater life satisfaction from reducing their total working time.

Voglino, Gianluca, et al. "How the Reduction of Working Hours could Influence Health Outcomes: A Systematic Review of Published Studies." *BMJ Open*; *BMJ Open*, vol. 12, no. 4, 2022, pp. e051131
<https://libkey.io/10.1136/bmjopen-2021-051131>

Objectives: The health effects of work-time arrangements have been largely studied for long working hours, whereas a lack of knowledge remains regarding the potential health impact of reduced work-time interventions. Therefore, we conducted this review in order to assess the relationships between work-time reduction and health outcomes.

Design: Systematic review of published studies. Medline, PsycINFO, Embase and Web of Science databases were searched from January 2000 up to November 2019.

Outcomes: The primary outcome was the impact of reduced working time with retained salary on health effects, interventional and observational studies providing a quantitative analysis of any health-related outcome were included. Studies with qualitative research methods were excluded.

Results: A total of 3876 published articles were identified and 7 studies were selected for the final analysis, all with a longitudinal interventional design. The sample size ranged from 63 participants to 580 workers, mostly from healthcare settings. Two studies assessed a

work-time reduction to 6 hours per day; two studies evaluated a weekly work-time reduction of 25%; two studies evaluated simultaneously a reduced weekly work-time reduction proportionally to the amount of time worked and a 2.5 hours of physical activity programme per week instead of work time; one study assessed a reduced weekly work-time reduction from 39 to 30 hours per week. A positive relationship between reduced working hours and working life quality, sleep and stress was observed. It is unclear whether work time reduction determined an improvement in general health outcomes, such as self-perceived health and well-being.

Conclusions: These findings suggest that the reduction of working hours with retained salary could be an effective workplace intervention for the improvement of employees' well-being, especially regarding stress and sleep. Further studies in different contexts are needed to better evaluate the impact of work-time reduction on other health outcomes.

Wang, Senhu, et al. "What Matters More for Employees' Mental Health: Job Quality Or Job Quantity?" Cambridge Journal of Economics, vol. 46, no. 2, 2022, pp. 251-274

<https://libkey.io/10.1093/cje/beab054>

Recent debates about whether the standard full-time working week (35–40 h) can be replaced by a shorter working week have received extensive attention. Using 2015 European Working Conditions Survey data, this study contributes to these debates by exploring the relationships between job quantity, job quality and employees' mental health. Overall, we find that a job's quality matters more than its quantity as measured in hours per week. The results show that actual working hours are hardly related to employees' mental health but job quality, especially intrinsically meaningful work, less intensified work and having a favourable social environment, has positive effects on employee mental health, even in jobs with short working hours. Moreover, although working less than one prefers (under-employment) has negative effects, these negative effects become much smaller in size and non-significant in good quality jobs, especially in jobs with skill discretion and good job prospects. These findings develop the debates about a shorter standard working week by emphasising the continued and crucial importance of job quality in debates on the future of work. These results also suggest that policymakers should pay particular attention to job quality when addressing the dramatic reduction in total hours of employment in Europe following the COVID-19 crisis.

Review of Agenda for Change –

**Reduced Working Week Working
Group – Introductory Paper**

June 2023

Introduction

The reduced week working group has been established to explore and bring forward solutions as to how the NHS Scotland AfC workforce could move to a reduced working week, with the aim of getting to a 36-hour working week without the loss of earnings within an agreed timescale taking account of matters including, but not limited to, service provision, safe staffing levels, staff wellbeing, and costs. Implementation plans will be costed, fully resourced and will be reflected in local NHS board workforce plans and set out in future NHS Scotland health and social care workforce plans.

Further detail is set out in the Heads of Agreement (<https://www.gov.scot/publications/nhs-agenda-for-change-review-scope/pages/existing-priorities/>)

This paper has been drafted to set out initial thinking around feasibility and implementation of a reduced working week, modelling on scenarios, review of literature, case studies from NHS Scotland and presents questions for the working group to consider in developing a work plan for the coming months.

Background and Objectives

The remit of the workstream is to explore the reduction of the hours in the working week, with the objective of implementing a reduced working week without the loss of earnings within an agreed timescale taking account of matters including, but not limited to:

- Service provision
- Safe staffing levels
- Staff wellbeing
- Costs.

Implementation plans will be fully costed, fully resourced, will be reflected in local NHS board workforce plans and set out in future NHS Scotland health and social care workforce plans. To achieve this the following objectives have been identified to deliver this workstream:

- Achieve consensus agreement across key stakeholders on the proposed approach.
- Conduct scenario modelling in order to model impacts across a range of scenarios.
- Draft an initial proposal by August 2023. Thereafter an implementation plan will be developed and put forward for approval through appropriate governance with final agreement reached no later than October 2023.

This working group provides a unique opportunity for us to consider how best to transform the ways in which NHS Scotland delivers services, with a focus on productivity and smarter ways of working which support staff wellbeing as well as protecting the delivery of front-line services.

Initial Modelling

In order to assess the gap between a 37.5 and 36-hour working week, analysts have quantified the impact by understanding the level of hours that would be lost as well as cost of replacing hours like-for-like, assuming no mitigations were to be put in place. Analysts considered this within the context of four scenarios. These are:

Scenario	Number of years to transition	Cost per year**
N/A - Retain 37.5 hour working week	-	-
1. Full implementation as of March 2024	1	£329.7m
2. Reduce the working week by 45 minutes per year	2	£165m
3. Reduce the working week 30 minutes per year	3	£110m

** Based on 2023/24 payrates

We know from research that productivity & efficiency measures, digital transformation and service redesign all play a role in closing this gap. This will be critical as due to national and international workforce pressures, closing the gap quickly with additional workforce would be a significant challenge.

To support our consideration of mitigations, analysts have conducted further modelling to understand the workforce by patient and non-patient-facing roles. Their assumptions and modelling are contained below:

Assumptions:
All Administrative services are non-patient facing
All AHPs (except Multi skilled) are patient facing
Ambulance technicians are patient facing
All healthcare science is patient facing
All M&D support are patient facing
All N&M (except NHS 24 and training & administration) are patient facing
All Other therapeutic services are patient facing
All Personal & Social care are patient facing
All support services are non-patient facing
<u>Note: assumptions can be amended on the basis of what is considered patient facing</u>

The following modelling shows (Using the WTE Data as at Sept 2022 where the model was developed) it is estimated that about 5,600 WTE equivalent hours would be lost across AfC staff with a 36-hour working week. The numbers for patient facing staff depends on the scenarios used for calculating the proportion. Number of patient-facing staff lost would range between 3,000 WTE (scenario 1) and 4,400 WTE (scenario 2) or about 3,700 WTE (scenario 3). The Scenarios are as follows:

Scenario 1 - Minimum estimated cost for patient facing staff

Band	Not known	Non-patient facing	Patient facing	Additional cost of 37.5 salary based on 36 h rate (£m)	Cost for patient facing staff only (£m)
1	95.9%	2.7%	1.4%	300,000	-
2	47.6%	22.6%	29.8%	47,500,000	14,200,000
3	19.1%	26.3%	54.7%	34,900,000	19,100,000
4	18.8%	56.5%	24.7%	20,200,000	5,000,000
5	14.9%	11.1%	74.0%	82,900,000	61,400,000
6	17.7%	12.1%	70.2%	65,700,000	46,100,000
7	32.0%	16.2%	51.8%	49,100,000	25,400,000
8A	45.5%	25.8%	28.7%	14,600,000	4,200,000
8B	42.6%	39.1%	18.3%	7,300,000	1,300,000
8C	45.1%	44.8%	10.1%	4,400,000	400,000
8D	46.7%	48.2%	5.1%	2,400,000	100,000
9	62.6%	34.1%	3.3%	300,000	-
Grand Total	25.7%	21.1%	53.2%	329,600,000	177,200,000

Scenario 2 - Maximum estimated cost for patient facing staff after all staff that their positions are not known are assumed to be patient facing

Band	Non-patient facing	Patient facing	Additional cost of 37.5 salary based on 36 h rate (£m)	Cost for patient facing staff only (£m)
1	2.7%	97.3%	300,000	300,000
2	22.6%	77.4%	47,500,000	36,800,000
3	26.3%	73.7%	34,900,000	25,700,000
4	56.5%	43.5%	20,200,000	8,800,000
5	11.1%	88.9%	82,900,000	73,700,000
6	12.1%	87.9%	65,700,000	57,800,000
7	16.2%	83.8%	49,100,000	41,200,000
8A	25.8%	74.2%	14,600,000	10,800,000
8B	39.1%	60.9%	7,300,000	4,400,000
8C	44.8%	55.2%	4,400,000	2,400,000
8D	48.2%	51.8%	2,400,000	1,200,000
9	34.1%	65.9%	300,000	200,000
Grand Total	21.1%	78.9%	329,600,000	263,300,000

Scenario 3 - Estimated cost of patient facing staff based on conditional assignment of all staff to either patient/non-patient positions

Band	Non-patient facing	Patient facing	Additional cost of 37.5 salary based on 36 h rate	Cost for patient facing staff only
1	98.6%	1.4%	300,000	-
2	65.6%	34.4%	47,500,000	16,300,000
3	37.8%	62.2%	34,900,000	21,700,000
4	62.7%	37.3%	20,200,000	7,500,000
5	18.2%	81.8%	82,900,000	67,800,000
6	13.7%	86.3%	65,700,000	56,700,000
7	18.6%	81.4%	49,100,000	40,000,000
8A	31.9%	68.1%	14,600,000	9,900,000
8B	46.1%	53.9%	7,300,000	3,900,000
8C	50.5%	49.5%	4,400,000	2,200,000
8D	56.4%	43.6%	2,400,000	1,000,000
9	37.4%	62.6%	300,000	200,000
Grand Total	33.3%	66.7%	329,600,000	£227,200,000

Having considered the data above, please consider the following key questions:

1. What further data and insight would be useful to inform further development of modelling and mitigations.
2. Do we break the workforce down by patient facing / non patient facing, or by job family?

Mitigations

As indicated above, a reduction in the working week would require mitigations to be implemented at scale across all Health Boards. Health Boards are already embracing new ways of working and technology, with a series of case studies provided within Annex B.

There are several ways in which this activity could be grouped together. The working group should consider:

- mitigations to improve productivity, nationally and at board-level, by either patient-facing / non-patient facing or by Job Family.
- a reduced working week ‘toolkit’ for Health Boards / service areas to support service redesign which should take into account new technologies and ways of working (e.g., eRostering, National Digital Platform, Digital Front Door). How do we brigade and link national digital programmes to productivity and efficiency of service areas to support a reduced working week for staff?
- Regional / Once for Scotland models of working and national Target Operating Models to create efficiencies which enable the delivery of a reduced working week.
- The merit of independent verification of Scottish Government modelling of impact and costs of implementation of the 36 hour working week and recommendations for safe implementation.
- How can we engage staff on this issue? What are the types of continuous improvement processes that can be introduced locally to empower staff and implement efficiency savings to maximise existing workforce to offset any resourcing challenges which emerge from implementation of a reduced working week.
- How do we ensure that best practice in one locality can be scaled up at pace nationally and what is the infrastructure that is needed to support this?
- The role of the Centre for Sustainable Delivery around efficiencies and service design. This includes taking best practice of newly implemented urgent care and theatre efficiencies and what time and cost gains have and would support some of the lost hours as part of the reduction in the working week.
- Whether trials within a site or department could take place to understand productivity in more detail and to assess the impact. For example, a ‘model office’ for Administrative functions using best practice technology and standardised processes.
- Phasing of the implementation of a reduced working week ensure minimal impact of hours lost on service delivery and workforce availability , ensuring sufficient time to embed mitigations across each job family supporting successful implementation of a reduced working week.
- Applying efficiencies and recruitment projections to the loss of hours which will give a more accurate representation of what true hours lost will look like and what staffing needs to be replaced like for like.

Interdependencies

The following interdependencies have been identified to date:

1. Funding to support a reduction in the working week with 100% of wages retained.
2. Ensuring the other elements of the AfC review do not have an adverse effect on reducing the working week.
3. Safe Staffing and the impact on service delivery.
4. Reliable technological advances to support efficiencies.

Impacts to be considered

1. Rotas – ensuring sufficient staffing cover.
2. Potential impact on overtime.
3. Support Staff – impacts on service delivery i.e., decontaminated equipment, transporting patients and consultant staff support.
4. The ongoing implementation of the Health Care (Staffing) (Scotland) Act 2019 and the further implications on staffing.
5. Impacts of working week reduction on e-rostering.

Research related to a shortened working week

Reduced Working Week Pilot – United Kingdom

Between June 2022 and December 2022, a pilot programme was carried out by a non-profit 4 Day Week Global, the UK's 4 Day week campaign with 61 UK companies opting into the world's largest trial of reducing the working week. Around 2,900 employees took part in the trial, in sectors from marketing and advertising, to finance digital and food and retail. As part of this pilot workers were paid 100% of their salary for working 80% of the previous hours in exchange for 100% productivity.

The majority of employees who took part in the project say they seen productivity levels maintained and improvements in staff retention and wellbeing. Business revenue stayed broadly the same, there was a 65% reduction in the number of sick days and 81% of employees reported lower levels of burnout. Of the 61 companies that took part, 56 say they will continue trying out the four-day week following the pilot, while 18 say they will make the changes permanently.

Positive outcomes of a four-day working week

- Improved morale and fewer absences.
- Helps recruitment as the flexible working is seen as attractive.

Negative outcomes

- It doesn't suit all industries
- It doesn't suit all workers
- It can increase costs - Health Care require staff to work longer shifts and with no mitigation in place this would require more overtime payments.

Other parts of the world

Belgium: Belgian employees recently won the right to work a full week in four days without loss of salary.

New Zealand: Consumer goods giant Unilever has had encouraging results from an 18-month pilot of reducing working hours and is expanding a four-day working week to its business in Australia.

Iceland: The Country ran for a four-day work week trial between 2015 and 2019. It found that the wellbeing of 2,500 workers who took part increased in terms of health and work-life balance.

United States of America: Appetite for more condensed work week also appears to be strong in the United States. A 2019 poll of 36,000 Americans carried-out by YouGov America found that two thirds of respondents would prefer a four-day working week.

Sweden: The Swedish Government have worked on and negotiated with their trade unions on better working hours and conditions (AfC equivalent workforce of 115,000 staff compared to Scottish Health Service of xxxx) This included a roster that ensure the following for an average nurse in an A&E department:

- 2–4 days' work and 2–4 days off.
- 12–15 percent reduction in working time, equivalent to around 35 days a year.
- So-called buffer time with around 15 shifts a year that are not planned in advance.
- Everyone works day, evening and night.

Source: The World Economics Forum, March 10, 2023

Further contact will be made with Scottish Government external affairs officials to make contact with Swedish officials to understand this approach in further detail and how this was worked through.

NHS Scotland – Smarter Working Case Studies

Case 1: Nursing Notes

In late 2022, nurses at the Vale of Leven Hospital (NHS GGC) won an award for their innovative approach to recording patient care through pilot of the ‘A B C D model’.

As a result of the new approach, instead of registered nurses spending up to 45 minutes per shift on paperwork, recording notes was cut to 10 minutes per shift – a reduction of 78 per cent –allowing more time for direct patient care.

There were also positive clinical benefits, with a reduction in pressure ulcers among patients within the ward where the trial took place. This model is now being rolled out across NHS GGC.

Heather Hodgson, lead nurse for tissue viability, said: “We changed the mindset of what needs to be recorded, challenging ‘ritualistic’ documentation. This approach can be applied to any speciality by any nurse.

“I am absolutely delighted. The award is for the whole team, from nurses to healthcare support workers.”

The protocol, developed by Heather and her colleague Sean Chambers is as follows:

Abnormal results and observations: Only abnormal results are recorded.

Bedside charts: Main focus is ensuring bedside charts are up to date and reflect care given on that shift.

Essential Communication: Only essential communications for clinical team is recorded.

Deviation From Care Plan: Only deviation from care plan is recorded.

Margaret O’Rourke, Clinical Services Manager and Lead Nurse said: “I am very proud of Sean and his team and the collaborative working with Heather from Tissue Viability on this initiative which will have a positive impact for patients and nurses board wide.”

Source: <https://www.dumbartonreporter.co.uk/news/23118030.vale-leven-hospital-nurses-leading-way-winning-award/>

Case 2: NHS Lothian and Robotic Process Automation

In 2021, NHS Lothian achieved the accreditation as a Centre of Excellence from NICE in Robotic Process Automation (RPA). The small team in Lothian has been working on the development and deployment of 'Bots' that can undertake simple and repetitive administrative tasks. These Bots free up human resource to focus on more value adding activities and allow the organisation to undertake tasks that have not been done previously due to resource constraints.

In this webinar, Paul Schofield, Head of Digital Innovation at NHS Lothian, provides a brief overview explaining what RPA is, shares the journey NHS Lothian has been on and the projects that have been developed and delivered to date, as well as covers other types of automation that his team have developed using Microsoft's Power Automate to show how there are simpler types of automation more readily available that can add value to a process.

In this webinar, delegates had a chance to look at the 'Blue Peter Totalisers' used to visually show the benefits being realised. These totalisers look at the number of steps undertaken by the Bots, the amount of time saved by the Bots doing a task instead of a human colleague, and the number of patients processed by the Bots.

The aim was been to paint a realistic picture, to show the successes and challenges seen at NHS Lothian and to look to what the next steps are.

Source: <https://www.hfma.org.uk/education-events/hfma-event/nhs-lothian-the-rise-of-the-bots-and-the-automation-of-administrative-tasks>

Case 3: National Digital Dermatology Programme

A new national digital dermatology programme will be launched to help speed up treatment and reduce waiting lists.

By capturing quality digital images of a patient's skin concern when they visit their GP or primary care provider, the programme will, where clinically appropriate, allow a senior Dermatologist to triage, diagnose and assess some skin conditions without the need for patients to attend an appointment. People will then either be treated by their GP, directed to a more suitable service for their skin concern like an acne clinic or be offered a face-to-face appointment at a dermatology clinic, with those who need it directly scheduled for treatment or surgery.

Dermatology is one of the biggest outpatient specialties with over 46,000 patients on the waiting list for a first appointment at the end of March 2023. This new programme, backed by £1.8 million of funding, could potentially reduce demand for outpatient dermatology appointments by up to 50 per cent with the potential for up to 90 percent of referrals across Scotland to include a digital image.

Source: <https://www.nhscfsd.co.uk/news/funding-to-bring-down-outpatient-waiting-list/>

Case 4: NHS GGC - Implementation of large-scale robotic storage and distribution system for hospital medicines

- In 2010, NHS GGC implemented a new, centralised Pharmacy Distribution Centre (PDC) to replace 11 different in-hospital pharmacy stores in NHS Greater Glasgow & Clyde.
- The PDC is now the single facility responsible for the procurement and automated distribution of medicines to replenish ward and site pharmacy stocks for all hospitals and community clinics in the region. Within the PDC, eight advanced robots (ROWAVMAX Extent2) are working in tandem as an integrated storage and distribution system, with an additional robot (ROWA Speedcase Select) installed within a vault for safe and secure handling of narcotic agents.
- The capital investment in the nine robots and associated equipment was around £1.1 million. This constitutes the largest automation project (by size and scale of activity) for hospital pharmacy in the UK and, to the knowledge of the robotic system supplier, the integrated system of robots is double the size of any other current installation worldwide.
- The application of this research has directly benefited NHS Greater Glasgow & Clyde in terms of substantial (and documented) quality improvements and efficiency savings, but it can also act as an exemplar of the successful implementation of robotics technology in other healthcare organisations.
- The research outputs provided PPSU with evidence to support their redesign efforts. It also provided a background to support future endeavours to expand upon the robotics profile within NHS GG&C and beyond, as future work on the automation of hospital ward cabinets is undertaken and due to continue throughout the health board and beyond over the coming months/years.
- Overall, efficiency savings of over £1 million were achieved through implementation of the new system, as well as release of floor space, reduction in medicines waste and redeployment of pharmacy staff to focus on more clinical patient facing duties including in the community where their skills could be used to manage long term conditions.

Source: <https://www.strath.ac.uk/workwithus/healthwellbeing/casestudies/large-scaleroboticstorageanddistributionssystem/>

Case 5: NHS Lanarkshire / Lothian - Infix Digital Theatre Scheduling

- The company, founded by consultant anaesthetist Dr Matthew Freer in 2019, has developed cloud-based software infix: **Schedule**, which aims to improve the efficiency of surgical operating theatres while tackling patient waiting list backlogs, alongside virtual portal infix: **Preop**, to optimise the patient pathway.
- The NHS Lothian contract follows a successful clinical trial with NHS Lanarkshire, where Infix increased operating theatre utilisation by 27%. A separate independent review by the University of Stirling found that infix: Schedule can improve theatre efficiency by up to 37%.
- Chief executive Freer explained: “NHS Lothian has shown a visionary approach around the use of digital innovation to help tackle the challenge of lengthy waiting times for planned surgery.
- “In a post pandemic world, it is a challenge that has never been more critical with a backlog of people waiting for much needed surgery.”
- Calum Campbell, chief executive at NHS Lothian, said: “We know that waiting longer for surgery can cause distress and deteriorating health for patients.
- “That’s why we are keen to embrace innovation that helps reduce waiting times by optimising the efficient use of our theatres - the use of the Infix scheduling tool enables us to do exactly that.”
- Infix recently secured a seven-figure investment from a group of UK and International business leaders and entrepreneurs, while John Waddell, the former Archangels chief executive and experienced non-executive director, was appointed as chair earlier this year.

Source: <https://www.insider.co.uk/news/scottish-healthtech-start-up-secures-28598521>

Case 6: NHS D&G Patient Portal

- NHS Dumfries and Galloway is pioneering digital transformation for NHS Scotland with the introduction of a new patient portal.
- The health board's Sustainability and Modernisation programme (SAM) was created to modernise health and social care at the hospital and ultimately improve operations while ensuring that services would be sustainable and financially viable in the longer term.
- And part of the SAM programme was to make the best use of technology and to avoid waste of all kinds.
- In a move towards sustainability and enhanced patient care, the board decided to transform the management of patient appointments and digitise communications.
- If even 50% of appointments could be sent digitally, the organisation would save the print and postage costs of 75,000 letters per year and the mailroom and staff resources could be put to better use.
- This would advance the SAM programme and provide a better patient experience because many people now prefer electronic interaction.
- The board set the ambitious goal of moving 80% of its clinic appointment letters and reminders to a digital platform in six months.
- This new process has totally changed the way the PAS team manages patient appointments.
- "When the PAS team saw patients responding to digital appointment reminders, they realised they could confirm appointments much faster, or if a patient could not attend they could immediately offer the same appointment to another patient.
- The system's dashboard provides clear visibility of the patients attending each clinic and when more departments use the system, it will improve utilisation of resources right across the hospital."
- The aim now is for all centrally-managed departments to adopt the systems within six months.
- The response from patients to the deployment shows 67% are responding digitally to their appointment messages, which is well above the 50% hoped for.
- And the board, which prints 500 letters per day, predicts that is even 50% are saved this frees staff time and eliminates the handling of over 75,000 letters annually. It also helps meet near-zero carbon goals and saves the print and postage costs.

Source:

https://www.buildingbetterhealthcare.com/news/article_page/Dumfries_and_Galloway_pioneers_digital_transformation_for_NHS_Scotland/202372

Review of Agenda for Change –

**Reduced Working Week Working
Group – Implementation Plan**

November 2023

IN CONFIDENCE – NOT FOR WIDER CIRCULATION

Introduction

The Reduced Working Week working group has considered how the NHS Scotland Agenda for Change workforce could move to a reduced working week. The aim is to get to a 36-hour working week without the loss of earnings within an agreed timescale taking account of matters including, but not limited to, service provision, safe staffing levels, patient safety, staff wellbeing and costs. This paper presents the findings of this working group, including recommendations, for consideration by STAC and the Cabinet Secretary for NHS Recovery, Health and Social Care.

Background

The working group, initiated as part of the NHS Scotland Agenda for Change Pay Agreement 2023/24, were tasked with the following key priorities in relation to the reduced working week. These are:

- Assess the feasibility of a reduced working week without loss of earnings.
- Identify risks, impacts, opportunities, and mitigations posed of moving to a shorter working week.
- Identify a preferred option for how a reduced working week could be implemented.
- Set out a plan for consideration of STAC Secretariat and approval by Ministers.

The working group has considered these factors, with the work being broken down within the impact assessment set out below.

Impact Assessment

The working group started by considering the impact of a reduced working week by commissioning modelling to quantify the adjustment in hours across the system, from 37.5 to 36-hours, per WTE, under an operating assumption of a phased reduction over three years. The modelling provided a breakdown by NHS Board and Job Family. A full breakdown is provided in the accompanying data pack.

The data enabled the group to consider whether this was a true representation of the impact, around whether every hour is equal in terms of lost time, and to frame thinking around mitigations. Through discussion the group acknowledged that, whilst this data was helpful in providing an initial illustration of the potential impact, the data must be considered within the following constraints. These were:

- Accuracy and source: The data, from national TURAS workforce statistics, is representative of a snapshot in time and is taken from a single source to ensure consistency in terms of data collection and use of a common methodology.
- Lack of assessment against mitigations: The modelling demonstrates the adjusted hours prior to any mitigations being put in place to adapt to a shorter

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working week. There are a range of measures which could be implemented at Service area, Board, Regional and National levels to support a reduced working week.

- Assumptions around adjusted hours and impact on productive time: The data provides an assessment of impact based on an assumption that every hour is equal in terms of productive output. The literature considered by the working group within the ‘Introductory Paper’ suggests that other organisations have successfully transitioned to a reduced working week without productivity loss. The group did however note that the examples provided were in office-based environments that did not mirror the operational complexity of a 24/7 operation.

The group acknowledged these constraints around the modelling of the impact and subsequently reflected on these factors to inform the preferred route to implementation, as well as the assessment of benefits, risks and mitigations.

Benefits	Risks
<ul style="list-style-type: none"> • Opportunity to recognise the value of staff and professional roles, as per the principles set out in the Heads of Agreement. • Improved levels of flexibility for staff which support the principle of making NHS Scotland an employer of choice for Health and other staff. • Improved staff wellbeing and the potential for a reduction in staff absence. • Improved retention of existing staff to support a sustainable workforce. • Improved attractiveness for the future workforce and an improved employer brand for recruitment. 	<ul style="list-style-type: none"> • Potential for reduced service delivery if mitigations are not delivered effectively. • Risk of failing to deliver against key commitments around NHS Recovery and Waiting Times. • Risk that Services do not fully optimise and adapt to a reduced working week resulting in staff feeling overwhelmed. • Risk of increased Agency and overtime spend to maintain levels of Service delivery.
<p>Note: The risks and benefits are national strategic, and it is acknowledged that full risk scoping and management will be necessary at all levels within the delivery framework.</p>	

Preferred Implementation Model

Having considered the modelling and the potential impact on the delivery of services, the group then considered the following scenarios for how a reduced working week could be delivered. These were:

1. No Change – Retention of a 37.5 working week.
2. Full implementation as of April 2024.
3. 45-minute reduction per year over two years.

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4. 30-minute reduction per year over three years.

In acknowledgement of the risk to Service delivery, and the need to allow time to develop adequate mitigations, there was a broad consensus from all members that Option Four – a 30-minute reduction per year over three years presents the most feasible approach. This option enables the delivery of a reduced working week for AfC staff, therefore delivering the key outcome, whilst also ensuring that Health Boards have adequate time in which to adapt to the reduced workforce availability.

April 2024 has been agreed as the initial implementation date for the first 30 minute reduction. The group however agreed that should the outcome for the Early Adopters show that more learning is required before implementing the first 30 minute reduction, the group may need to reconsider their position with a view to potentially delaying the initial implementation date to ensure any issues can be adequately addressed. In the event the roll out of the reduction in working week does not commence in April 2024 then staff should be recompensed appropriately.

Any potential delay will require further negotiation with the trade unions.

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Approach for Part Time Staff

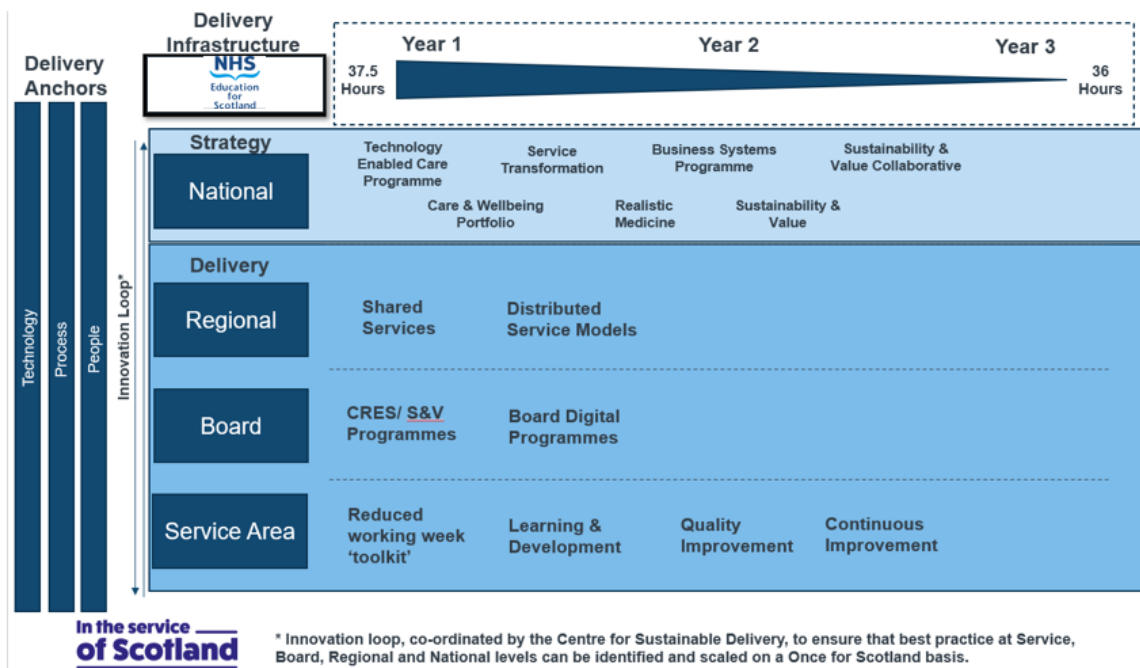
Through this work, the group have considered the impact of a reduced working week for staff who work part-time. The group agreed to the following approach:

Part time staff should see a reduction in their contractual hours on a pro-rata basis. For example if a member of staff works 20-hours per week under a 37.5-hour working week, their contract is reduced to 19.2-hours per week under a 36-hour working week. This would result in their overall salary remaining the same whilst ensuring that this cohort benefit from a reduction in the working hours in the same way as full time.

Pathway to Delivery – Delivery Framework and National Early Adopters

Having settled on a preferred implementation model, the group then considered the key components to delivery, notably mitigations, as well as the ways in which new approaches can be tested, and how best practice can be scaled nationally.

The framework below provides a range of ways in which mitigation at levels ranging from National to Service level can be achieved. It is proposed that NHS Education for Scotland (NES) would be the most appropriate vehicle to support delivery at a National level. This will ensure that there is an effective ‘innovation loop’ which can identify, monitor, evaluate and re-circulate best practice and innovative ways of working picked up through local delivery, whilst ensuring that approaches to delivery are underpinned by common practices rooted in a Once for Scotland approach, de-duplicating effort.



The delivery framework seeks to set a direction for the delivery of a reduced working week that strategically links finance, workforce, and digital drivers as part of a cyclical

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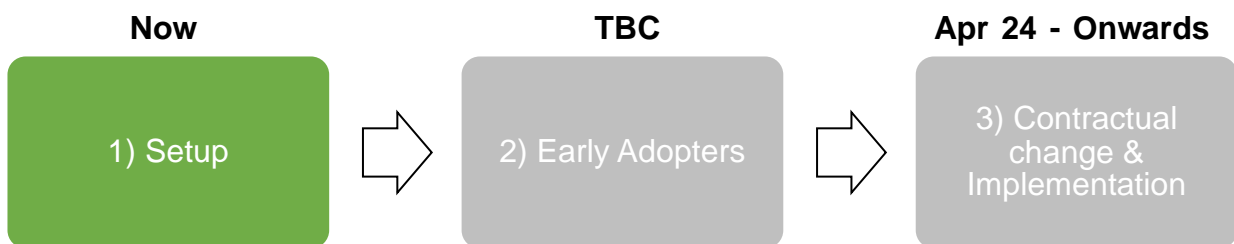
process to deliver a reformed service that can accommodate adaptation for the working week whilst maintaining safe and high quality services to the public.

The group did note that, whilst the delivery framework sets an appropriate strategic direction around mitigating risks, the true impact is difficult to quantify as the change will not impact the organisation in a uniform way. The group therefore proposes that a series of Early Adopters take place across a range of services areas, both job family and function, to ensure that the organisation can learn from early adoption and that innovation and best practice can be shared and scaled Nationally. It is proposed that the Early Adopters would run for a period of 12 weeks across a range of service areas. These Early Adopters would remain part of this process over the full three-year period, trialling each incremental change for a period before wide scale contractual change, to ensure consistency of environment. An indicative overview of Early Adopter service areas is contained below.

The working group will receive live updates from the Early Adopters. This will ensure the group is live to emerging issues and evidence, and can seek to help drive a solutions focused approach to any issues that may arise.

Staffside and Employers have agreed that the implementation of the Early Adopters and the full implementation of the reduced working week across NHS Scotland will require to be fully funded by Scottish Government.

Timescales



Service Area			
Corporate Services / Administrative Services (including HR/ Payroll Shared Services)	National Services Scotland (E.g., SNBTS, Logistics, Corporate Team).	National Treatment Centre	Inpatient Ward

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Ambulance Care (E.g. An ambulance hub)	Radiology	Emergency Department	Support Services
NHS 24 (E.g., contact centre)	Physiotherapy	Outpatient Services inc. patient facing administrative services	
NHS Golden Jubilee	Laboratories / Healthcare Sciences	Day Surgery Unit	

Work is underway with Health Boards to identify indicative Early Adopter sites.

The Early Adopter commission may wish to consider the input from an academic or research institution, as necessary, to develop a standard approach to methodology and monitoring, and to provide assurance around the findings to support the delivery of a reduced working week over the proposed three-year implementation model. Guidance will be produced for the Early Adopters outlining what is required of them as an Early Adopter, what data needs to be collected, how it should be recorded, timelines for feeding back etc.

Again in order to take this forward, the group would like to note as part of this proposal that it has been agreed in partnership that this needs to be fully funded by the Scottish Government.

Recommendations

- That a reduced working week for NHS Scotland Agenda for Change staff is implemented, without loss of earnings, on a phased basis from April 2024, in the following increments:
 - 30-minute reduction from April 2024 to a 37-hour working week (predicated on the assumptions and outcomes of the Early Adopters)
 - 30-minute reduction from April 2025 to a 36.5-hour working week.
 - 30-minute reduction from April 2026 to a 36-hour working week.
- That NES are commissioned to develop a Once for Scotland approach to the reduced working week, ensuring that best practice is identified and scaled nationally at pace.
- That sites are identified to take part in time-bound Early Adopters, overseen by NES, including any academic partners, as necessary, to ensure that mitigations can be tested, evaluated and monitored prior to full roll out.
- That communications go out to Health Boards as early as possible following any agreement to implement recommendations.

Reduced Working Week Co Chairs

Jeff Ace – Chief Executive, NHS Dumfries and Galloway

Wilma Brown – Unison

Agenda for Change Non-Pay Reforms – Reduced Working Week Group

Situation

The national Reduced Working Week Group, which was commissioned by STAC Secretariat, submitted proposals for reduction of the working week by 30 minutes a year over 3 years. It has been confirmed that the first 30 minute Reduction in the Working Week for all AfC staff, pro rata for part time staff, should commence from 1 April 2024. The Scottish Government's Health Workforce Pay Department had commissioned a working group of system experts to provide assurance that the NHS suite of national workforce systems can respond to this reduction year on year, with no risk to service delivery. This work has been ongoing since October 2023.

This paper is to provide the Reduced Working Week Group with an update on the work of the National Systems Working Group in order to meet the necessary system requirements of the 30 minute reduction for 1 April 2024.

Local recording systems maintained at individual Board level are not in scope. Boards will need to be assured that the necessary system changes are known and implemented.

Background

A suite of national workforce systems collects, interfaces and processes data with regard to working hours in order to ensure that NHS staff are paid correctly. The main systems are JobTrain, eESS, Payroll, SSTS and Allocate Optima (eRostering). The change in contracted hours requires to be replicated in all of the key workforce systems at the same time, otherwise there is a significant risk of data not being in sync and subsequently any changes to working hours made/authorised by managers will be affected.

All of these systems require to be developed to cater for a reduced working week to ensure no loss of earnings from 1 April 2024. This means that the basic salary for whole time staff remains unchanged, being 37 hours at an increased higher hourly rate, whilst part time staff will have an automatic reduction pro rata to the 30 minute reduction paid at an increased hourly rate.

The National Systems Working Group have assumed the calculation for pro rata reduction in part time hours is current contracted hours/37.50 hours*37 hours rounded up to 1 decimal place e.g. 20 hours will be reduced to 19.80 hours. The rounding up is key to ensure there is no minimal loss of earnings to part time basic hours. Confirmation, or otherwise, of this proposal is urgently required.

Assessment

A high level summary is that all developments are making good process and therefore on track. It must be emphasised that this position has only been possible due to the ongoing development work whilst pending a confirmed outcome from the Cabinet Secretary. It should be noted however that system issues may arise during the testing phase which will require problem resolution.

All of the necessary configuration work can be done within each system's existing development resource, and therefore no additional costs will arise. The exception to this is eESS, where a Change Control Notice totalling £15.6K has only now been authorised in order to progress the development work. This cost, which will likely be the same value for 2025/26 and 2026/27 development work, is an additional unfunded system cost for this system. System costs for each Board may then increase proportionately.

The following developments have been planned and agreed with system providers.

- JobTrain - vacancy, offer letter and contract templates will require whole time contracted hours to be reflective of 37 hours from 1 April 2024.
- eESS - a bulk update will amend current whole time hours to 37 hours, and all part time contracted hours to the reduced value, with an assignment effective date of 1 April 2024. To ensure that Payment As If At Work (PAIAW) calculations are unaffected by the 1 April 2024 date the changes to employment records in eESS will be held as a “ghost” assignment date, otherwise any PAIAW calculations from 1 April 2024 onwards will use an incorrect reference period. In normal circumstances any employment changes are interfaced to ePayroll, for manual acceptance by Payroll staff. Due to the volume and consequential impact on Payroll staff time to accept all the changes in whole time and part time contracted hours, these will not interface to ePayroll.
- ePayroll - a separate bulk update will amend whole time hours to 37 hours and all part time contracted hours to the reduced value with an effective date of 1 April 2024. A dual bulk update in both eESS and ePayroll will mitigate the need for manual changes by Managers and Payroll staff. Pay scales, which control the value of basic pay and hourly rates, will be amended to reflect whole time conditions hours of 37 hours; this will increase the hourly rate for basic part time hours, unsocial hours, overtime and call out rates.
- SSTS - hours changes made in ePayroll automatically interface to SSTS. The bulk update applied in ePayroll will therefore be automatically interfaced to SSTS so the employee details noted against each roster will indicate the correct contracted hours from 1 April 2024. Managers will be required to amend shift patterns in rosters to reflect the revised contracted hours.

Where it is not possible for a staff member of group of staff to receive their 30 minute (or pro rata) reduction, managers will be required to record the 30 minutes (or pro rata number of minutes) as excess hours or overtime hours for payment purposes. A new excess hours/overtime hours reason will be established to indicate this is due to the Reduced Working Week, to support Board and/or financial monitoring.

- Allocate Optima – a number of options were presented by RLDatix to update contracted hours, ranging from manual adjustment by local administrators to a scripted change undertaken by RLDatix at a cost of circa £9.5K per Board. Options were discussed at an eRostering Knowledge Forum and feedback provided that the preference of the majority of local Rostering teams was for the necessary adjustments to be undertaken by local administrators. Whilst resources to undertake such changes is causing local concern, the scripted option would require significant local input to develop, check and apply the changes in test and live environment. Local administrators were of the view that there were other related roster amendments which could not be delivered by an RLDatix script.

Reconciliation

It is imperative there are reconciliation processes in place to provide assurance that the bulk updates across the key workforce systems have been applied consistently. Boards should be reconciling eESS and ePayroll records as part of an audit requirement, so this reporting process should also be applied post bulk update changes. SSTS has a standard suite of reports, which includes a reconciliation report to compare against ePayroll records. Boards should also undertake this reconciliation process post bulk update changes. Currently there is not a reconciliation report in

Allocate Optima, however a request has been submitted to RLDatix to replicate the eESS reconciliation report to allow a comparison against other workforce systems.

Timescales for development and implementation

There is an obvious window of opportunity for the reduced working week changes to be reflected in national workforce systems, that being end of year close from evening of Thursday 28 March 2024 – Tuesday 2 April 2024. Testing will take place in a planned timescale and the aim is for systems to come back on line on a staged basis. It would be worthwhile to note that ePayroll already has a significant end of year development plan for statutory and pension legislation changes. During the end of year close systems will be unavailable for use. Local teams will need to plan for this downtime.

Communications across workforce systems

It will be vital to provide comprehensive system guidance to local users in order to manage local work. It is therefore suggested that the National Systems Working Group be permitted to do this in advance of and separate from national guidance. Without system guidance, there is a risk that local teams are not positioned to undertake any preparatory or post development work to ensure the accuracy of workforce system records and ultimately employee's pay. In addition post 1 April 2024 employment changes may already be in transit in various systems and these require to be identified and appropriate action agreed to ensure accurate and timely processing. It would be prudent for all national workforce systems to implement a "change freeze", this being a period of time where changes to employment records effective from 1 April 2024 are not made prior to the end of year close timeframe. This would allow the various bulk updates to be done on up to date data, with any changes thereafter being input and authorised by managers.

The National Systems Working Group are in the process of finalising system guidance and will be in a position to share with local system leads by Friday 15 March. It is anticipated this would be a rolling form of guidance. This group would also wish to contribute to national guidance in terms of system requirements, operational impacts for local system teams and pay aspects.

System issues for clarification or require to be addressed

1. Urgent – confirm proposal regarding the calculation for pro rata reduction in part time hours, being contracted hours as at 31 March 2024 / 37.50 hours * 37 hours rounded up to 1 decimal place. The rounding up should mitigate against any minimal difference in earnings for part time basic hours.
2. Urgent - clarification is required as to whether the reduced working week for AfC staff also applies to the Executive/Senior Manager co-hort.
3. Urgent – authority for the National Systems Working Group to issue system guidance to local system leads, planned timescale Friday 15 March 2024.
4. Confirmation, or otherwise, whether annual leave and public holiday entitlements are aligned to the reduced contracted hours. Allocate Optima and SSTS systems have the functionality to record leave entitlement in hours therefore confirmation is required in order to record accurate leave entitlements for 2024/25. In addition clarification of carry forward leave requires to be clarified in terms of whether the hours are at pre or post 1 April 2024 calculations.

Summary

The National Systems Working Group is able to report that the planned activity to development national workforce systems to cater for a reduction in the working week is on track for 1 April 2024 implementation. However this is incumbent on receiving confirmation of the urgent issues noted above by COP 14 March 2024. All national system teams plan to commence testing in pre-production environments by week commencing 18 March 2024, it is only after this has been complete the full assurance can be provided.

There is a pressing and growing need to provide local systems users with system guidance, which is being developed by the group for planned issue on Friday 15 March 2024.

[Redacted under Section 38(1)(b) of Act]
Lead for National Systems Working Group
13 March 2024

Subject	Reduced Working Week – National Workforce Systems Update & Guidance
Date	15 March 2024
From	National Workforce Systems Short Life Working Group
For Attention of	NHSS Payroll, SSTS, eESS, Job Train and eRostering System Managers
Copy to	NHSS Directors of Finance, HR Directors, Deputy HR Directors, national Reduced Working Week Group.

Introduction

An agreement has been made by Scottish Government Ministers to implement the three non-pay elements of the 2023-24 pay deal from 1 April 2024; these elements are:

1. Reduced working week - from 1 April 2024, the standard working week for NHS Agenda for Change workers in Scotland will be reduced from 37.5 to 37 hours without loss of earnings
2. A consistent approach to Protected Learning Time for all NHS boards
3. Review of Band 5 nursing roles

The Scottish Government guidance of 7 March 2024 states: *“Where it is not possible for a staff member or group of staff to receive their 30 minute reduction (pro rata number of minutes for part time staff) they will be recompensed accordingly until such times as the reduction can be accommodated.”*

For the implementation of the Reduced Working Week, a short life working group (SLWG) of leads responsible for the national Workforce Systems was established, and provided a report to Scottish Government colleagues of the necessary developments and estimated timelines. This group, which covers **ePayroll, SSTS, eESS, Job Train and eRostering**, is now working at pace to ensure that the necessary system developments and testing are in place from 1 April 2024.

It is anticipated that national guidance on the Reduced Working Week will be issued imminently and that this may also encompass information regarding the required system developments along with guidance and FAQ's for local system leads.

In advance of this, the National Workforce Systems SLWG wish to provide the following high level update regarding our work to date and also key system considerations regarding local business processes.

It is important to note that any local systems maintained by Boards for the purpose of recording or calculating shifts and/or leave is not in scope of the National Workforce Systems SLWG remit.

National System Developments

Due to the volume of employee changes required, and the individual system complexities contained within this, the standard interface arrangements will be disabled with “independent” developments planned across **ePayroll, SSTS and eESS** from the evening of Thursday 28 March 2024. In line with all development releases this will involve system down time.

The exact time line for when the systems will be unavailable has still to confirmed, however, each system will be made available as early as possible after the necessary work on it has been completed, with the aim that all systems will be operational by close of play Tuesday 2 April 2024.

The planned developments will see Agenda for Change employee records in **ePayroll, SSTS and eESS** updated as follows:

- Full time/conditioned hours will be changed from 37.50 to 37 per week.
- Contracted hours for full-time staff will be changed from 37.50 to 37 per week.
- Contracted hours for part-time staff will be reduced on a pro rata basis (*). The exception to this is where contracted hours are equal to or less than 1.29 hours; no change will be applied as the result will be the same contracted hours.
- Bank hours of 0.25 or 0.33 will remain unchanged

(*) The calculation applied for the pro-rated reduction for part-time staff will be the contracted hours in operation at M12/W52 divided by 37.5, multiplied by 37, calculated to two decimal places and then rounded up to one decimal place. Where the pre-rounding calculation results in an exact figure of one decimal place the part time hours will be rounded up the next decimal place e.g. 22.50 hours will be calculated as 22.2 hours and then rounded up to 22.3 hours. This is to ensure there is no loss of earnings.

In addition to the above, please see system specific key information on the developments below:

System	Key Information
ePayroll	<p>The AFC pay bands will be changed to hold conditioned hours of 37, therefore basic hourly rates will be increased accordingly from Week 1 and Month 1.</p> <p>In keeping with established pay award processes, the increased hourly rates for excess, overtime, unsocial and call out hours will be applied from Week 1 and Month 2.</p> <p>Standard basic hours will be changed to equal the updated contracted hours.</p>
SSTS	<p>Updated contracted hours will be shown on rosters.</p> <p>A “ghost” assignment date of 1 April 2024 will be created to ensure there is no impact on Pay as it at Work calculations.</p>
eESS	<p>As assignment date of 1 April 2024 will be created for the change in hours</p> <p>The Position and Contract screens will also updated with an effective date of 1 April 2024.</p> <p>Future Dated new Starts sent on 1st Month - reviewing to see if Atos can update these to the new hours or will these be sent with the new hours as part of the update to eESS.</p>
Job Train	<p>The following contract templates will be updated in terms of full time conditioned hours:</p> <ul style="list-style-type: none"> • NHS Scotland AfC Annex 21 Contract 04.23 • NHS Scotland AfC Fixed Term Contract 04.23 • NHS Scotland AfC Substantive Contract 04.23 <p>Boards will be required to update local versions of the contracts by following SOP - JTSU013.</p>
eRostering (Allocate Optima)	<p>RLDatix offered the deployment of scripts to update the contracted hours at a fixed cost for each Board. Local eRostering Leads were canvassed for their views on this approach, and the feedback suggests that Boards would prefer to undertake the necessary changes locally as the Reduced Working Week will require other system changes, and the scripts offered little benefit in comparison to the costs. The timeline for deployment of scripts did also not necessarily align to the development timelines for the other workforce systems.</p>

Key System Considerations

Following the updates being applied across the systems, Boards will need to undertake a reconciliation process to ensure that all systems hold the same revised contracted hours. Boards can utilise the existing eESS reconciliation report to cover eESS and ePayroll, and there are existing SSTS BOXI reports that can be used to supplement this. Please refer to “eRostering Leads” section for details on how to ensure manual updates are applied in line with the other Workforce Systems.

Payroll Managers

- Prior to year-end closure it may be advisable for Pay Teams to check for changes to contracted hours effective from 1 April 2024 onward that have already been received via the eESS interface, as once the system is available for Week/Month 1 any such changes will need to be manually applied e.g. whole time employee reducing to 30 hours per week from 1 April 2024 – apply the change to 30 hours and then manually adjust to 29.70.
- There will be a requirement to adjust SMP and OMP payments from 1 April 2024 onwards to reflect the slight increase in hourly rates.
- The contracted hours of annualised hours/term-time employees will be automatically adjusted by the national work. Local teams should identify such employees to establish their actual revised contracted hours and make any required adjustments via the normal eESS process.
- Local teams should identify instances of where standard basic hours differ from contracted hours. Where this is the case, manual adjustment is required to standard basic hours as the bulk update will automatically be the same figure as the updated contracted hours figure.
- If you have local pay scales that require to be updated for the reduced working week e.g. local hospices, TUPE transfers, GP Practices then details of these scales should be submitted to NPST by Friday 29th March for the update to be applied from Week 2 and Month 1. Thereafter, the normal NPST timetables will apply.
- Calculators for maximum whole time service pension contributions will need to be reset from 1955 to 1929 hours per annum.

eESS Leads

- The planned bulk update will only work for employees where there are no future dated changes in the relevant areas. As such, please do not enter or accept transactions where the effective date is on/after 1 April 2024. Where there are already future dated changes in eESS these will be flagged to NHS Boards to update manually.
- Self Service Transactions waiting approval by either manager / HR – after the bulk update of hours is applied to eESS and these transactions are then approved by manager / HR - these will error out and will need to be re input into eESS. NHS Boards may want to approve these or return depending on the transaction type.
- It is suggested that local system teams may wish to consider adopting a “change freeze” for changes effective from 1 April 2024 which are impacted by the Reduced Working Week, and these are activated in appropriate systems once the national development work has been completed.

SSTS System Managers

In line with the Scottish Government guidance of 7 March 2024 regarding recompense where it is not possible for a staff member or group of staff to receive their 30 minute reduction (pro rata number of minutes for part time staff, a new excess/overtime reason of will be created - “Addtl Hours – Reduced Working Week” . This will support workforce and financial monitoring,

- It is not possible for the roster codes in use by all wards and departments across NHSS to be updated via the national development. As such, System Managers will need to coordinate and implement any changes locally when local areas have been able to implement the reduction in the working week.
- Please notify users that where default rosters and rotas are in use only move forward rosters for a reduced number of weeks as these will require to be updated post 1 April 2024:
 - Suggested course of action – Do not update rosters for a large number of weeks, continue to use this functionality meantime but in smaller timescales e.g. 4 weeks instead of 52

- Roster entry should reflect the updated contracted hours following the 1 April 2024 implementation
- Attendance Reference Period (ARP): for all areas where the ARP is shown as **1 week**, as part of the development by Atos colleagues to implement this change there will be an end date automatically entered to close off the existing period as at 31 March 2024, and a new line starting on 1 April 2024 showing the weekly threshold of 37.00 hours as per example displayed below.
 - Where the ARP is shown as **anything other than 1 week** then SSTS System Managers and their teams will be required to update manually following discussions with Ward/Department Managers.
 - Where there is an ARP Assignments present, SSTS System Managers and their teams will be required to update manually following discussions with Ward/Department Managers.
 - To identify where an ARP of greater than 1 is configured, a BOXI report is available and can be found in the folders as follows :
 - Reporting Group/Quality Control/ARP Configuration - Weeks Greater Than 1 by Local Area
 - To identify where an ARP Assignments is present, a BOXI report is available and can be found in the folders as follows:
 - Reporting Group/Quality Control/ARP Configuration – ARP Assignments by Local Area

eRostering Leads

- In line with the Scottish Government guidance of 7 March 2024 regarding recompense where it is not possible for a staff member or group of staff to receive their 30 minute reduction (pro rata number of minutes for part time staff, a new excess/overtime reason will require to be created locally - "Addtl Hours – Reduced Working Week" . This will support workforce and financial monitoring and ensure accurate data transfer to SSTS where used in Boards.
- Local Rostering teams should use the staff contracted hours figures provided by eESS, rather than making the calculation locally. This can be done by using the existing eESS extract and Optima Gateway process, or a separate reconciliation report can be made available by your local eESS Team for this.
- In addition to amending staff contracted hours Optima Reference Data settings will be require to be amended.
- Changes may be required to ensure SafeCare remains accurate.
- Existing double-keying into SSTS should not be affected, although local Rostering teams should consider their individual local processes in this regard.
- Consideration should be given to the number of future shifts being created until the transition to a 37-hour week is complete, as this would otherwise increase the impact on system and operational changes and creation of excess/overtime shifts where it's not possible for staff member to receive their reduction in the working week and recompense is required.

Other Systems

It is recognised that there are other systems which will be affected by the Reduced Working Week, most particularly those for recording and managing flexible working time and/or annual leave.

Since such systems are created or supported locally, we cannot issue detailed guidance on how to implement the changes from the reduced working week. However, the SLWG recommend that all Boards review their use of local staffing-related systems and whether those are likely to require updates.

Other Points

Information regarding any impact on annual leave entitlements that require to be held on the national Workforce Systems as a direct result of the reduced working week will be provided in due course.

Following the implementation of the Reduced Working Week, part-time staff may wish to retain their current contracted hours in line with the OfS Flexible Work Pattern Policy. Should this be the case, any agreed changes in hours should be actioned in line with the standard eESS process. Whilst working through the process of implementation there may be further scenarios encountered for which details will be provided via national communications in due course.

The National Workforce Systems SLWG hope this update will be of assurance and assistance in progressing your internal planning requirements for the implementation of the reduced working week.

This guidance will be updated with any additional system related guidance as required and issued accordingly

Points of Contact

The National Workforce System SLWG will issue any further guidance as required in relation to national workforce systems developments. In order to ensure consistency of information across NHSS in this regard, please raise any issues or points of clarification with the appropriate lead. Details are noted in Appendix 1.

Please be mindful to only raise issues relating to the national workforce systems. Any issues, concerns or points of clarification regarding the principles of the Reduced Working Week should be raised locally in the first instance.

**[Redacted under Section 38(1)(b) of Act]
National Workforce Systems SLWG Lead
17 March 2024**

Appendix 1

System	Lead	Contact
Payroll	[Redacted under Section 38(1)(b) of Act]	
eESS		
SSTS		
eRostering (Allocate Optima)		
Job Train		
Finance		
National Workforce Systems SLWG Lead		
National Workforce Systems SLWG Depute Lead		

Subject	Reduced Working Week – National Workforce Systems Update & Guidance
Date	26 March 2024 – Version 2
From	National Workforce Systems Short Life Working Group
For Attention of	NHSS Payroll, SSTS, eESS, Job Train and eRostering System Managers
Copy to	NHSS Directors of Finance, HR Directors, Deputy HR Directors, national Reduced Working Week Group.

Introduction

An agreement has been made by Scottish Government Ministers, **issued 7 March 2024**, to implement the three non-pay elements of the 2023-24 pay deal from 1 April 2024; these elements are:

1. Reduced working week - from 1 April 2024, the standard working week for NHS Agenda for Change workers in Scotland will be reduced from 37.5 to 37 hours without loss of earnings
2. A consistent approach to Protected Learning Time for all NHS boards
3. Review of Band 5 nursing roles

The Scottish Government guidance of 7 March 2024 states: *“The first 30 minute Reduction in the Working Week for all AfC staff (without loss of earnings), pro rata for part time staff, should commence on 1 April 2024. However, if, due to service pressures, safety, wellbeing issues determined within Boards, it is not possible at that time for a staff member or group of staff to receive their 30 minute reduction (pro rata number of minutes for part time staff) they will be recompensed accordingly until such times as the reduction can be accommodated.”*

For the implementation of the Reduced Working Week, a short life working group (SLWG) of leads responsible for the national Workforce Systems was established, and provided a report to Scottish Government colleagues of the necessary developments and estimated timelines. This group, which covers **ePayroll, SSTS, eESS, Job Train and eRostering**, is now working at pace to ensure that the necessary system developments and testing are in place from 1 April 2024. **SSTS Workload Tools and the SafeCare tool within Allocate Optima is outwith the remit of this group.**

It is anticipated that national guidance on the Reduced Working Week will be issued imminently and that this may also encompass information regarding the required system developments along with guidance and FAQ's for local system leads.

In advance of this, the National Workforce Systems SLWG wish to provide the following high level update regarding our work to date and also key system considerations regarding local business processes.

It is important to note that any local systems maintained by Boards for the purpose of recording or calculating shifts and/or leave is not in scope of the National Workforce Systems SLWG remit.

National System Developments

Due to the volume of employee changes required, and the individual system complexities contained within this, the standard interface arrangements will be disabled with “independent” developments planned across **ePayroll, SSTS and eESS** from the evening of Thursday 28 March 2024. In line with all development releases this will involve system down time.

The exact time line for when the systems will be unavailable has still to confirmed, however, each system will be made available as early as possible after the necessary work on it has been completed, with the aim that all systems will be operational by close of play Tuesday 2 April 2024.

The planned developments will see Agenda for Change employee records in **ePayroll, SSTS and eESS** updated as follows:

- Full time/conditioned hours will be changed from 37.50 to 37 per week.
- Contracted hours for full-time staff will be changed from 37.50 to 37 per week.
- Contracted hours for part-time staff will be reduced on a pro rata basis (*). The exception to this is where contracted hours are equal to or less than 1.29 hours; no change will be applied as the result will be the same contracted hours.
- Bank hours of 0.25 or 0.33 will remain unchanged

(*) *The calculation applied for the pro-rated reduction for part-time staff will be the contracted hours in operation at M12/W52 divided by 37.5, multiplied by 37, calculated to two decimal places and then rounded up to one decimal place. Where the pre-rounding calculation results in an exact figure of one decimal place the part time hours will be rounded up the next decimal place e.g. 22.50 hours will be calculated as 22.2 hours and then rounded up to 22.3 hours. This is to ensure there is no loss of earnings.*

In addition to the above, please see system specific key information on the developments below:

System	Key Information
ePayroll	<p>The AFC pay bands will be changed to hold conditioned hours of 37, therefore basic hourly rates will be increased accordingly from Week 1 and Month 1.</p> <p>In keeping with established pay award processes, the increased hourly rates for excess, overtime, unsocial and call out hours will be applied from Week 1 and Month 2.</p> <p>Standard basic hours will be changed to equal the updated contracted hours.</p>
SSTS	<p>Updated contracted hours will be shown on rosters.</p> <p>A "ghost" assignment date of 1 April 2024 will be created to ensure there is no impact on Pay as it at Work calculations.</p>
eESS	<p>As assignment date of 1 April 2024 will be created for the change in hours</p> <p>The Position and Contract screens will also updated with an effective date of 1 April 2024.</p> <p>Future Dated new Starts sent on 1st Month - reviewing to see if Atos can update these to the new hours or will these be sent with the new hours as part of the update to eESS.</p>
Job Train	<p>The following contract templates will be updated in terms of full time conditioned hours:</p> <ul style="list-style-type: none"> • NHS Scotland AfC Annex 21 Contract 04.23 • NHS Scotland AfC Fixed Term Contract 04.23 • NHS Scotland AfC Substantive Contract 04.23 <p>Boards will be required to update local versions of the contracts by following SOP - JTSU013.</p>
eRostering (Allocate Optima)	<p>RLDatix offered the deployment of scripts to update the contracted hours at a fixed cost for each Board. Local eRostering Leads were canvassed for their views on this approach, and the feedback suggests that Boards would prefer to undertake the necessary changes locally as the Reduced Working Week will require other system changes, and the scripts offered little benefit in comparison to the costs. The timeline for deployment of scripts did also not necessarily align to the development timelines for the other workforce systems.</p>

Key System Considerations

Following the updates being applied across the systems, Boards will need to undertake a reconciliation process to ensure that all systems hold the same revised contracted hours. Boards can utilise the existing eESS reconciliation report to cover eESS and ePayroll, and there are existing SSTS BOXI reports that can be used to supplement this. Please refer to “eRostering Leads” section for details on how to ensure manual updates are applied in line with the other Workforce Systems.

Payroll Managers

- Prior to year-end closure it may be advisable for Pay Teams to check for changes to contracted hours effective from 1 April 2024 onward that have already been received via the eESS interface, as once the system is available for Week/Month 1 any such changes will need to be manually applied e.g. whole time employee reducing to 30 hours per week from 1 April 2024 – apply the change to 30 hours and then manually adjust to 29.70.
- There will be a requirement to adjust SMP and OMP payments from 1 April 2024 onwards to reflect the slight increase in hourly rates.
- The contracted hours of annualised hours/term-time employees will be automatically adjusted by the national work. Local teams should identify such employees to establish their actual revised contracted hours and make any required adjustments via the normal eESS process.
- Local teams should identify instances of where standard basic hours differ from contracted hours. Where this is the case, manual adjustment is required to standard basic hours as the bulk update will automatically be the same figure as the updated contracted hours figure.
- If you have local pay scales that require to be updated for the reduced working week e.g. local hospices, TUPE transfers, GP Practices then details of these scales should be submitted to NPST by Friday 29th March for the update to be applied from Week 2 and Month 1. Thereafter, the normal NPST timetables will apply.
- Calculators for maximum whole time service pension contributions will need to be reset from 1955 to 1929 hours per annum.
- Clarity on the requirement for 391 hours for bank worker increments is being sought. At this point in time no change to this has been made in ePayroll.
- It may be the case that 2 part time contracts may now exceed whole time SB203 hours e.g. 25 hour post now 24.7 hours plus 12.50 hour post now 12.4 hours. Payroll teams should routinely undertake checks to ensure that SB203 hours are not exceeded for multiple employments. The “Exceeds WTD” report can be run at any time to assist with local checks.
- PCS(AFC)2024/2 circular noted that additional time worked in respect of the RWW Transitional Allowance would be paid at time and half for anything above 37 hours. Please note that manual action will be required to ensure any 30 minutes of overtime for the Reduced Working Week is paid at time and half if that overtime is entered on a Public Holiday day.

eESS Leads

- The planned bulk update will only work for employees where there are no future dated changes in the relevant areas. As such, please do not enter or accept transactions where the effective date is on/after 1 April 2024. **For clarity it is all future dated changes on the contact, assignment and position screens.** Where there are already future dated changes in eESS these will be flagged to NHS Boards to update manually. **In this respect a report will be provided, anticipated timeframe being 1 April or 2 April 2024, this being after the bulk update has been loaded and prior to eESS being available.**
- **All Self Service Transactions waiting approval by either manager / HR – after the bulk update of hours is applied to eESS and these transactions are then approved by manager / HR - these will error out and will need to be re input into eESS. NHS Boards may want to approve these, recognising these would not be included in the bulk update so there would be a requirement to manually amend any contracted hour changes, or return for the line manage to re-input, depending on the transaction type.**
- **Any future dated changes relating to new starts and/or hours already in eESS are highly likely to need amending to 37.00 hours, or pro rata hours. It may be assumed that MSS changes initiated by Managers will be prior to the Reduced Working Week communications, and therefore should be amended accordingly, in line with bulk updates. It may be useful to consider a date as to when eESS and Payroll in your Boards can assume that any change to contracted hours is reflective of the Reduced Working Week principles.**
- It is suggested that local system teams may wish to consider adopting a “change freeze” for changes effective from 1 April 2024 which are impacted by the Reduced Working Week, and these are activated in appropriate systems once the national development work has been completed.

SSTS System Managers

- In line with the Scottish Government guidance of 7 March 2024 regarding recompense where it is not possible for a staff member or group of staff to receive their 30 minute reduction (pro rata number of minutes for part time staff, a new excess/overtime reason will be created - "Addtl Hours – Reduced Working Week" . This will support workforce and financial monitoring. **The new additional hours reason code will be added as part of the update.**
- It is not possible for the roster codes in use by all wards and departments across NHSS to be updated via the national development. As such, System Managers will need to coordinate and implement any changes locally when local areas have been able to implement the reduction in the working week **and this necessitates a change to any roster codes.**
- Please notify users that where default rosters and rotas are in use only move forward rosters for a reduced number of weeks as these will require to be updated post 1 April 2024:
 - Suggested course of action – Do not update rosters for a large number of weeks, continue to use this functionality meantime but in smaller timescales e.g. 4 weeks instead of 52
 - Roster entry should reflect the updated contracted hours following the 1 April 2024 implementation
- Attendance Reference Period (ARP): for all areas where the ARP is shown as **1 week**, as part of the development by Atos colleagues to implement this change there will be an end date automatically entered to close off the existing period as at 31 March 2024, and a new line starting on 1 April 2024 showing the weekly threshold of 37.00 hours as per example displayed below.
 - Where the ARP is shown as **anything other than 1 week** then SSTS System Managers and their teams will be required to update manually following discussions with Ward/Department Managers.
 - Where there is an ARP Assignments present, SSTS System Managers and their teams will be required to update manually following discussions with Ward/Department Managers.
 - To identify where an ARP of greater than 1 is configured, a BOXI report is available and can be found in the folders as follows : Reporting Group/Quality Control/ARP Configuration - Weeks Greater Than 1 by Local Area
 - To identify where an ARP Assignments is present, a BOXI report is available and can be found in the folders as follows: Reporting Group/Quality Control/ARP Configuration – ARP Assignments by Local Area
- **If an ARP cycle of greater than 1 is held within SSTS then the ARP Cycle grid will show double lines per employee within this screen, referencing hours of 37.50 up to 31/03/2024 and hours of 37.00 from 01/04/2024 for the full period of the cycle. For example a 4 week cycle starts on 18/03/2024 – 14/04/2024, then 18/03/2024 – 31/03/2024 will be one first line with 01/04/2024 on second line. The next cycle, starting on 15/04/2024, will revert to one line per employee.**
- **The ARP Threshold hours will be defaulted to 37.00 following the bulk update. Any new ARP's configured after the update but for a date prior to 01/04/2024 will require the threshold hours to be updated manually.**
- **New Assignment from 01/04/2024 – the script being used to implement this change to conditioned hours will create a new line in the assignments grid for ALL AfC open assignments (with the exception of bank assigned to a staff bank – see below).**
- **Bank Worker Assigned to an actual Bank – for Bank workers who are assigned to a staff bank no action will be taken as the conditioned hours are not held in SSTS for this type of assignment. The hours are referenced in the shared tables.**
- **Bank Worker Assigned to a Post – for Bank workers who are assigned to a post within a roster this type of bank assignment will be dealt with in the same way as substantive staff. Therefore any AfC open assignments as at 31/03/2024 will produce a new assignment effective from 01/04/2024.**

- Payroll Alerts – any manual interventions that are required by ePayroll will follow the normal process via Alerts to SSTS.
- BOXI Reporting – a review of the existing reports has been undertaken and to date no reports have been identified where the conditioned hours of 37.50 are used in the calculations. Reports are referencing tables where the conditioned hours will be changed as part of the bulk update. If local reports are used it is the users responsibility to review and update as required.
- Downtime – SSTS will not require downtime during the ePayroll End of Year processes, however once that process is complete SSTS will be taken offline to implement to bulk update for the reduction in the conditioned hours change. A timeframe for this scheduled downtime is as yet unknown and may be notified at short notice. As an approximation that may occur on Monday 1 April 2024. Users will be provided with an “Application Unavailable” banner if trying to log in during the bulk update time.
- BOXI downtime – as per normal practice following a release/update SSTS BOXI replication will take place after the bulk update is complete. This will require a period of downtime.

The following provides some items that Systems Users will be required to review or action.

1. Assignment vs Employment Reports

Within the Reporting Group/Quality Control folder in SSTS Boxi there are a number of reports where comparison is provided between the SSTS assignment and Employments held on the Shared Tables. SSTS Managers should run these reports (a selection has been noted below but this is not an exhaustive list) and cleanse the data prior to the scheduled update. The ARP Threshold hours will be defaulted to 37.00 following the update, any new ARP's configured after the update but for a date prior to 01/04/2024 will require the threshold hours to be updated manually.

- 2a. Employment Terminated v Assignment Open
- 2b. Contracted Hours Assignment v Employment
- 2c. SBH Assignment v Employment (Weekly v Monthly)
- 2d. Conditioned Hours Assignment v Employment

2. Future Assignments per Board

A number of assignments for future dated changes have been identified in SSTS. The script will exclude any assignments already entered with a start date from 01/04/2024 onwards, these need to be dealt with manually. A Boxi report has been created and is located within the Reporting Group/Quality Control folder, with the name “Assignment Start Date Greater or Equal to 01/04/2024”. This report should be reviewed regularly to ensure timeous action as required.

3. Rotas/Defaults

Where rotas or defaults are used within a roster, post update the rotas and defaults will remain as currently, e.g. on a conditioned hours of 37.50 basis, therefore ward/department colleagues will require to update these manually and create new rotas/defaults with the agreed hours for the reduction in conditioned hours/pro rata contracted hours.

eRostering Leads

- In line with the Scottish Government guidance of 7 March 2024 regarding recompense where it is not possible for a staff member or group of staff to receive their 30 minute reduction (pro rata number of minutes for part time staff, a new excess/overtime reason will require to be created locally - "Addtl Hours – Reduced Working Week" . This will support workforce and financial monitoring and ensure accurate data transfer to SSTS where used in Boards.
- Local Rostering teams should use the staff contracted hours figures provided by eESS, rather than making the calculation locally. This can be done by using the existing eESS extract and Optima Gateway process, or a separate reconciliation report can be made available by your local eESS Team for this.
- In addition to amending staff contracted hours Optima Reference Data settings will be require to be amended.
- Existing double-keying into SSTS should not be affected, although local Rostering teams should consider their individual local processes in this regard.
- Consideration should be given to the number of future shifts being created until the transition to a 37-hour week is complete, as this would otherwise increase the impact on system and operational changes and creation of excess/overtime shifts where it's not possible for staff member to receive their reduction in the working week and recompense is required.
- Detailed guidance for the eRostering system is being developed by the supplier (RLDatix) and reviewed by the eRostering National Project and a subset of Health Boards to align on what needs to be done within each Health Board. This guidance will be sent directly to the eRostering Leads with urgency and then included in these National System Guidance updates.

Other Systems

It is recognised that there are other systems which will be affected by the Reduced Working Week, most particularly those for recording and managing flexible working time and/or annual leave.

Since such systems are created or supported locally, we cannot issue detailed guidance on how to implement the changes from the reduced working week. However, the SLWG recommend that all Boards review their use of local staffing-related systems and whether those are likely to require updates.

All nationally managed BOXi reporting universe have been reviewed and confirmed able to handle the change. Boards or individuals who have their own, local, universes or reports may wish to ensure that the standard working week hours are not hard-coded.

Other Points

Information regarding any impact on annual leave entitlements that require to be held on the national Workforce Systems as a direct result of the reduced working week will be provided in due course.

Following the implementation of the Reduced Working Week, part-time staff may wish to retain their current contracted hours in line with the OfS Flexible Work Pattern Policy. Should this be the case, any agreed changes in hours should be actioned in line with the standard eESS process. Whilst working through the process of implementation there may be further scenarios encountered for which details will be provided via national communications in due course.

The National Workforce Systems SLWG hope this update will be of assurance and assistance in progressing your internal planning requirements for the implementation of the reduced working week.

This guidance will be updated with any additional system related guidance as required and issued accordingly

Points of Contact

The National Workforce System SLWG will issue any further guidance as required in relation to national workforce systems developments. In order to ensure consistency of information across NHSS in this regard, please raise any issues or points of clarification with the appropriate lead. Details are noted in Appendix 2.

Please be mindful to only raise issues relating to the national workforce systems. Any issues, concerns or points of clarification regarding the principles of the Reduced Working Week should be raised locally in the first instance.

**[Redacted under Section 38(1)(b) of Act]
National Workforce Systems SLWG Lead
26 March 2024**

Date	Document Version	Summary of Changes	Approved	Date issued
25/03/2024	V2	Various – refer to changes in red font.	National Systems Working Group	26/03/2024

Appendix 2

System	Lead	Contact
Payroll	[Redacted under Section 38(1)(b) of Act]	
eESS		
SSTS		
eRostering (Allocate Optima)		
Job Train		
Finance		
National Workforce Systems SLWG Lead		
National Workforce Systems SLWG Depute Lead		

**Agenda for Change
Reform:**

**Reduced Working Week:
Options Appraisal
Workshop**

**Pre-
Reading
Pack**

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1. Summary

From 1 April 2024, the working week for full time staff in NHS Scotland employed on Agenda for Change terms and conditions was reduced from 37.5 hours to 37 hours per week, pro-rata for part time staff. Ultimately, the intention is to move towards a 36-hour working week for staff. The current intention is to fully implement the reductions by April 2026 based on the Reduced Working Week Group's recommendations.

Whilst implementation of the initial 30-minute reduction is still ongoing, there is emerging learning which can help inform plans for further reductions towards 36 hours. An evaluation of the first reduction is being led by NHS Education for Scotland (NES), with the report due back by the end of October 2024.

The current expectation is that the next 30-minute reduction will be implemented from 1 April 2025, with the final 30 minutes to be implemented from 1 April 2026. Notwithstanding this, it is necessary to learn from the experience of implementing the initial 30-minute reduction in order to identify the most efficient and effective approach to implementation of the remaining 60 minutes. This involves considering the potential systems and administrative benefits associated with delivering the remaining 60-minute reduction as a single block. Further work is also required in order to understand the potential impact of this change on services and the mitigations being implemented by Boards in order to ensure sufficient workforce capacity and service resilience.

A workshop to discuss the service impact considerations and potential options for the next reduction in the working week will take place on 3 September with employer and Scottish Government representatives. The outcome of this workshop will be detailed in an options appraisal report alongside analysis of affordability, stakeholder relations and public perception.

2. Initial implementation – what we know so far

There have been various discussions around the practical implications of implementing the first phase of the reduced working week and what the anticipated impacts of further phases may look like. Capacity to implement two further changes to rosters and staffing tools/payroll systems has been raised as a particular issue. There has been a suggestion from employers that consideration be given to the possibility of implementing the further planned 60-minute reduction as a single block of time in order to minimise these complications.

At the same time, it is critical to ensure that further reductions are managed in such a way as to maintain the safe and effective delivery of services. It is generally acknowledged that the first 30-minute reduction has been more manageable and less disruptive than future reductions are likely to be. However, it has continued to represent a challenge for some front-line services given 24-hour provision of service is required.

It is too early to undertake any central analysis of the impact that the first 30-minute reduction has had on service performance and resilience. This is partly because many Boards are still currently working to fully implement this change, with all non-rostered staff due to have transitioned to a 37-hour week by 31 August 2024 and all rostered staff by 30 November 2024. In the meantime, staff who have not received the reduction are being compensated. There is therefore currently no way of knowing the scale of reduction in workforce capacity that has been experienced in individual services both within Boards and across NHS Scotland.

Further, when seeking to assess the impact that a reduction in working hours had on service delivery, it is important to acknowledge the breadth of other factors which may drive changing trends in service productivity. Wider changes in the size and composition of teams delivering services as well as changes in service delivery models and infrastructure availability will all have an impact on service performance

and these factors will vary across and, indeed, within Boards. Changes in the complexity of care delivered to patients will often also be a factor.

When considering the first 30-minute reduction from a technical systems perspective, it is clear that a short lead-in time to make whole system changes has brought challenges, particularly in the case of part-time staff for whom special arrangements have had to be made to protect take home pay. This has been further complicated by the timescales for agreeing a 2024/25 pay award for Agenda for Change staff.

Finally, it is important to note the implications that a reduction in full time working hours has on the validity of staffing tools mandated under the Health & Care (Staffing) (Scotland) Act 2019. Those tools are currently based on a 37.5 hour working week and cannot be amended without both legislative change and technical support. This has impacts in terms of both timescales and also potentially costs. While workarounds have been identified, there is a clear preference to minimise these where possible going forward.

3. Implementing a further 60-minute reduction - high level analysis

The below high-level modelling outlines the national ‘Whole Time Equivalent’ gap per job family assuming like for like replacement with no scope to absorb any loss in productive capacity through service efficiencies.

The implementation of the first 30-minute reduction is already in progress. For modelling purposes, the remaining 60 minutes has been split into two 30-minute tranches although it need not necessarily be broken down / delivered in this way.

Job Family	1st 30mins	2nd 30mins	3rd 30mins
Administrative services	396.2	803.1	1,221.1
Allied health professions	187.0	379.2	576.5
Ambulance support services	37.6	76.3	116.0
Healthcare science	90.3	183.1	278.4
Medical & dental support	29.6	60.1	91.3
Nursing & midwifery	895.6	1,815.4	2,760.3
Other therapeutic services	89.8	182.0	276.8
Personal & social care	24.5	49.6	75.5
Support services	181.3	367.4	558.7
Unallocated / not known	0.5	1.1	1.6
Total	1,932.5	3,917.2	5,956.2



Similar analysis has also been undertaken in relation to two territorial Health Boards for illustrative purposes:

NHS Lothian

Health Board	Job Family	1st 30mins	2nd 30mins	3rd 30mins
NHS Lothian	Administrative services	51.8	104.9	159.6
	Allied health professions	28.1	56.9	86.5
	Ambulance support services	0.0	0.0	0.0
	Healthcare science	13.6	27.5	41.8
	Medical & dental support	4.7	9.4	14.3
	Nursing & midwifery	141.8	287.3	436.9
	Other therapeutic services	14.1	28.5	43.4
	Personal & social care	0.6	1.3	2.0
	Support services	29.5	59.8	90.9
	Unallocated / not known	-	-	-
	Total	284.0	575.7	875.5

NHS Grampian

Health Board	Job Family	1st 30mins	2nd 30mins	3rd 30mins
NHS Grampian	Administrative services	29.8	60.4	91.8
	Allied health professions	15.0	30.5	46.3
	Ambulance support services	-	-	-
	Healthcare science	7.9	15.9	24.2
	Medical & dental support	4.0	8.1	12.4
	Nursing & midwifery	80.4	162.9	247.8
	Other therapeutic services	7.9	15.9	24.2
	Personal & social care	0.7	1.5	2.3
	Support services	19.7	39.9	60.7
	Unallocated / not known	-	-	-
	Total	165.3	335.2	509.6

The workshop will play a critical role in helping us to understand those services and settings which are expected to be most acutely impacted by the above modelled reductions. This analysis will be informed by representatives drawn from across NHS Scotland who have direct responsibility for the planning and delivery of such services. Many will also be directly involved in local planning already underway to implement the remaining 60-minute reduction in the working week.

It would be reasonable to assume that further reductions in workforce capacity will exacerbate challenges within those services (and their workforces) where pressures are already apparent. National vacancy data is currently limited in nature, making it difficult to use this measure as a meaningful proxy when seeking to identify services currently experiencing particular pressure due to staffing shortages.

Instead, it may be more helpful to point towards those services which continue to report high reliance on the use of agency staff as a way of addressing shortfalls in their substantive workforce. As part of the work of the Supplementary Staffing Task & Finish Group, information is regularly collated on the reasons for agency usage across the country and those reports suggest disproportionate use of agency staff in peri-operative settings, Intensive Care Units, mental health services and prisoner healthcare. All of these

settings require access to individuals with specialist skills, of which there is currently insufficient supply to meet demand.

4. Implementing a further 60-minute reduction - identifying and applying mitigations

Building on an analysis of the productive capacity gap created as a result of a further 60-minute reduction in the working week, workshop participants will be asked to identify the mitigations which will be required in order to maintain safe and effective services.

There may be some services where little if any mitigation is required, with scope for the majority of the reduction to be absorbed and/or accommodated through a change in working practices. By way of illustration, the Scottish Government is due to move to a 35-hour working week from 1 October 2024. It has been left to individual Units, Divisions and Directorates to plan for this change and to make arrangements which support the continued delivery of business in line with the needs of Ministers and Parliament. There are no plans to increase the size of the workforce. While it is accepted that many NHS Scotland staff will hold roles which cannot usefully be compared to Scottish Government staff, some others will perform functions with similar features.

Notwithstanding the above, it is accepted that mitigations will be essential in order to address the gap created as a result of a reduction in working hours for some staff. These mitigations could take the form of:

- Service and/or role re-design
- Substantive recruitment or increases to contracted hours for existing staff
- Additional training
- Increased reliance on supplementary staff access via Banks or Agencies at times of peak demand

The starting point should always be to demonstrate best value when seeking to implement mitigations. In practice, this means identifying and applying mitigations which carry the lowest possible cost while maintaining services at acceptable levels.

When considering mitigations, workshop participants should consider factors including:

1. The anticipated supply of suitably qualified and skilled workforce to replace lost capacity
2. Restrictions concerning the engagement of agency nursing and non-registered staff. Boards should no longer be using non-registered agency staff unless this is likely to result in a patient safety breach and/or suspension of service. Similar controls will be introduced for registered nursing staff from October 2024 and work is underway to prepare for the introduction of controls for AHP agency staff from mid-2025.
3. The need to comply with duties set out through the Health & Care (Staffing) (Scotland) Act 2019 which aim to facilitate high-quality care and improved outcomes for service users by helping to ensure appropriate staffing for the delivery of such care.

In order to support workshop participants in considering these factors, colleagues in NHS Grampian have prepared a number of helpful case studies detailing their assessment of the impact that the initial 30-minute reduction has had on services and the steps required to prepare for a further 60-minute reduction. These case studies are included in the Annex to this reading pack.

5. Implementing a further 60-minute reduction - assessing implementation options

Building on an analysis of the productive capacity gap created as a result of a further 60-minute reduction in working hours, and also factoring in consideration of the mitigations which will be required, workshop

participants will be asked to assess the relative risks and benefits associated with implementing the reduction across 4 different scenarios:

1. Deliver two further 30-minute tranches on 1 April 2025 and 1 April 2026
2. Deliver a single 60-minute reduction on 1 April 2025
3. Deliver a single 60-minute reduction on 1 October 2025 (with or without a transitional allowance for all staff from April 2025)
4. Deliver a single 60-minute reduction on 1 April 2026

While it is accepted that participants will likely identify a preferred option (that being the one with minimum service impacts), it is important that an assessment is made of the strengths and weaknesses of each option. This is on the basis that any final decision on an implementation timescale will need to account for not only service impacts but also issues of affordability, stakeholder relations and matters of public confidence. These other metrics will be assessed out with the workshop.

6. Key questions to consider

1. Which services are expected to be able to largely absorb a further 60-minute reduction in the working week?
2. Which services do you expect will be most acutely impacted by a further 60-minute reduction in the working week?
3. What practical actions are required, what are those expected to be and how would they be applied in such a way as to minimise cost while maintaining acceptable service standards?
 - Service and/or role re-design
 - Substantive recruitment or increases to contracted hours for existing staff
 - Additional training
 - Increased reliance on supplementary staff access via Banks or Agencies at times of peak demand
4. How long is it expected to take to put in place practical steps for implementing and how can they be phased?
5. How significant are the impacts associated with implementing changes to working hours on a phased basis as opposed to through a single change?
6. Based on the above, what are the relevant strengths and weaknesses of each of the implementation options included in section 5.

7. Next steps

- The workshop will take place on 3 September to gather further views and evidence.
- A written summary of the service impacts identified by the workshop participants will be developed and shared for comment.
- The summary of service impacts will be incorporated into a wider options appraisal to be presented to the NHS Scotland Pay Oversight Group for agreement from an Employers perspective.
- A further discussion will then take place with the members of the Scottish, Terms and Conditions Committee to discuss a way forward in terms of further implementation of the reduction in the working week and come to a negotiated position.

Scottish Government
September 2024

8. NHS Grampian case studies

Case Study 1 - Reduced Working Week Implementation for Domestic Services

Phase 1: 1257 staff in total covering 93 sites

Location	RWW
DGH & Moray	Early finish adopted
Aberdeenshire North	Early finish and TOIL accrued and taken within 12 weeks
RCH & City Clinics	Early finish on Friday
Orange, Dental & Outlying, ARI	Early finish
Pink Zone, ARI	TOIL accrued being taken weeks 4, 5 & 6
Green Zone, ARI	TOIL accrued, being taken week 9 and 10 for days and week 3 for evenings
RACH	Early finish Tuesday, Thursday, Friday
Aberdeen Maternity	Early finish Tuesday, Thursday, Friday
Yellow & Purple Zone, ARI	Early finish on a Friday
Woodend & Aberdeenshire South	Early finish

The above will be implemented as of 31st August 2024. Until implementation has commenced the full impact of the reduced working week to service delivery will be unknown. Department Managers have been instructed to ensure an incomplete task log is maintained for areas that are not being cleaned to full NCSS standards due to RWW. This data will be pulled collectively for all sites in order to facilitate the plan for the further reduction in phase 2 and phase 3.

Administration teams within the service have had to increase their working hours, to implement the changes to defaults on SSTS and for recording of TOIL being accrued, which goes against the ethos of the RWW Non-Pay Award.

Bed Response Teams: Due to early finish and TOIL being taken it is highly likely this will impact patient flow in Aberdeen Royal Infirmary Campus in terms of discharge cleans being undertaken timeously, due to not being financially able to backfill the hours lost. 3,500 – 4,000 discharge cleans per month. This figure will increase during peak times of the year. Already in August 2024 Aberdeen Maternity Hospital have seen an early increase in discharging out with the norm of September, October being busy months. Winter surge will also impact patient flow along with corridor care.

Phase 2 and 3 Planning

On initial calculations in preparation for the next phases, Domestic Services will have a reduction in hours equating to 35 WTE. This will create a gap of 87 staff (head count) based on average contractual hours is 14.90 per week. Consideration also needs to be given that as a service the absence rate tracks at 9-11% which is 5-7% above the National allowance of 4%.

High risk, very high risk and clinical areas within the acute setting have recorded absences above 20% over key periods of the year.

It will be very likely that given consideration to the above, and to ensure critical ward-based cleaning is being maintained to A, B, H coded areas, there will be a requirement to pull staff from E and F coded areas, which are nonclinical departments and staff will be moved to clinical areas, which will affect the times that these clinical areas will be cleaned. If the impact of RWW results in failing of monitoring, increased Datix reporting and increased staff absence, then on a risk basis this would result in staff being redistributed from C, D, G and I coded areas.

A	Clinical Inpatient Acute
B	Clinic High Risk Patient Areas – e.g. Neonatal, ICU, CCU, Renal, A & E
C	Clinical Inpatient Continuing Care
D	Clinical Departments
E	Non-Clinical Departments – offices
F	Non Clinical Residential Accommodation, Drs and Parents
G	Clinical - clinics and Health Centres
H	Clinical Very High-Risk Patient Areas - theatres, transplant and bone marrow units and day surgery
I	Clinical – laboratory, pharmacy and CDU

In community hospital settings, Aberdeenshire North, Aberdeenshire South, and Moray, staffing numbers are less therefore impact of RWW will be greater and resulting in ward-based cleaning not being fully undertaken. Within community hospital settings, domestic services are responsible for providing portering provision, which is not supported by the wider Portering Services. The RWW will impact portering roles as this is a singular role with no relief built in and at times will reduce services waste management, medical gas replacement, prescription services as part of core duties.

During winter, where there is no winter maintenance cover by the wider Winter Maintenance team, patient, visitor and staff safety affected when snow clearance and gritting of the footpaths and carparks in these sites would be reduced due to RWW.

Further planning meetings will take place with Departmental Managers, Supervisors and Domestic Assistants Autumn 2024 onwards. This will enable following the data pull of incomplete task logs, datix reporting, monitoring audits to look at potential need for service redesign.

Case Study 2 –Surgical High Dependency Unit (SHDU)

Issues/Constraints

The SHDU has a dynamic caseload that requires to flex throughout the day to meet the challenges of our complex and varied patient caseload.

The polytrauma unit patient cohort is unpredictable and can arrive in the SHDU 24/7.

Critical care stepdown patients, when clinically ready, need to be stepped down quickly to create capacity in that department and of course this is all superimposed upon the largest cohort of our own patients, those requiring level 2 care, both pre-and post-operatively.

Within SHDU it is not possible to adopt a staggered start/ stop approach to shift times due to the complex needs of the patient group and the need the 1:2 nurse to patient ratio as per national guidelines.

To deliver the same, safe, robust level of care – it is essential that the SHDU can continue to administer the same amount of clinical nursing hours.

Bank and agency utilisation to supplement the missing substantive nursing time is both costly and does not foster cohesion nor continuity of care for these complex patients.

RWW Modelling

SHDU Funded establishment is 56.44 WTE.

Currently in post:

- Full Time Staff = 21 WTE
- Part Time Staff = 31.15 WTE

If these part time staff maintained their weekly clinical contracted hour's pre RWW, then there would be no requirement to give these staff members any additional time away from the clinical area. Therefore, these part time staff maintaining their hours would mean no impact on service delivery from a part time staff perspective.

To accomplish this, it would require an increase of 15.6 hours a week which is equivalent to 0.416 WTE. With our current full-time staff, we will lose 10.5 hours a week initially, building to 31.5 hours after the tiered approach to reducing the working week to 36 hrs is complete.

Less available nursing hours will mean that our workload will need to contract accordingly. However, there is no immediately available option for reducing the workload within SHDU.

The remaining option is to make additional funding available.



WTE	Current Hours	No of Staff	RWW HRS 1	Difference hrs	Total hrs lost per week for staff total
1	37.5	21	37	0.5	10.5
0.9	33.75	12	33.3	0.45	5.4
0.8	30	3	29.6	0.4	1.2
0.75	28.125	1	27.75	0.375	0.375
0.7	26.25	4	25.9	0.35	1.4
0.6	22.5	20	22.2	0.3	6
0.5	18.75	4	18.5	0.25	1
0.45	16.875	1	16.65	0.225	0.225
Shift hrs	11.25				26.1 Weekly hrs lost.
Weeks per month	4				0.696 WTE lost
Current hrs	37.5				
RWW HRS 1	37				
RWW HRS 2	36.5				
RWW HRS 3	36				

The ability to increase our funded establishment slightly to accommodate the RWW time factor, would allow the SHDU to continue to deliver the same patient throughput whilst continuing to provide expert care from substantive staffing pool.

Recommendations

- Seeking approval from the senior leadership team for part time staff to keep their original hours
- Seeking approval from finance and senior leadership team to increase funded establishment to support this
- Support and approval from senior management team and finance to repeat this process over the next 2 years as the working week continues to reduce
- Increase funded establishment for full time staff to prevent loss in clinical hours
- All part-time staff will complete a flexible working request application if they choose this option
- Move to a 36-hour week in one step rather than a staggered approach. Each staggered approach is confusing, time-consuming and has a potential for staff to be paid incorrectly.

Case Study 3 - Dental Information and Advice Line (DIAL)

About the service

The NHS Grampian Dental Information and Advice Line (DIAL) is a telephone-based service (critical and protected) who provides urgent care triage for adults and children who require access to emergency dental care.

This service operates Monday – Friday during the hours of 08.05 – 18.00 and on local Public Holidays, out with these hours and on national Public Holidays NHS 24 provides this service. The DIAL team has responsibility for co-ordinating the booking of patients with an emergency dental issue into the Emergency Dental Service clinics across Grampian.

Current staffing as of July 2024

1 x Band 6 Dental Nurse Manger 1.0 WTE
4 x Band 5 Dental Nurses total of 3.6 WTE

DIAL service staffing requirements

Description of model used for RWW: Within our service and due to the size of the team and requirements to cover the operational service hours we have opted to allocate the reduce working week hours into our weekly rota for year 1. We commenced the RRW from the 1st May 2024 and not had any issues.

Year 1

Dial Staffing (Year 1 - RWW 30 mins for 1.0)																									
	Monday					Tuesday					Wednesday					Thursday					Friday				
	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (4.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)
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16.00 -17.00																									
17.00 - 17.30							30min finish at																		
17.30 - 18.00																									



Year 2 and 3

Dial Staffing (Year 2 - RWW 60 mins for 1.0)

	Monday					Tuesday					Wednesday					Thursday					Friday					
	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (4.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	
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16.00 - 17.00																										
17.00 - 17.30																										
17.30 - 18.00																										

Dial Staffing (Year 3 - RWW 90 mins for 1.0)

	Monday					Tuesday					Wednesday					Thursday					Friday					
	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (4.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	
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17.00 - 17.30																										
17.30 - 18.00																										



Issues and constraints

So far, the implementation has been both received and worked well with our small team which is a constraint. There are concerns that as we approach reducing to 36 hours our staffing will be less manageable and we may need to consider reducing our service by reviewing operating times. We have not looked at this in any detail, but initial mapping identifies this will not make a significant difference.

Dial Staffing (Year 3 - RWW 90 mins for 1.0) - Service Change (Reduce service by 30 mins)

	Monday					Tuesday					Wednesday					Thursday					Friday									
	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (4.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)	Nurse Manger (1.0)	Nurse 1 (1.0)	Nurse 2 (1.0)	Nurse 3 (1.0)	Nurse 4 (0.6)					
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17.30 - 18.00	Service Closure 17.30					Service Closure 17.30					Service Closure 17.30					Service Closure 17.30					Service Closure 17.30									

Recommendations and comments

- Monitoring of daily call activity
- Weekly monitoring in place noting if all staff have managed to take RWW allowance and if any other mitigations were required to make this happen.
- Satisfaction from team

Case Study 4 - RWW NHS Grampian Nurseries

Location	Little Acorns Nursery	Woodend Nursery
Staff Headcount	27 full time staff 12 part time staff Band 2 – Band 8A	14 full time staff 6 part time staff Band 2 – Band 7
Staff WTE	38.68wte + bank workers	18.84wte + bank workers
Child places as per Care Inspectorate registration	108	47
Opening Hours (Mon – Friday)	7.00am – 6.00pm	6.45am – 6.00pm
Current fees	£68.50 per day, £42.50 per morning, £41.00 per afternoon. There is an Employer Supported Childcare Scheme in place to support parents in salary sacrificing nursery fees in order to reduce the net value.	
Reduction in available hours	36 hour working week = 43.80 hours per week (0.45wte)	36 hour working week = 22.30 hours per week (0.6wte)

NHS Grampian are considering two options as follows –

Option 1 – Retain current Nursery opening hours

- NHS Grampian nurseries must meet the Care Inspectorate staff: child ratios in its delivery of care.
- The staff rotas could not be adapted to meet this regulatory requirement whilst reducing to a 36-hour week and retaining current opening hours.
- The majority of part time staff have indicated a wish to retain their current part time hours, therefore increases budgetary staff costs
- The reduction in full time hours would require backfill; this could be achieved by a voluntary increase of hours for part time staff, and/or by additional recruitment to an increased establishment. Both would increase budgetary costs for 1.64wte.
- Nursery fees payable by parents (who are NHS Grampian employees) are based on a number of factors, which obviously include staff costs. There would be a requirement for nursery fees to increase for all parents if this option is implemented. The estimated value of the increase is being calculated by Finance colleagues.

Option 2 – Reduce Nursery hours 7.00am – 5.30pm

- NHS Grampian nurseries must meet the Care Inspectorate staff: child ratios in its delivery of care.
- The staff rotas could be adapted to meet this regulatory requirement whilst reducing to a 36-hour week, but on a reduced opening hours basis of 10.50 hours.

- Requires re-registration of opening hours with Care Inspectorate
- The majority of part time staff have indicated a wish to retain their current part time hours, therefore increases budgetary staff costs. The retention of part time hours would still be required if nursery opening hours were reduced.
- Nursery fees require review and will to increase for all parents –
 - Daily rate is based on 11 hours. Consideration being given to a revised daily rate based on 10.50 hours. This would result in reduced income.
 - Pre-school funding is provided to cover 1140 childcare hours for pre-school children. This currently covers 10 hours per day, with parents making an additional payment equivalent to 1 hour for wrap-around care. A 0.5-hour reduction in the wrap-around care (reduced from 1 hours to 0.5 hour) would impact on funds being reclaimed back from parents. This would result in reduced income.
 - The estimated value of the increase is being calculated by Finance colleagues.
- Staff costs remain static despite reduction in available hours due to “no loss of earnings” principle”.
- Currently 16 children and 13 parents/guardians would be impacted by the reduction in nursery opening hours. The impact of this on the parents/guardians working hours is currently unknown.

Work is being progressed with support from Finance colleagues to ascertain the estimated loss of income for option 2, and the likely increase in nursery fees for both options.

There is a requirement to consider the options in partnership, and with parents/guardians.

A survey of 11 local nursery providers shows that 27% of these provide a 10.50-hour service, 36% provide a 10-day service, with the remaining providing opening hours of 9.75 hours or 9.50 hours.



9. NHS Grampian – impact of RWW in WTE

Portfolio

Portfolio / Division	Pre RWW Hours	0.5Hr / Pro-rata Reduction	Total Reduction in Hrs 0.5/Pro-rata	WTE Reduction (@37.5)	
3					
4	Aberdeen City H&SCP	55128.91	54431.76	697.15	18.59
5	Aberdeenshire H&SCP	50570.93	49943.05	627.88	16.74
6	Access & Performance	13131.72	12963.53	168.19	4.49
7	Integrated Specialist Care Services	97041.71	95799.82	1241.89	33.12
8	Dr Grays	14079.88	13902.15	177.73	4.74
9	MUSC	37024.55	36550.49	474.06	12.64
10	Sector Management	1031.39	1018.24	13.15	0.35
11	Integrated Family Portfolio	37901.91	37430.35	471.56	12.57
12	Corporate Services	42879.50	42330.77	548.73	14.63
13	Facilities	58891.37	58157.65	733.72	19.57
14	Mental Health	28794.69	28421.86	372.83	9.94
15	Moray H&SCP	27837.85	27491.68	346.17	9.23
16	Grand Total	464314.40	458441.35	5873.06	156.61
17					
18					
Portfolio / Division	Pre RWW Hours	1.5Hr / Pro-rata Reduction	Total Reduction in Hrs 1.5/Pro-rata	WTE Reduction (@37.5)	
19					
20	Aberdeen City H&SCP	55128.91	52960.63	2168.28	57.82
21	Aberdeenshire H&SCP	50570.93	48593.24	1977.69	52.74
22	Access & Performance	13131.72	12613.16	518.56	13.83
23	Integrated Specialist Care Services	97041.71	93210.64	3831.07	102.16
24	Dr Grays	14079.88	13526.42	553.47	14.76
25	MUSC	37024.55	35562.63	1461.91	38.98
26	Sector Management	1031.39	990.72	40.67	1.08
27	Integrated Family Portfolio	37901.91	36418.72	1483.19	39.55
28	Corporate Services	42879.50	41186.70	1692.80	45.14
29	Facilities	58891.37	56585.82	2305.55	61.48
30	Mental Health	28794.69	27653.70	1140.99	30.43
31	Moray H&SCP	27837.85	26748.66	1089.19	29.05
32	Grand Total	464314.40	446051.04	18263.37	487.02

Job family

Job Family	Pre RWW Hours	0.5Hr / Pro-rata Reduction	Total Reduction in Hrs 0.5/Pro-rata	Headcount Reduction (@37.5)	
1	AS AT 31st JULY 2024				
2					
3					
4	ADMINISTRATIVE SERVICES	82810.37	81747.43	1062.94	28.35
5	ALLIED HEALTH PROFESSION	42577.04	42043.55	533.49	14.23
6	AMBULANCE SERVICES	1.67	1.65	0.02	0.00
7	DENTAL SUPPORT	5927.27	5855.34	71.93	1.92
8	HEALTHCARE SCIENCES	21789.85	21506.32	283.53	7.56
9	MEDICAL SUPPORT	4752.36	4689.50	62.86	1.68
10	NURSING/MIDWIFERY	226569.25	223706.02	2863.22	76.35
11	OTHER THERAPEUTIC	22277.23	21996.70	280.53	7.48
12	PERSONAL AND SOCIAL CARE	1999.67	1975.31	24.36	0.65
13	SUPPORT SERVICES	55609.68	54919.52	690.16	18.40
14	Grand Total	464314.40	458441.35	5873.06	156.61
15					
16					
Job Family	Pre RWW Hours	1.5Hr / Pro-rata Reduction	Total Reduction in Hrs 1.5/Pro-rata	Headcount Reduction (@37.5)	
17					
18	ADMINISTRATIVE SERVICES	82810.37	79538.04	3272.33	87.26
19	ALLIED HEALTH PROFESSION	42577.04	40907.24	1669.81	44.53
20	AMBULANCE SERVICES	1.67	1.61	0.07	0.00
21	DENTAL SUPPORT	5927.27	5697.09	230.18	6.14
22	HEALTHCARE SCIENCES	21789.85	20925.07	864.78	23.06
23	MEDICAL SUPPORT	4752.36	4562.76	189.61	5.06
24	NURSING/MIDWIFERY	226569.25	217659.92	8909.33	237.58
25	OTHER THERAPEUTIC	22277.23	21402.19	875.04	23.33
26	PERSONAL AND SOCIAL CARE	1999.67	1921.92	77.75	2.07
27	SUPPORT SERVICES	55609.68	53435.21	2174.47	57.99
28	Grand Total	464314.40	446051.04	18263.37	487.02

Reduced Working Week

Evaluation of the Reduced Working Week Implementation

Version Number	0.1
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Approved By	
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1. Overview and Background

As part of the 2023/24 pay deal, there was a commitment to review elements of the Agenda for Change contract. The four main areas reviewed were: Reduced Working Week; Protected Learning Time; Review of Band 5 – Nursing Roles; Pay and Reward. The Cabinet Secretary committed to implementing the outcomes of these, specifically an initial 30-minute reduction in the working week taking effect from 1 April 2024.

As part of this commitment the Scottish Government (SG) Health and Social Care Workforce Planning and Development Division in the Directorate for Health Workforce commissioned NHS Education for Scotland (NES) to facilitate an evaluation survey of the administrative measures and impact required to effectively implement the initial 30 minute reduction in working hours for Agenda for Change staff that took effect from 1 April 2024 in each of the NHS Scotland Health Boards.

This report outlines the findings of the evaluation survey as supported by evidence received from the Health Boards, outlining both the positive experiences and the challenges encountered during the RWW implementation. Actionable recommendations have been included for consideration.

2. Implementation/Governance

2.1 Positive aspects

2.1.1 Effective governance structures

Establishment of local governance structures such as Programme boards and working groups facilitated timely decision-making and the strong partnership structures enabled effective challenge resolution.

Nationally funded implementation support was appreciated, and the phased backstop dates allowed for better planning.

2.1.2 Stakeholder engagement

Involving staff representatives, trade unions and other diverse stakeholders in the governance process was important to foster shared ownership and commitment to the implementation. The reduction in working hours was recognised as a significant staff benefit, aiding overall implementation.

Recommendation

Continue to leverage strong partnerships and collaborative approaches.

2.1.3 Percentage of services implementing RWW

Table 1 below shows the percentage of the service that have implemented the RWW (as of 30th September 2024).

Board	Percentage of services implementing RWW as of 30/09/2024
Ayrshire and Arran	98.0
Borders	Not stated
Dumfries & Galloway	70.0
Fife	90.0
Forth Valley	82.0
Golden Jubilee	99.4
Grampian	71.0
Greater Glasgow & Clyde	99.0
Highland	40.0
HIS	100.0
Lanarkshire	95.0
Lothian	25.0
NES	100.0
NHS 24	86.4
NSS	98.3
Orkney	75.0
Public Health Scotland	100.0
Scottish Ambulance Service	100.0
Shetland	95.0
State Hospitals Board for Scotland	45.0
Tayside	90.0
Western Isles	100.0

Table 1 – Board implementation progress (as of 30/9/24).

2.2 Challenges

2.2.1 Impact on service delivery

Some services, particularly those needing 24/7 coverage, struggled to implement the RWW without affecting service levels as there are limited options available to finish 30 minutes early on any given day when 24 hour cover is required. Some boards have found

it challenging to support service delivery without additional staff resources, especially when staffing levels are already stretched.

The Scottish Ambulance Service (SAS) reported that balancing on-duty and on-call time in remote areas remains complex. To avoid gaps in rosters in remote and rural locations, a by-product of reducing someone's on-duty time means that their on-call time must be increased. SAS also highlighted that they were not included in the national systems meetings which led to delays in aligning their local systems with national changes.

There was an increased administrative burden for managers and corporate teams involved in the implementation process. Complexities arose from part-time staff calculations and the need for manual adjustments due to the lack of system integration. The implementation of the RWW also coincided with other reforms, creating additional work and pressure on staff.

Future reductions in the working week could become more difficult to manage alongside protected learning time. NHS Western Isles have already seen reduced compliance with statutory and mandatory training. Public Health Scotland reported that implementing the RWW for the small population of 9 Public Health trainees in territorial boards was problematic. NES reported that there were already challenges with training completion for those on a 37.5 hour working week comparative to colleagues on 40 hour working week contracts (Medical/Dental terms and conditions). Little communication has been received regarding the 'Protected learning time' element of the agreement.

Recommendation

Conduct regular assessments of workload and service delivery to identify any adverse effects of the RWW. This should involve gathering feedback from staff to understand their experiences and challenges in maintaining service levels. Make adjustments as needed to maintain quality and efficiency and ensure minimal impact on service delivery.

Recommendation

Enhance national collaboration and ensure all boards are included.

2.2.2 Staged approach to implementation

The staged approach to implementing the RWW was both praised and criticised. On the positive side, it allowed organisations to learn, adjust and manage the transition and address issues as they arose. This method also enabled tailored solutions for different departments, ensuring minimal disruption to services. However, the phased implementation of the 90 minutes reduction has led to increased administrative burdens, as each stage requires separate planning and execution. The repetitive nature of the adjustments added to the workload, and the lack of national coordination meant that each board had to develop its own guidelines, leading to inconsistencies.

There was a suggestion (by HIS) that due to the significant resource and time required for boards to make RWW changes in the future, it would be advantageous/ more manageable if these were done centrally/nationally for systems such as Healthroster/Optima (i.e. with the national systems team co-ordinating and RL Datix supporting).

The overwhelming feedback from staff and managers across the different boards is for the remaining 60 mins to be implemented in one exercise rather than divided into two 30-minute reductions. Boards expressing this preference are: NHS Ayrshire & Arran, NHS Greater Glasgow & Clyde (GGC), NHS Tayside, NHS Golden Jubilee, NHS Forth Valley, NSS, Public Health Scotland (PHS), NHS Grampian, NHS Borders, NHS Shetland, NHS Highland, and NHS 24. This approach is seen as more efficient and less disruptive, allowing for better planning and implementation.

“The intention to reduce incrementally for further change over two years will be hugely disruptive and challenging to manage, requiring significant resources from managers, staff side and support services, HR, finance, payroll etc. “

Recommendation

Further reductions should be completed in a single implementation rather than the two proposed stages.

2.2.3 Short implementation timelines

One of the primary challenges was the insufficient lead time for planning. Short notice from the Scottish Government (SG) caused immense pressure on teams, leading to rushed implementations. Many boards faced challenges due to rushed timelines and insufficient planning time, reporting that the short notice from SG caused immense

pressure on teams, leading to hurried implementation processes. Most boards agreed that the unrealistic implementation timescales hindered effective preparation and execution.

Recommendation

Future implementations should ensure longer lead times for managers to adequately prepare.

2.2.4 Complexity in contract adjustments

Adjustments, particularly for part-time staff, relief staff, rostered staff and staff who do night shifts, are 'on-call' or have term-time contracts, proved complex leading to confusion and delays. Most boards felt frustrated by the lack of clarity and guidance from Scottish Government around these complexities.

Recommendation

Develop clear, standardised guidelines for contract adjustments, with specific provisions for part-time and rostered staff. Training sessions for managers could also alleviate confusion.

3. System and process

3.1 Positive aspects

Systems like the Scottish Standard Time System (SSTS) and eRostering supported the implementation, although the lack of system integration caused time consuming manual interventions. The consistency of the defined approval process and the local governance processes providing live data for implementation tracking were also praised.

3.2 Challenges

3.2.1 Lack of system interoperability

System interoperability issues led to increased manual workload. Delays in system updates for part-time staff created additional complexities.

System interoperability issues which led to manual work were significant hurdles. The reliance on manual processes was costly and inefficient. Additionally, national IT system changes were cumbersome, causing residual workloads. There was very little lead-in time, and circulars were sporadic, causing confusion, especially for adjustments for part-time staff. Document control issues arose due to re-issued circulars under the same number, consuming significant resources.

Recommendation

Invest in robust IT infrastructure and ensure systems are interoperable. Automating processes where possible could reduce manual workload and improve efficiency.

3.2.2 Governance and working groups

Feedback on the establishment of effective governance structures and working groups such as the Agenda for Change (AfC) Corporate Task and Delivery Group (CT&DG) and core RWW Steering Groups was positive. This leadership support was seen as pivotal in the RWW's implementation. Steering groups included key stakeholders from management, trade unions, and subject matter experts, ensuring that staff engaged in the process and contributing to the initiative's success.

Recommendation

The shared approach promoted a sense of responsibility and commitment among team members and should be replicated in future initiatives to enhance engagement and accountability.

4. Communication

4.1 Positive aspects

Effective communication was seen as crucial in ensuring that all stakeholders understood the proposed changes and their implications. Regular review meetings and strong partnership engagement allowed for improvements and was also reported to reduce misunderstandings. Multiple communication channels ensured wide reach and catered to preferences. Strategies implemented by boards included; regular updates, FAQs, and dedicated intranet pages. Amendments to the Agenda for Change (AfC) handbook were clear, with new text being highlighted in red.

The development of intranet pages and dedicated email inboxes for queries in Shetland and Forth Valley provided a centralised resource for information. Lothian and Shetland reported that the regular updates and progress reports to management teams ensured transparency and kept stakeholders informed. Local FAQs and briefings (e.g. by Lanarkshire, NHS 24 and Grampian) supported understanding and engagement and was particularly effective in addressing staff queries. The strong engagement of Area Partnership Forums in Tayside reduced misunderstandings and fostered effective communication. The introduction of a digital RWW tile on the staff intranet and in-person partnership meetings supported comprehensive communication at NHS GGC.

4.2 Challenges

4.2.1 Confusing language

The use of digital platforms and regular updates was reported to be effective in some cases, but there were challenges over the use of confusing language, conflicting information and lack of clarity.

Communication strategies were reported to be varied and the rapid deployment of directives without sufficient lead time often resulted in confusion and miscommunication. The delayed communication from national bodies affected timely local implementation.

4.2.2 Information overload

The volume of information disseminated was felt to be overwhelming by most boards, causing confusion. The use of ambiguous terms, such as ‘accumulate’ instead of ‘average’, added to the confusion which hindered the effective implementation of RWW.

Recommendation

Reducing information overload requires simplifying the delivery of information. Implementing concise and clear communication methods, such as the ‘Speed Read’ approach used in Lothian, can help staff quickly grasp essential details. Additionally, using visual aids and summaries can enhance understanding.

4.2.3 Conflicting guidance

Conflicting guidance from the Scottish Government (SG) seemed to be the main challenge for implementing the RWW. This inconsistency led to dissatisfaction and

confusion among the different boards. Frequent changes in guidance and a lack of clear communication were reported as being problematic. Communication to boards was often last-minute and lacking clarity, especially around changes for part-time staff and those working shifts (comprising a large proportion of the workforce). Several boards reported that when they had emailed national leads for clarification, they often went unanswered.

National guidance being issued retrospectively was unhelpful and sent mixed messages leading to frustration. The lack of a national TOIL calculator and issues around the rounding up of hours (decimal point uncertainty) for part-time staff in the annual leave calculator tool further complicated matters. The uncertainty about rounding up led to a decrease in trust of the annual leave calculator which had previously been considered a useful resource, and to time-consuming manual calculations. These delays and other inconsistencies resulted in increased workloads for administrative support and managers. All the survey respondents reported some level of dissatisfaction due to these issues and the lack of coordination across boards further exacerbated the inefficiencies.

Recommendation

To address conflicting guidance, establish a standardised communication framework. This framework should ensure that all departments receive consistent and clear information. Regular updates and Q&A sessions should be provided to prevent discrepancies and confusion.

Recommendation

Enhance coordination and timeliness by improving coordination between national and local levels. Establishing a dedicated communication team to manage timelines, facilitate timely dissemination of information and ensure that any concerns are addressed promptly.

5. Perceptions of the RWW across health boards

The RWW implementation has received a mixed response across the various health boards. Several boards highlighted the RWW as a significant staff benefit, contributing

to improved employee wellbeing and morale; NHS Tayside noted that the RWW was well-received and across SAS and NHS Lanarkshire, the reduction was seen as a recognition of staff wellbeing. However, several boards expressed concerns that the RWW could lead to increased workloads and service delivery challenges, particularly in patient-facing roles. For example, NHS Lothian stated that the reduction in hours did not always translate to improved wellbeing, as staff felt pressured to maintain service levels despite the reduced hours. NHS Grampian also raised significant concerns about the pressure that was put on teams and services to implement the change. The timing of the RWW implementation, coinciding with the Health & Care Safe Staffing Act (2024) was problematic and decreased the perceived value of the reduction.

6. Summary

The implementation of the Reduced Working Week has highlighted the importance of effective governance, clear communication, and strategic implementation. While the RWW is viewed positively in terms of its intent, the practical implications have raised significant concerns regarding its impact on service delivery and staff workload. By addressing the challenges identified in this report and considering the recommendations, future phases could be implemented more smoothly.

Overall, the majority of boards recommend implementing the further reductions to the working week in a single exercise rather than multiple stages, although the impact on service delivery should be carefully monitored.

Agenda for Change Reform

Reduced Working Week: Implementation

**Options
Report**

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1. Background

From 1 April 2024, the working week for Agenda for Change (AfC) staff was reduced from 37.5 to 37 hours per week, pro-rata for part time. The intention is to move to the 36-hour working week by April 2026 based on the Reduced Working Week Group's recommendations.

The current expectation of staffside is that the next 30-minute reduction will be implemented from 1 April 2025, with the final 30 minutes implemented from 1 April 2026. Notwithstanding this, it's necessary to learn from the experience of implementing the initial 30-minute reduction in order to identify the most efficient and effective approach to implementation of the remaining 60 minutes. An evaluation of the implementation of the first 30-minute reduction is currently being undertaken by NES, with results to follow by 31 October 2024.

2. Potential Options

Four potential approaches for implementing the remaining 60 minutes have been identified:

	Options
1	Deliver two 30-minute tranches – 1 April 2025 and 1 April 2026
2	Deliver a single 60-minute reduction on 1 April 2025
3	Deliver a single 60-minute reduction on 1 October 2025
4	Deliver a single 60-minute reduction on 1 April 2026

When considering the feasibility of each of the above options, it's important to take account of a number of factors associated with the implementation of the 36-hour week, namely:

- Service impacts
- Financial costs
- Stakeholder relations
- Public perception

3. Service Impact

Any final decision on next steps to implement the 36-hour week will require an assessment of the likely service impacts associated with each option. This includes careful consideration of the potential system, and administrative benefits associated with delivering the remaining 60-minute reduction as a single block. Further, it's necessary to consider the anticipated impact of this change on the range of clinical and other services delivered by Boards. In doing so, it's important to understand the suite of practical steps that might be taken by Boards to offset these impacts and so maintain services while complying with legal obligations under the Health and Care (Staffing) (Scotland) Act 2019, as well as continuing to support the delivery of other ministerial priorities, including reductions in the use of agency staff.

A workshop to discuss the service impact considerations and potential options for the next reduction took place on 3 September with a range of employer and Scottish Government representatives. A full list of attendees is included at Annex A. A summary of outputs is at Annex B. Case studies developed by NHS Grampian colleagues provided context to participants and were circulated as pre-reading ahead of the workshop (Annex C).

Feedback obtained through the workshop indicated the following:

- Whilst Boards have been able to absorb some of the additional pressures as a result of the implementation of the first 30-minute reduction, it's clear that this will not be possible for all services. Detailed implementation planning of the first 30-minute reduction is ongoing as at early September (the final backstop date for implementation of the reduction for rostered staff is 30 November) and it's expected that substitution of staff time through additional recruitment will be necessary in order to maintain provision of some clinical and other services.
- It's unlikely that there will be scope to absorb any further reduction (i.e. beyond the initial 30-minutes) without materially impacting the delivery of services. Whilst the reduction is likely to be more straightforward for staff involved in the delivery of non-clinical services, it's still expected to have an impact on the availability and quality of those services which will in turn impact on both the effective operation of corporate functions within Boards and in the delivery of some public-facing activities.
- It's expected that, particularly in the case of clinical services, a significant majority of the working hours lost as a result of the further 60-minute reduction will require to be substituted through additional workforce capacity. The recruitment of additional staff (in particular those with specialist skills) will be time consuming and is likely to be impacted by wider challenges impacting on the education and subsequent supply of registered NMAHP staff across the system.
- It was suggested that, without significant reconfiguration of services across the entirety of NHS Scotland, the opportunities for service reconfiguration within Boards as a way of offsetting the planned reduction in working hours carried only limited potential. In addition, it was recognised that the process of planning and implementing service re-design is both timely and costly.
- There was a clear preference for delivering any further reduction as a single block as opposed to incremental reductions. This was on the basis that each change requires significant adjustments to technical systems and rosters as well as the planning and delivery of additional recruitment and backfilling exercises.

Based on the above feedback, the workshop concluded that:

- Option 1 would not be desirable.
- Option 2 would not be feasible, due to the amount of preparatory work which would be required in order to plan and deliver exercises to support the substitution of lost workforce capacity as a result of a 60-minute reduction in April 2025.
- In principle, the longer the lead time available to Boards to plan and implement mitigations, the lower the risk attached to further reductions in the working week. On this basis, an April 2026 implementation date (option 4) would be preferable, followed

by October 2025. If an October 2025 date were to be pursued, it should be accepted that some impact on service delivery would be experienced as it's unlikely that all mitigating actions will be fully implemented by this point.

4. Cost

In order to assess the cost implications of each option, a model has been developed by SG Health Finance officials. This model builds on financial information supplied by Boards and details the anticipated costs associated with substitution of staff time.

This includes costs related to the backfill of AfC staff across a series of job families and can be adjusted to reflect a shared assessment of the level of substitution required.

Using this, we have outlined backfill costs which assume 100% replacement of nursing and AHP capacity, and 80% of remaining AfC staff for the 36-hour working week:

Option	2025/26 cost	2026/27 (recurring) cost	Total cost over 2-year implementation period
Option 1	£107.1m	£218.4m	£325.5m
Option 2	£214.3m	£218.4m	£432.6m
Option 3	£107.1m	£218.4m	£325.5m
Option 4	-	£218.4m	£218.4m

It's important to note that, for options which involve a delay in implementation from the current default plan of two-30-minute reductions (scheduled for April 2025 and April 2026 consecutively), the model makes no provision for any compensation in the form of a transitional payment. There are no other associated costs included within this model.

This scenario is a tool to support the comparison of options. Further research is required to assess the actual backfill requirement percentages and associated costs. Until this is understood, further funding is not confirmed.

5. Stakeholder Relations

In the context of a challenging financial landscape across all public services, Ministers continue to prioritise action to ensure fair pay for public sector staff and avoid industrial dispute. It's in this context that implementation of the 36-hour week should be viewed.

The move to a reduced working week was agreed as part of the 2023-24 pay deal. A working group established through STAC was tasked with assessing the feasibility and phasing of such a change. The group recommended implementation in the form of 30-minute reductions across three consecutive financial years, acknowledging the scale of change required to implement a reduction in a complex landscape consisting of a wide range of 24-hour services, day services and community services. Whilst Ministers have

acknowledged the outputs of that group, they have not committed to phasing the implementation. There is, however, a clear expectation from staffside that the full reduction will be delivered by 2026, with incremental reductions between now and then.

Any re-phasing considered by staffside to be less generous than that recommended by the working group will be strongly criticised and may result in formal dispute. Some feedback suggests that a further reduction, under current circumstances and within the proposed timescale, will be very challenging and could introduce additional unwelcome pressure for staff. This would run contrary to the policy intent behind the change.

Without having formally sought views from NHS Agenda for Change staffside representatives, SG officials' current assessment is that:

- An acceleration of the timescale (option 2) would likely be warmly welcomed.
- It's not clear whether a re-phasing which delivers the same net benefit to staff, but which is structured differently (option 3) would attract support. Under this option, staff would receive the full reduction in the working week by April 2026 as originally agreed, albeit implemented in a different way. Whilst there would be a delay to receiving the next 30-minute reduction (currently expected in April 2025), this would be compensated for by bringing forward the final 30-minute reduction (from April 2026 to October 2025). Option 3 would result in less complexity and increased clarity for staff as well as a reduction in additional workload for those implementing the change e.g. systems, rotas etc (many of whom will also be union members). However, it may introduce difficulties for some staff who are currently planning on the basis that they will receive a further 30-minute reduction from 1 April 2025 and may have factored this into working patterns/childcare arrangements etc.

In all of these options, staffside would have to carefully consider the impacts on staff wellbeing at a local level in the context of the reduction in hours and potential delays in recruiting to fill unavoidable gaps in services where there is a lack of workforce capacity.

There is no way of knowing which position staffside would take on each of the options until these are formally tested with them. However, it wouldn't make sense to open up such a discussion if other factors mean these options aren't ultimately feasible.

6. Public Perception

The Scottish Government will also wish to carefully consider the wider public perception of its approach to implementing the next phase of the 36-hour working week.

In general terms, implementation of the policy should be considered consistent with the Scottish Government's wider approach to terms, conditions and remuneration of the public sector workforce. The current Public Sector Pay Policy has set a strategic direction of working towards a 35-hour working week. A number of local authorities work to a 35-hour working week, and the wider civil service is moving to a 35-hour working week from October 2024. Of course, it must be acknowledged that not all of these public services have large scale, 24/7 services comparable with those delivered by NHS Scotland.

More specifically, any steps to deviate from the phased approach to implementation of the 36-hour week recommended by the working group, could be presented as Government renegeing on a commitment made as part of pay negotiations conducted with AfC unions in good faith. Were this argument to be made, it could of course be countered that no commitment has so far been given around the phasing of further reductions.

In contrast to the above, some may view a decision to implement the reduced working week in the near future as being at odds with wider commitments to support NHS recovery, specifically around reducing waiting times. Reducing staffing hours could be seen as a contradiction to commitments made by Ministers in this regard. Recent press has shown some concern over the timing of the reduction in the working week for NHS staff given the sizable constraint on public spending and the prioritisation of funding.

Latest statistics show the NHS Scotland workforce has started to reduce in size, and this may lead to some arguing that now is not the time to strip further capacity out of the system. Of course, a reduction in the working week need not necessarily result in an equivalent reduction in capacity if that time is substituted through other means. Capacity nonetheless will have to be found to a certain degree, particularly in some single-handed services where staff have individual caseloads.

Further growth in the NHS Scotland workforce to accommodate this change may be considered inconsistent with wider efforts by Scottish Ministers to evolve the public sector as a way of reducing financial pressure.

7. Conclusion

The NHS Scotland Pay Board Oversight Group is asked to review the above assessment of available evidence and offer its view on the relative merits of each of the options outlined based on the information presented. Further, the Group is asked to consider what additional information should be included as part of the evidence base required to help inform advice to Ministers on the next steps. It's important to note that, in order for Ministers to make an informed decision, clear evidence of impacts and mitigation timescales should be provided.

Building on the views expressed by the oversight group, there will be engagement with staffside, which will be facilitated at a national level through the established structures of STAC. Once this is concluded, advice will be prepared to seek Ministers views on their preferred approach to implementation of the remaining 60-minute reduction.

Given the feedback received from Board representatives regarding the amount of planning and implementation activity required to effectively implement further reductions, a decision on next steps will need to be taken promptly.

8. Annex A – Options Appraisal Workshop Attendee list

[Redacted under Section 38(1)(b) of Act]

9. Annex B – Options Appraisal Workshop Outputs

Reduced Working Week (RWW) – Options Appraisal Workshop – Tuesday 3 September 2024

1. Welcome and Introductions

The Chair thanked participants for attending and detailed the workshop purpose which was to discuss the service impacts anticipated with further reductions in the working week for Agenda for Change staff. Discussions centred around which services will be most impacted, how anticipated challenges can be managed, and the practical actions needed to support further reductions, building on the learning from the first half hour reduction.

The shift to a 36-hour work week has already begun with a 30-minute reduction implemented from April 2024. Further planning and preparation are necessary to fully implement this change amidst ongoing recovery efforts for NHS Scotland, the introduction of the Health and Care Staffing legislation and the SG Directive to reduce use of Supplementary Staffing.

To note, the views expressed throughout this minute are from employers based on their operational knowledge and experience.

2. Group Discussion – Service Impact of the 36 Hour Week

The group discussed the potential service impacts of the RWW. An overview of the key themes and discussion points raised have been collated and categorised into five themes:

- General Considerations
- Staff Wellbeing/Policy Purpose
- Organisational-Wide Impacts
- Patient Care, Quality and Safety Impacts
- Staff Impacts

In summary, the discussion revealed concerns about the practical implementation of the RWW, particularly in terms of its impact on staff wellbeing, patient care, and overall service delivery. There was recognition from some in the group that whilst the policy intent has the potential to bring benefits, its success will be highly contingent on detailed planning and the time that this will take, including innovative service redesign and where this is not possible, additional recruitment activity. Detailed modelling of the service impacts will be crucial to ensuring that any further reductions can be implemented safely and effectively, without compromising patient care or staff wellbeing.

Employer representatives asked if there was an ability to review the current commitment to the RWW, recognising the significant challenges impacting on delivery of healthcare at present. It was the view of some in the group that the most convenient way to implement the 36-hour working week was to increase annual leave. Whilst this position is supported by local union discussions, it was recognised that national unions don't offer the same view. It was confirmed that the commitment of the RWW had been made and the focus of these discussions was to discuss potential options to deliver this.

General Considerations

- There was consensus between employers that no service can fully absorb the impacts of the RWW without strain. Financial and staffing pressures, in addition to availability of backfill resource, were seen as the primary barriers.
- It was acknowledged that non-patient-facing services or support functions may be able to deliver the RWW although some service impact should still be anticipated, and there may be an unintentional impact on other staff (for example, operational or clinical managers).
- Broader system changes are necessary to reach a more sustainable financial position. Question on whether the RWW would contribute to this or worsen current challenges.
- Lack of certainty around funding for additional staffing. If early confirmation of funding were provided, it would help services frame their plans more effectively.
- Question whether the proposed timeline and reductions are flexible. The need for additional staff and training periods were highlighted as a constraint.
- Some feedback reported concerns from clinical staff that the initial 30-minute reduction in the working week may have unintentionally placed more pressure on some staff by trying to do the same with less time, leading to a deterioration in workforce experience. The trade-offs between reduced hours and the practicalities of maintaining patient care were discussed, with an emphasis on the need to maintain appropriate staffing levels.

Staff Wellbeing/Policy Purpose

Are the intended benefits of the reduced working week being realised in practice?

- Clinical staff might lose vital 'breathing space', including break times and Protected Learning Time (PLT), which could undermine the policy's wellbeing objectives.
- Recurring question as to whether the RWW is improving staff wellbeing, with some views that staff may need to squeeze in additional work during time set apart for other purposes.

Organisational-Wide Impacts

- Several system-wide impacts were highlighted, focusing on recruitment challenges, productivity, and the knock-on effects of the reduced working week on service delivery and patient care.
- Specific roles are already experiencing recruitment challenges, and the RWW without increasing staff numbers could exacerbate these shortages. One Board has modelled the impact and is predicting a shortfall of over 300 nurses, with no capacity to backfill posts without affecting services.
- It was noted that the RWW in certain areas could lead to lower overall productivity, longer waiting times, and additional pressure on services to deliver with constrained resources.
- Concerns about becoming dependent on TOIL to enable staff to achieve the RWW.
- Ask for detailed modelling to understand the broader service impacts. Employers should take this forward locally. Various Boards have already conducted modelling, and these should be used to inform the implementation strategy.

Patient Impacts

- The RWW will affect patient care, capacity and the ability to maintain service levels.
- Clinical services are expected to be majorly impacted without additional staffing. The RWW could result in fewer patient appointments or home visits.
- Rural areas may be disproportionately affected, with potential gaps in service provision due to difficulties in sending staff to remote locations, resulting in unmet patient need.
- Waiting times may increase, impacting on the wellbeing and outcomes of people waiting for elective treatment.
- Some participants suggested that patient care could be compromised if staffing shortages lead to more errors.

Staff Impacts

- The RWW could exacerbate existing staffing shortages, with particular risks highlighted in specialised professions like sonography and perfusionists. Recruitment difficulties were emphasised, with participants highlighting that some services are already struggling to fill vacancies.
- There are concerns about the supply of staff to meet current and future demand, with a notable decline in the number of nurses entering undergraduate programs. The potential long-term impact on the workforce could hinder the ability to fill gaps.
- Staff are likely to experience increased pressure to deliver the same level of service. This may lead to a reduction in time spent on learning, leadership, and innovation activities.

3. Breakout Room Discussions

<p>Option 1 – Deliver two 30-minute reductions <i>Timeline 1 April 2025 and 1 April 2026</i></p>	<p>Option 2 – Deliver a single 60-minute reduction <i>Timeline: 1 April 2025</i></p>
<p>Option 3 – Deliver a single 60-minute reduction <i>Timeline: 1 October 2025</i></p>	<p>Option 4 – Deliver a single 60-minute reduction <i>Timeline: 1 April 2026</i></p>

Breakout Room - Key Discussion Points

- A key concern across all options was the challenge of backfilling staff (that is, the availability of staff, as well as the finance to pay for them).
- A phased approach to implementation was suggested, where certain segments of the workforce might move to reduced hours earlier or later to allow for more planning time.
- Employers raised the possibility of blending options rather than settling for a single one, particularly in professions that require longer lead times for recruitment and backfilling.
- Likelihood that if the implementation was delayed beyond April 2025, there would be pressure to introduce a transitional payment from staffside.
- The experience to date suggests that implementing phased reductions could create significant logistical challenges across STSS and payroll system, with managers expressing a reluctance to go through this process twice for little, if any, additional benefit.
- Importance of aligning with key enablers, such as e-rostering, to make the transition smoother. However, changing rosters to accommodate the reduction will slow down the implementation and create significant challenges.
- Feedback from frontline staff has been mixed. Whilst some appreciate finishing 30 minutes early where this can be accommodated on a single shift, the reduced working hours have led to a perception of providing a lesser service.
- There is a need for broader service design changes to make this policy sustainable and collaborating at a national level is important. However, time constraints make this difficult.
- Concern that with a large proportion of staff being patient-facing, rushing the reduction could lead to poorer outcomes.
- Scottish Ambulance Service can in the main deliver this, however there is reliance on funding and 18 months is required to adjust rosters in line with the reduced working hours. It does however mean that there will be an impact on the SASs availability to respond in as timely a manner with the greatest impact likely to be felt in rural settings in particular out of hours.

- There would be a legislative requirement to amend existing staffing tools each year to account for changes, making a single one-hour reduction preferable.

Option 1 and 2: Rejected by both groups given concerns on recruitment, patient safety and logistical challenges.

Option 3: An October 2025 reduction could allow more time for planning, modelling, and workforce preparation, making it a more practical option.

Option 4: Considered most feasible in terms of preparation and system readiness, but it comes with potential risks to staff morale and industrial relations. It could necessitate a full year's transitional allowance, which would add significant financial pressure to already strained budgets.

4. Group discussion, reflections, and agreement on next steps

Closing reflections centred on the key challenges and potential pathways for implementing the reduced working week. Across the group, there was consensus on several critical points around the need for thorough planning, system redesign, and managing staff expectations. Financial constraints were highlighted throughout the workshop.

Assuming there was no scope to re-visit the case for further reduction in the working week, the overwhelming preference from employers was to avoid multiple phased reductions and focus on a single reduction to minimise disruption.

Option 3 (deliver a single 60-minute reduction in October 2025) and option 4 (deliver a single 60-minute reduction in April 2026) were seen as the most viable choices, with option 4 providing more time for planning but posing potential risks to staff morale and trade union relations. The importance of ongoing communication with staffside, national collaboration, and careful consideration of the financial and safety implications is critical for the next implementation of the reduced working week.

The Chair thanked the group for their time and input into the workshop. The outputs from the workshop will feed into an options report which will be shared with the NHS Pay Board Oversight Group.

10. Annex C – Case Studies by NHS Grampian

Reduced Working Case Study – NHS Grampian Surgical High Dependency Unit (SHDU)

Issues/Constraints

The SHDU has a dynamic caseload that requires to flex throughout the day to meet the challenges of our complex and varied patient caseload.

The polytrauma unit patient cohort is unpredictable and can arrive in the SHDU 24/7.

Critical care stepdown patients, when clinically ready, need to be stepped down quickly to create capacity in that department and of course this is all superimposed upon the largest cohort of our own patients, those requiring level 2 care, both pre-and post-operatively.

Within SHDU it is not possible to adopt a staggered start/ stop approach to shift times due to the complex needs of the patient group and the need the 1:2 nurse to patient ratio as per national guidelines.

To deliver the same, safe, robust level of care – it is essential that the SHDU can continue to administer the same amount of clinical nursing hours.

Bank and agency utilisation to supplement the missing substantive nursing time is both costly and does not foster cohesion nor continuity of care for these complex patients.

RWW Modelling

SHDU Funded establishment is 56.44 WTE

Currently in post:

- Full Time Staff = 21 WTE
- Part Time Staff = 31.15 WTE

If these part time staff maintained their weekly clinical contracted hours pre RWW, then there would be no requirement to give these staff members any additional time away from the clinical area. Therefore, these part time staff maintaining their hours would mean no impact on service delivery from a part time staff perspective.

To accomplish this, it would require an increase of 15.6 hours a week which is equivalent to 0.416 WTE.

With our current full-time staff we will lose 10.5 hours a week initially, building to 31.5 hours after the tiered approach to reducing the working week to 36 hrs is complete.

Less available nursing hours will mean that our workload will need to contract accordingly. However, there is no immediately available option for reducing the workload within SHDU.

The remaining option is to make additional funding available.

WTE	Current Hours	No of Staff	RWW HRS 1	Difference hrs	Total hrs lost per week for staff total
1	37.5	21	37	0.5	10.5
0.9	33.75	12	33.3	0.45	5.4
0.8	30	3	29.6	0.4	1.2
0.75	28.125	1	27.75	0.375	0.375
0.7	26.25	4	25.9	0.35	1.4
0.6	22.5	20	22.2	0.3	6
0.5	18.75	4	18.5	0.25	1
0.45	16.875	1	16.65	0.225	0.225
Shift hrs	11.25				26.1 Weekly hrs lost. 0.696 WTE lost
Weeks per month	4				
Current hrs	37.5				
RWW HRS 1	37				
RWW HRS 2	36.5				
RWW HRS 3	36				

The ability to increase our funded establishment slightly to accommodate the RWW time factor, would allow the SHDU to continue to deliver the same patient throughput whilst continuing to provide expert care from substantive staffing pool.

Recommendations

- Seeking approval from the senior leadership team for part time staff to keep their original hours
- Seeking approval from finance and senior leadership team to increase funded establishment to support this
- Support and approval from senior management team and finance to repeat this process over the next 2 years as the working week continues to reduce
- Increase funded establishment for full time staff to prevent loss in clinical hours
- All part time staff will complete a flexible working request application if they choose this option
- Move to a 36-hour week in one step rather than a staggered approach. Each staggered approach is confusing, time-consuming and has a potential for staff to be paid incorrectly.

RWW Domestic Services

Phase 1: 1257 staff in total covering 93 sites

Location	RWW
DGH & Moray	Early finish adopted
Aberdeenshire North	Early finish and TOIL accrued and taken within 12 weeks
RCH & City Clinics	Early finish on Friday
Orange, Dental & Outlying, ARI	Early finish
Pink Zone, ARI	TOIL accrued being taken weeks 4, 5 & 6
Green Zone, ARI	TOIL accrued, being taken week 9 and 10 for days and week 3 for evenings
RACH	Early finish Tuesday, Thursday, Friday
Aberdeen Maternity	Early finish Tuesday, Thursday, Friday
Yellow & Purple Zone, ARI	Early finish on a Friday
Woodend & Aberdeenshire South	Early finish

The above will be implemented as of 31st August 2024. Until implementation has commenced the full impact of the reduced working week to service delivery will be unknown. Department Managers have been instructed to ensure an incomplete task log is maintained for areas that are not being cleaned to full NCSS standards due to RWW. This data will be pulled collectively for all sites in order to facilitate the plan for the further reduction in phase 2 and phase 3.

Administration teams within the service have had to increase their working hours, to implement the changes to defaults on SSTS and for recording of TOIL being accrued, which goes against the ethos of the RWW Non-Pay Award.

Bed Response Teams: Due to early finish and TOIL being taken it is highly likely this will impact patient flow in Aberdeen Royal Infirmary Campus in terms of discharge cleans being undertaken timeously, due to not being financially able to backfill the hours lost. 3,500 – 4,000 discharge cleans per month. This figure will increase during peak times of

the year. Already in August 2024 Aberdeen Maternity Hospital have seen an early increase in discharging out with the norm of September, October being busy months. Winter surge will also impact patient flow along with corridor care.

Phase 2 and 3 Planning

On initial calculations in preparation for the next phases, Domestic Services will have a reduction in hours equating to 35 WTE. This will create a gap of 87 staff (head count) based on average contractual hours is 14.90 per week. Consideration also needs to be given that as a service the absence rate tracks at 9-11% which is 5-7% above the National allowance of 4%.

High risk, very high risk and clinical areas within the acute setting have recorded absences above 20% over key periods of the year.

It will be very likely that given consideration to the above, and to ensure critical ward-based cleaning is being maintained to A, B, H coded areas, there will be a requirement to pull staff from E and F coded areas, which are nonclinical departments and staff will be moved to clinical areas, which will affect the times that these clinical areas will be cleaned. If the impact of RWW results in failing of monitoring, increased Datix reporting and increased staff absence, then on a risk basis this would result in staff being redistributed from C, D, G and I coded areas.

A	Clinical Inpatient Acute
B	Clinic High Risk Patient Areas – e.g. Neonatal, ICU, CCU, Renal, A & E
C	Clinical Inpatient Continuing Care
D	Clinical Departments
E	Non-Clinical Departments – offices
F	Non-Clinical Residential Accommodation, Drs and Parents
G	Clinical - clinics and Health Centres
H	Clinical Very High-Risk Patient Areas - theatres, transplant and bone marrow units and day surgery
I	Clinical – laboratory, pharmacy and CDU

In community hospital settings, Aberdeenshire North, Aberdeenshire South and Moray, staffing numbers are less therefore impact of RWW will be greater and resulting in ward-based cleaning not being fully undertaken. Within community hospital settings, domestic services are responsible for providing portering provision, which is not supported by the wider Portering Services. The RWW will impact portering roles as this is a singular role with no relief built in and at times will reduce services waste management, medical gas replacement, prescription services as part of core duties. During winter, where there is no winter maintenance cover by the wider Winter Maintenance team, patient, visitor and staff safety affected when snow clearance and gritting of the footpaths and carparks in these sites would be reduced due to RWW.

Further planning meetings will take place with Departmental Managers, Supervisors and Domestic Assistants Autumn 2024 onwards. This will enable following the data pull of incomplete task logs, datix reporting, monitoring audits to look at potential need for service redesign.