

Appendix 2: Flexible Working Policy

Name	Flexible Working Policy
Summary	There are many forms of flexible working. It can describe a place of work, for example, home-working, or a type of contract. Other common variations include: part-time working, flexitime, job sharing and shift working. The request can cover hours of work, times of work and place of work and may include requests for different patterns of work.
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NHS Golden Jubilee Values Statement

What we do or deliver in our roles within the NHS Golden Jubilee (NHSGJ) is important, but the way we behave is equally important to our patients, customers, visitors and colleagues. We know this from feedback we get from patients and customers, for example in “thank you” letters and the complaints we receive.

Recognising this, NHSGJ has worked with a range of staff, patient representatives and managers to discuss and promote our shared values which help us all to deliver the highest quality care and service across the organisation. These values are closely linked to our responsibilities around Equality.



- V**aluing dignity and respect
- A** can do attitude
- L**eading commitment to quality
- U**nderstanding our responsibilities
- E**ffectively working together

Our policies are intended to support the delivery of these values which support employee experience.

1 Introduction

NHS Golden Jubilee (NHSGJ), being an employer committed to the principles of work/life balance, recognises that, as one of a range of options, a flexible working arrangement may give staff some discretion as to their starting and finishing times each day. This policy details the procedure for requesting types of flexible working:

There are many forms of flexible working. It can describe a place of work, for example, home-working, or a type of contract. Other common variations include: part-time working, flexitime, job sharing and shift working. The request can cover hours of work, times of work and place of work and may include requests for different patterns of work.

Employers will have a duty to consider all requests in a reasonable manner; however, managers will have the flexibility to refuse requests on business grounds.

2 Right to request flexible working

All employees who meet the eligibility criteria outlined in **Section 2.2 below** have the right to request flexible working.

2.1 Scope

Eligible employees are entitled to request:

- A change to the hours they work;
- A change to the times when they are required to work; or
- A change to the place they are required to work.

An acceptance of an employee's request for flexible working will result in a permanent change to that employee's terms and conditions of employment unless otherwise agreed (for example any temporary arrangement under review). Any permanent change should be documented as a formal contract variation in order to be effective. The employee has no right to revert back to the previous working pattern once a formal contract variation is in place. For medical staff in the consultant, specialty doctor and associate specialist grades, this is normally achieved through the contractual job planning process.

2.2 Eligibility

To be eligible to make a request, the employee must:

- Not be an agency worker; and
- Not have made another application to work flexibly during the previous 52 weeks.

This does not preclude a manager agreeing with an employee that their request can be approved within that time period in circumstances where the request was originally refused, but the work environment can now sustain the change requested.

2.3 Application

An employee can only make one application for flexible working in any 12-month period from the date on which any previous application was made.

3 Flexi-time

3.1 Hours of Duty

The hours described below are for example only.

It is recognised that the core hours and bandwidth may vary in different departments. Prior to introducing flexi-time the core hours and bandwidth should be agreed in partnership locally.

Core working time falls between 10:00 – 15:00 each Monday to Friday with a minimum of 20 minutes and a maximum of two hours for a lunch break, taken between 11:00 – 15:00.

Each member of staff will have discretion, within the limits agreed with their manager, to work at times of their choosing but all departments must ensure that they have adequate staffing levels during the working day.

Any balance outstanding must be worked within the core hours of the department. The period between 07:00 – 20:00 is known as the bandwidth. Staff will normally work their contracted hours during this bandwidth, and working outside this bandwidth will only be allowed if authorised by the direct line manager [or other named person].

3.2 Personal Appointments

Members of staff making appointments with GPs, dentists or opticians, etc. are expected to ensure that wherever possible these take place out with core times.

On occasions it may be necessary to take these appointments during core time as hospital appointments, for example, may not be within the control of the individual. These appointments will be regarded as time on duty but must nevertheless be sanctioned by the departmental manager and recorded accordingly.

3.3 Settlement Period

The settlement period [over which flexible hours are calculated] will be four weeks and there are 13 such periods in a year.

Debit or credit up to [15 hours] may be carried forward to the next settlement period. During the settlement period a whole day or two half days may be taken off in lieu of credit accumulated or in anticipation of credit to be accumulated during the settlement period. Prior notice of time off in lieu is needed in order that staffing levels can be maintained.

3.4 Record of Hours Worked

Each employee will use appropriate documentation to record their own time when starting and leaving work, including lunch breaks. At the end of each day an employee should enter the total time worked.

At the end of each week/month a copy of the flexi recording sheet should be authorised by the appropriate line manager or other named person.

3.5 Treatment of Authorised Absences

Absences through sickness, attendance at courses, annual leave and other leave of absence with pay will be regarded as [7 hours 30 minutes] per day (or normal length of working day if not a 7½ hour day). The hours of authorised absence should be entered on return. For the purpose of recording, a half day will be defined as [3 hours 45 minutes].

3.6 Leave

For annual, compassionate, sick leave, etc., time will be credited on the record sheet on the basis of one full day or half day of the working week.

3.7 Overtime

Employees who are required by their manager to work more than their full-time hours (or the full-time equivalent of a part-time member of staff) will be entitled to overtime rates. For hours worked up to between 07:00 and 20:00, staff may choose either to accrue lieu time or to claim an overtime payment. Hours worked before 07:00 and after 20:00 will attract normal overtime rates according to NHS Terms and Conditions of Service. If for operational reasons any flexi/time back has not been taken after three months this should be paid as overtime, in line with NHS Terms and Conditions of Service.

3.8 Part-time Staff

This agreement will also apply to part-time staff with the relevant changes to work times.

4 Self-rostering

4.1 Definition

Team-based self-rostering is a 'bottom up' approach to scheduling work, giving people more control over the pattern of their working week. Parameters are set by agreeing in advance the levels of staff and skill mix required hour-by-hour throughout the working day. Staff put forward the times they would like to work and times they would like to protect away from work. This information is then used to compile shift patterns that match individual preferences as closely as possible, whilst maintaining agreed levels of cover at all times. There may be no requirement for staff to work their 'contracted hours' on a weekly or indeed monthly basis. Self-rostering programmes can enable staff to 'bank' hours worked over or under contractual hours. Hours can then be taken back or extra hours borrowed as dictated by the personal circumstances of staff.

Self-rostering can lend itself to all staff groups within the NHS, and works best in a large mixed team where there is a variety of personal circumstances among staff, and different preferences about work patterns.

4.2 Benefits of team-based self-rostering

Benefits for staff include:

- More control over the scheduling of their own working lives;
- A stronger voice in the planning of team activity;
- Previously unrecorded extra time at work is noted and carried forward in a "time bank";
- Linking start and finish times more efficiently to travel and family care arrangements;
- Opting for fewer, longer shifts where appropriate (within the requirements of the Working Time Regulations);
- Being able to attend appointments without losing a whole shift; and
- More discretion to be at work for significant events in patient care.

Benefits for the organisation include:

- Potential conflicts and tensions over shift allocation may be reduced;
- A better match between staffing levels and delivery of care;
- Development of stronger team spirit;
- An opportunity to review the match between staff resources/care needs, and the potential for new care initiatives, such as evening and weekend clinics, extra theatre sessions, etc.;
- Improved retention of staff (once staff have worked in a self-roster environment, very few want to give it up); and
- Reduced reliance on agency/bank staff.

Benefits for patients and users include:

- Better motivated staff ensuring better quality of care;
- More effective use of staff resources to deliver more care;
- Improved access to care through extended work patterns.

4.3 Implementation Guidelines

There is no single way to structure a project to introduce self-rostering that will prove successful for all. However, the following critical success factors have been identified:

4.3.1 Ask the team

The first step is to assess the support among staff for team-based self-rostering. Although there are benefits to the service in implementing a successful scheme, its first purpose is to give staff more control over when they work. There may be differences of opinion among existing staff about how desirable this is. But the scheme's impact on future recruitment and retention should also be considered.

4.3.2 Explore the key questions

In discussions with staff, these questions need to be considered:

- Would staff value more flexibility in their working lives?
- Will there be any effect on the delivery/continuity of patient care and how can a gain in quality of care be ensured?
- Will it help to retain existing staff and recruit new staff?
- Will it reduce absences and the need for bank or agency staff?
- Will it be fair to all?
- Could it impact on equal opportunities policy?
- Will a computer system be required or will a manual system work?
- Will it affect overtime or unsocial hour's earnings?
- How will handovers be managed when there aren't clear shift changes?

4.3.3 Set the parameters

Before a team-based self-rostering scheme can be introduced, principles and parameters must be agreed. These will include:

- Agreeing minimum and maximum staff levels for each hour of the day;
- Agreeing skill, grade and if necessary gender mix, hour by hour;
- Agreeing "veto" hours and any "core" hours;
- The preferences for hours to be worked by each member of the team;
- Protected time periods for each member of the team when they specifically do not want to work; and
- Agreed limits as to how much time owed or time owing can accrue to each team member. These agreed parameters must be communicated within the team/ department.

4.3.4 Compare agreed staffing levels with actual establishment

Is there a match between required staffing levels and staff available? If there is a mismatch, what steps can be taken to correct it?

4.3.5 Select an operating system

The operating system which processes staff requests and produces the rosters is a key element. This can be done manually with pencilled preferences input to a shift chart and then confirmed in ink. Various computer systems will automatically process the information from staff to produce recommended rosters. However, computer programs may be difficult to program where complex skill mixes have to be achieved, and require basic keyboard skills from staff. Some form of manual system is probably desirable in the early phases of implementation, and for smaller or less complex teams. Questions to consider are:

- Are all team members comfortable with using a computer-based system?
- If not, what support or training can be given?
- Where could the computer(s) be sited to give all team members access?
- Will it be possible to integrate the computer system into existing organisational IT systems?
- Is IT support available?
- Who will be responsible for putting in the time it takes to prepare a roster manually from information supplied?

4.3.6 Trial the system

A time-limited trial will give team members a taste of self-rostering. Evidence suggests that three months is the minimum period for the effect to be assessed; six months will provide a better picture of how well it works. All members of the team should be given the opportunity to express their views during this trial. At the end of this period, the effect of the scheme can be assessed:

- What is the general team view?
- What has been staff's uptake of the scheme?
- Have patients expressed views?
- Are any individuals unhappy with the scheme and, if so, for what reasons?
- How has the service been affected?

It may be appropriate to trial the scheme with a "team within the team", but it should be large enough to make the trial a valid basis for assessment.

4.3.7 Implement and monitor

Given that problems identified in the trial can be resolved, the scheme can be carried forward, but it will be important to continue to monitor staff attitudes to its operation.

- Do team members want it to continue?
- Have patients or the service been affected?
- Are modifications needed?

Communicate the initiative to other teams, if it is successful.

Self-rostering will work effectively where these factors are present:

- Effective team working;
- Sensitivity to individuals' working time requirements within the team; and
- Managers with good leadership skills.

4.4 Earnings

Any intention to alter pay through changing shift patterns should be negotiated through the normal channels, to avoid rejection of a system that would suit both staff and the organisation. Increased flexibility may take some staff into or out of periods that attract enhanced payments.

Some groups may not have worked unsocial hours in the past and therefore not attracted additional payments, for example therapists. Increasing flexibility for those groups raises the issue of whether such additional payments should be made. If so, the pay budget could increase significantly.

4.5 Training

There may be a need for training for managers and staff in the following areas:

- An understanding of the concepts and cultural changes involved in self-rostering; and
- Techniques for managers to assess the scope for flexibility balanced with the preferences of individual staff within the agreed parameters.

Each initiative will need to consider how to provide training in the self-rostering system and who should provide it. The starting point should be to consult those who are responsible for general management training within the organisation.

5. Monitoring, Review and Evaluation

This policy and procedure has been assessed for relevance and screened for equality impact, to identify and mitigate, where possible, any potential for the policy and procedure to have differential impact on employees having regard to their differences, such as ethnicity, gender, disability, age, sexual orientation, religion, literacy or belief.

This policy will be monitored, reviewed and evaluated every three years by the Partnership Forum or equivalent, taking into consideration legislative changes and developments in good practice to ensure it meets the needs of all employees.