



FLEXIBLE WORKING POLICIES -

- Annualised Hours**
- Flexitime**
- Job Share**
- Reduced Working Year**
- Team-based Self-Rostering**

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Partnership
Forum

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Signature

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**This policy was developed by a partnership group
on behalf of Grampian Area Partnership Forum and applies equally to all
employees of NHS Grampian.**

**NHS GRAMPIAN
FLEXIBLE WORKING POLICIES**

If you have difficulty understanding the English language, this policy can be made available to you in a language of your choice.

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**NHS GRAMPIAN
FLEXIBLE WORKING POLICIES**

INDEX

	PAGE
SECTION 1 PRINCIPLES	4
SECTION 2 APPLICATION PROCEDURE	6
SECTION 3 APPEALS PROCEDURE	9
SECTION 4 POLICIES	
1 Annualised Hours	12
2 Flexitime	25
3 Job Sharing	30
4 Reduced Working Year	38
5 Team-based Self-Rostering	40
SECTION 5 APPENDICES	
1 Flexible Working Application form	47
2 Confirmation of receipt of Flexible Working Application form	49
3 Confirmation that a Flexible Working Application has been refused	50
4 Notice of Appeal form	51

NHS GRAMPIAN FLEXIBLE WORKING POLICIES

SECTION 1 PRINCIPLES

1 INTRODUCTION

NHS Grampian (NHSG) is committed to equal opportunities and the promotion of flexible, employee friendly, work practice opportunities for all employees in order to create an environment which will allow them to utilise their talents, skills and experience and facilitate the recruitment and retention of well motivated and committed staff.

2 PRINCIPLES

There are a number of key principles which, unless otherwise specified, are common to all of NHSG's flexible working policies contained in this document:

2.1 SCOPE

All employees of NHSG¹ have the right to request:

- a change to the hours they work
- a change to the times when they are required to work
- a change to the place at which 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). The employee has no right to revert back to their previous working pattern/hours/place, unless this was agreed at the time of the original change. All employees will, however, retain the right to request that they revert to their previous working pattern/hours/place by following the application procedure set out in this policy.

¹ "All employees" refers to those who hold a contract of employment with NHSG and specifically excludes agency staff and those employed by contractors.

2.2 Applications

Applications can be made either by individual employees, or groups of employees working in the same department/ward and the same application process will apply whether an individual or group application is being made.

All applications for flexible working must be made on the Flexible Working Application Form as shown at **Appendix 1** and completed forms should be submitted to the employee's line/clinical manager.

2.3 Appeals

Every employee whose request for flexible working is refused has the right of appeal against this decision – see **Section 3, APPEAL PROCEDURE**.

3 EXISTING ARRANGEMENTS

The implementation of this policy will not affect any arrangements for flexible working which were already in place for individual, or discrete groups of, employees. However, in cases where varying arrangements exist for employees working in the same department/ward etc., e.g. where previous NHSG Flexitime policies apply, it may provide an opportunity for harmonised arrangements to be agreed, in partnership, by those involved.

SECTION 2 APPLICATION PROCEDURE

1 INTRODUCTION

All individual applications for flexible working must be made on the Flexible Working Application Form shown at **Appendix 1**. The completed form should be submitted to the employee's line/clinical manager, who will confirm receipt to the applicant using the letter shown at **Appendix 2**.

There are two exceptions to this –

- (i) the procedure for women returning from maternity leave who wish to job share, which is described in the Job Share Policy and
- (ii) the procedure for introducing annualised hours, which is described within the annualised hours policy

It should be noted that the following application procedure can be used by a group of employees working in the same department/ward e.g. a group of employees seeking the introduction of Flexi-time within that department/ward etc. Under these circumstances, only one application needs to be made, but all those who wish to participate must sign it.

However, where a group application to introduce a flexible working arrangement is agreed for a department/ward, any individual employee(s) who did not sign the application will retain the right not to participate in the flexible working arrangements agreed and to work standard departmental/ward hours, or any alternative arrangement which has been agreed.

2 SUBMITTING A FLEXIBLE WORKING APPLICATION FORM

The following procedure must be followed:

2.1 Initial meeting

The line/clinical manager will hold a meeting with the employee(s) to discuss their application within 28 days of the date on which the application was received. Where the circumstances warrant it, this period can be extended **by mutual agreement**.

During this meeting line/clinical managers are encouraged to explore with the employee(s) the potential suitability of alternative flexible working arrangements which could be considered if the particular one requested proves to be unacceptable.

Notwithstanding the above, employees wishing to apply for a flexible working arrangement are encouraged to have an informal discussion with their line/clinical manager prior to submitting a formal application.

2.2 Communication after the initial meeting

The line/clinical manager will inform the applicant(s) of their decision, in writing, within 14 days of the date of the initial meeting.

2.3 Request agreed

Where a request is agreed, the line/clinical manager must confirm this in writing to the employee(s) within 14 days (or any period which may be agreed), of the initial meeting. This confirmation must specify the new working pattern and the date from which the new working pattern will take effect.

Where the new arrangement will have an effect on the payment of salary, the line/clinical manager must also complete a Change Form and submit it to Payroll Department.

2.4 Request refused

A request for flexible working can only be refused for valid and objective service/operational, or regulatory/legislative, reasons (see Section 3 below) and the line/clinical manager must confirm these reasons, in writing – see **Appendix 3** - within 14 days of the initial meeting.

The employee(s) should also be provided with details of the informal resolution and formal appeals procedures. NHSG would, however, encourage both the manager and the employee(s) to follow the informal route whenever possible.

Where the potential suitability of alternative flexible working arrangements was agreed in principle at the meeting, line/clinical managers are encouraged to arrange to meet with the employee(s) and discuss these alternatives informally before writing to advise them that their request has been refused. Clearly in these circumstances the line/clinical manager will still be required to provide valid and objective service/operational, or regulatory/ legislative, reasons why the particular arrangement requested is unsuitable.

3 SERVICE REASONS FOR REFUSING A REQUEST

A request for flexible working can only be refused for valid and objective service/operational, or regulatory/legislative, reasons where it is considered that a change to the employee's(s') work pattern would:

- create an unacceptable additional cost burden

- have a detrimental effect on NHSG's ability to meet a service demand
- have a detrimental impact on service quality
- have a detrimental effect on the performance of either NHSG or the employee
- result in an inability on the part of NHSG to reorganise the work of other employees
- result in an inability on the part of NHSG to recruit additional staff or
- include periods where there would, on a regular basis, be insufficient work for the employee(s) to undertake

In addition, there may be occasions where planned organisational changes, or legislation/regulations, might make it impracticable for the organisation to accede to an employee's(s') request for flexible working.

4 WITHDRAWAL OF AN APPLICATION

NHSG will consider an application for flexible working to have been withdrawn if the employee(s) has(have):

- notified their line/clinical manager in writing that their application is being withdrawn
- failed, without reasonable cause, to attend an initial meeting, or an Appeal Hearing convened under this procedure, on more than one occasion or
- refused, without reasonable cause, to provide information which NHSG considers necessary to assess whether the employee's(s') request to work flexibly should be granted

The withdrawal of the application will be confirmed to the employee in writing.

SECTION 3 APPEALS PROCEDURE

1 INFORMAL REVIEW

Before raising a formal appeal, an employee whose application for flexible working has been refused may, if they wish, request that the line/clinical manager asks a member of the HR Team and a lead Staff Side representative to review the reasons for their decision. The employee must make this request within 7 days of receiving written confirmation that their application for flexible working has been refused. Where an employee chooses this option, the HR representative involved will advise the employee, in writing, of the outcome of the informal review of the line/clinical manager's decision within 7 days of the review taking place.

This approach will not preclude the employee's right to raise a formal appeal in the event that they consider that the matter has not been satisfactorily resolved by the informal review.

2 FORMAL APPEALS PROCEDURE

A member of staff can appeal against the decision to refuse their application for flexible working by submitting a Notice of Appeal form [**Appendix 4**] to their HR Team either:

- within 14 days of receiving written confirmation that their Application for Flexible Working has not been successful or
- within 14 days of receiving written advice of the outcome of the informal review process

In either event, the notice of appeal must be dated and clearly set out the grounds of appeal.

3 APPEAL HEARING

A Hearing will be held to discuss the appeal within 14 days of the Notice of Appeal form being received by the Human Resources Team. The Appeal Panel will consist of a manager who is at a more senior level than the manager who made the original decision and a member of the HR Team, neither of whom should have been involved in making the original decision, nor in the informal review process.

4 NOTICE OF THE DECISION

The manager hearing the appeal will inform the employee, in writing, of the outcome of the appeal within 14 days of the Hearing.

Where the appeal is upheld, the notice of the decision will specify the new working pattern agreed and the date on which it will take effect. Where the new arrangement will have an effect on the payment of salary, the line/clinical manager must also complete a Change Form and submit it to Payroll Department.

Where the appeal is unsuccessful, the notice of the decision will state the grounds for the decision and an explanation of the reason that these grounds were found to apply.

The Appeal Panel may refer the matter back to the line/clinical manager for reconsideration if it is felt that new factors that need to be taken into account have emerged. If, under these circumstances, the line/clinical manager reviews their original decision in the light of the new factors highlighted by the Appeal Panel, but continues to refuse the employee's request, the employee retains the right to appeal against the second refusal under the FORMAL APPEALS PROCEDURE set out above. The subsequent appeal may be heard by the same, or a different, Appeal Panel to the one which heard the original appeal.

5 EXTENSION OF TIME LIMITS

The above time limits can be extended, **but only if both parties agree, in writing, to an extension.**

6 REPRESENTATION

Employees are entitled to be represented by a Trade Union or Staff-Side Organisation representative (including full-time Trade Union Officers), a fellow member of staff, or a friend or relative not acting in a legal capacity, at all stages of the procedure.

Employees who may have little or no experience of working life and employees with learning difficulties, also have the right to be accompanied by a parent/guardian at each stage of the procedure.

Employees have the right to state their own case at all stages of the procedure.

SECTION 4 POLICIES

ANNUALISED HOURS POLICY

1 INTRODUCTION

Annualised hours systems provide a way of organising working time by contracting with employees to work an agreed number of hours per year rather than a standard number of hours each week. The actual number of hours worked by an employee during the week will then be "flexed" to match workload requirements. As well as hours being varied week to week, they may also be varied seasonally and/or according to fluctuation of service demands. Annualised hours are used to match attendance of employees to the periods when they are most needed by the service in which they are employed.

2 BENEFITS OF ANNUALISED HOURS SYSTEMS

2.1 Flexibility for both the employee and NHS Grampian

Fluctuations in hours worked may often be unpredictable, reflecting the uncertain patterns of demand for some services e.g. those in an acute hospital. Under more traditional working arrangements, the demand for services can result in overtime or premium rates of pay being incurred at busy times or in overstaffing when demand is low.

With annualised hours systems, a yearly staff plan is drawn up in advance so that:

- Employees know when they are expected to work.

This offers them greater flexibility and allows them the opportunity to better manage their working hours and to create a better balance between the time they spend at work and at home.

- NHSG is offered a more flexible and efficient way of deploying staff by matching staffing levels more closely with variances in workload.

This, in turn, can lead to reductions in staffing costs through efficient allocation of staffing levels and reductions in overtime costs, or the use of agency or bank staff.

2.2 Matching staffing and workload

Significant amounts of staff time can be lost as a result of mismatches between required and actual staffing. For example, traditional work patterns or roster arrangements in clinical areas, which may have rosters drawn up one month in advance, may not always match service demands on a weekly, monthly or annual basis. This can result in staffing rosters having to be changed frequently in order to cope with unpredictable and fluctuating patient needs with the knock on effect of:

- disruption to staff and
- a considerable amount of management time being spent on re-arranging rosters and trying to find bank or agency staff.

Mismatches of staff time to service demands tend to be less pronounced in areas where patient or service demands can be predicted reasonably accurately e.g. in orthopaedics where it is generally known in advance how many patients are likely to be booked in for treatments such as hip replacements. It is more difficult, however, to predict what demands will be placed on, for example, maternity units.

Fluctuations in patient intake may lead to high fluctuations in the overall workload of ward staff where the problem of mismatch between staffing and workload is highly evident.

Difficulties of mismatches of staff time to workload are more widespread than solely those in ward settings and annual hours systems can be beneficial in other settings e.g. support services, administration and other clinical disciplines.

2.3 Reduction in the use of bank or agency staff

Health service employers frequently have to approach bank or agency staff to fill staffing gaps for all types of clinicians and, while bank or agency staff may offer relatively low costs, labour efficiency and the lack of sickness absence problems, there are other major problems that may be experienced. For example, they may not be experienced/qualified to work in the area of need, or they may not be available when required because they are already working for another employer.

Developing the flexible approach of an annualised hours system allows rostering which is more responsive to patient/service needs and enables the flexible deployment of experienced employees in order to allow short term fluctuations in activity to be serviced and for peaks and troughs in workload to be overcome.

2.4 Reduction of overtime and on-call costs

Where on-call systems are operated, these may be scheduled too far in advance to allow an accurate prediction of the fluctuations in service demands or to allow sufficient flexibility in meeting peaks of need. This can result in resources being wasted and extra costs being incurred when staff are not needed, or by not having sufficient staff on-call at times when there is an urgent need for them.

In addition, staff costs may be better controlled through the flexibility offered by an annual hours system through a reduction in the cost impact of staff deployment decisions, particularly those costs associated with "inappropriate" use of bank or agency staff, overtime and time owed to existing employees.

2.5 Effective patient care

Evidence from the private sector suggests that productivity is better and performance more effective where annualised hours systems are utilised.

For NHS Grampian, the use of annualised hours systems can potentially improve the effectiveness of patient care and increase patient satisfaction by ensuring that appropriately qualified staff and services are available when they most need them. In addition, those employees working within an annualised hours system are more likely to achieve a higher level of satisfaction and meeting the needs of their patients by being better able to meet their own needs to have an adequate balance between their home and working life.

2.6 Organisational change

Annualised hours systems are sufficiently flexible to accommodate changes in working times and arrangements and their introduction may be equally effective to redesigned and reconfigured services or to existing services and bring benefits to both staff and patients. Such systems may also prove useful where an overall reduction of staffing is required.

2.7 Reductions in absenteeism

Studies have shown that improved flexibility for staff, which affords them the opportunity to achieve a better balance between their home and working life, results in lower absenteeism and sickness rates.

2.8 Simplified pay administration

Employees who work within an annualised hours system are paid the same monthly salary throughout the year, regardless of the actual number of hours they work each month. This not only simplifies pay calculations for Payroll department, but also gives the employees concerned the opportunity to better budget their outgoings against their earnings.

3 DRAWBACKS OF ANNUALISED HOURS WORKING

3.1 Development of an annualised hours system

The diversity of approach that comes with increased flexibility means that it is unlikely that any one model of annualised hours working can be offered as a blueprint. Staff, their representatives and managers in any one area or organisation will have to identify the best solution to their own staffing requirements and tailor the design of their annualised hours system accordingly. It is not possible, therefore, to offer an "off the shelf" system for flexible working.

3.2 Removal of overtime payments

The removal of overtime payments may mean a cut in total pay for those employees who depend heavily on overtime working. Although some staff may earn less through an annualised hours system, the value of overtime payments and other enhanced payments can be consolidated into their annual salary (see "Implementation"). In addition, annualised hours systems offer the security of a guaranteed amount of salary, reduced working hours and "sensible" breaks between periods of duty.

3.3 Developing the system

When developing the system, accurate work scheduling is essential if difficulties in service delivery through absenteeism are to be avoided. Adequate assessments of workflow, demand patterns and efficiency consequently need to be made before a scheme is agreed and implemented.

3.4 Perceptions of employees, colleagues and managers

Employees who do not fully understand the concept of annualised hours may have some suspicion of the scheme and of those participating in it. To this end it is essential that adequate briefing sessions and details which explain the purpose and operation of the scheme are provided to employees, staff representatives and managers.

4 IMPLEMENTATION

Annualised hours systems are likely to be useful mechanisms where:

- staffing levels do not match the level of patient activity and dependency
- there are unforeseen peaks and troughs in workload
- sickness absence cover often has to be provided at short notice
- employees are frequently asked to work extra shifts/hours at short notice
- bank or agency staff are often required to provide cover
- staff from other wards are often needed to "help out"

Annualised hours working may be appropriate in a range of other settings, but the above circumstances describe where an annualised hours system may bring greatest benefit to both the employees and managers who are providing the service. It should also be noted that the above circumstances can also lead to uncertainty, irregular and unacceptable work patterns, increased costs and a reduction in the quality of service/patient care being provided.

4.1 Starting the project

4.1.1 Partnership

It is essential that any annualised hours system which is being introduced into a department/ward is developed with the full participation of the line/clinical manager(s) and employees including, where appropriate, the involvement of trade union/professional organisation representatives.

It may also be useful to seek input from HR and finance/payroll representatives.

4.1.2 Gathering data

Information on both patient/service activity and staff is required to allow the design of an annualised hours system.

In terms of staffing, it will be necessary to collate information on an annual basis to assess:

- how many employees are in post and how they are deployed

- the use of bank/agency staff
- staff turnover rates
- current shift patterns and rotas
- absence rates and patterns and
- staff costs

In terms of service provision and using the example of a ward setting, there would also be a requirement to assess:

- monthly bed state over the period of a year;
- admissions patterns
- discharge patterns
- total patient days
- numbers of day cases and
- patient dependency levels

NOTE: While the above example of a ward setting has been used, other service areas will need to identify what service related data is appropriate for their particular operation.

4.1.3 Analysing data

To assess whether or not an annualised hours system will be appropriate, the data gathered will need to be analysed to ascertain:

- whether or not there are peaks and troughs in activity against the fluctuations of service demand over a 24 hour period/service provision time
- the extent to which there are high levels of emergencies and when these occur

- whether or not there are seasonal variations in activity and/or demand; and
- the extent to which staff costs are unpredictable

The data considered against these factors will help to provide information on whether or not the existing system of staff allocation is working well and supports decision making against the need and desirability of proceeding to develop an annualised hours system.

From the perspective of staff, an annualised hours contract may be requested by only 1 or 2 staff for whom such a system would provide the opportunity to have a better home/work balance. Operating the system for small numbers of people within a service area has been proven to be effective where an analysis of service demands has been undertaken to inform the design of the working pattern.

4.2 Designing the system

It is essential that employees and, where appropriate, their representatives are involved in designing the detail of the system in order to capitalise on their knowledge and experience and to allow them to gain ownership and an understanding of the system.

It is also recommended that annualised hours systems are first of all introduced on a pilot basis over an agreed timescale e.g. 6 months. Clear evaluation criteria need to be agreed at the outset and a small group, constituted on a partnership basis, should be established to evaluate the success, or otherwise, of the pilot.

4.2.1 Calculating the hours to be worked

Annualised hours contracts are equally appropriate for all grades of staff irrespective of whether they work full-time or part-time hours.

While examples for calculating hours are shown on the next page, it is recommended that Teams considering the introduction of Annualised Hours working check their calculations with Payroll Department.

Example 1

The following example shows the calculation for determining how many hours a full time employee with over 10 years service, who is contracted to work 37½ hours per week, is required to work in a year:

		Hours
Contracted hours	= 37.5 x 52.2 weeks (takes account of leap years)	= 1,957.5
*Annual leave hours	= 37.5 ÷ 5 days x 33 annual leave days (per annum)	= 247.5
*Public holiday hours	= 37.5 ÷ 5 days x 8 public holidays (per annum)	= 60.0
Total working hours	= 1957.5 – 247.5 – 60	= 1,650

Example 2

The following example shows the calculation for determining how many hours a part time employee with over 10 years service, who is contracted to work 20 hours per week, is required to work in a year:

Contracted hours	= 20 hours x 52.2 weeks (takes account of leap years)	= 1,044
*Annual leave hours	= 20 hours ÷ 5 days x 33 annual leave days (per annum)	= 132
*Public holiday hours	= 20 ÷ 5 days x 8 public holidays (per annum)	= 32
Total working hours	= 1,044 – 132 – 32	= 880

***NOTE:** the annual leave and Public Holiday entitlements used above are those which apply under Agenda for Change and these may vary for those employees to whom AfC terms and conditions do not apply.

Over the course of a year, the number of hours worked may vary by plus or minus an agreed number of hours e.g. 30 hours, which can be carried over to the next year. Employees are required to record the number of hours they work each week and the cumulative totals are regularly monitored by their manager to ensure that their individual account is kept within the prescribed limits both during and at the end of each year.

4.2.2 On/off duty and on-call

Staff rotas should be planned to match service demands/patient need in line with the analysis undertaken. Where an employee wishes to take time off when they are scheduled to work, they must negotiate times with colleagues by agreeing shift swaps with them. Work schedules can include an on-call roster where appropriate and employees who are on-call may only need to be able to be contacted by 'phone rather than actually having to remain at home. Where appropriate, credit for on-call duty should be given in accordance with the terms and conditions specified under Agenda for Change.

While off duty and on-call requests should only be met once the needs of the service are satisfied, managers should endeavour to ensure that as much choice as possible, in relation to the self-rostering of off duty, on-call and normal hours working, is made available to participating employees.

4.2.3 Stand down arrangements

Guidelines for standing down staff where demand is low, which are appropriate to the service area in question must be developed and these should include arrangements for how credit is to be given. For example, if an employee has worked 2 hours of their shift and is then "stood down", they could given credit for one hour i.e. 3 hours in total. It should be noted that, using this example, there would be no benefit gained from standing an employee down less than 2 hours before the end of their shift as they would still be entitled to one hours credit.

4.2.4 Salary arrangements

Where annualised hours systems have been implemented arrangements for calculation of enhanced payments e.g. 15% of salary, are consolidated into base salary. The total salary then becomes the annual salary for the member of staff and is paid in 12 equal monthly payments. Another mechanism that can be used is for the enhancements to be pooled into "flexibility payments" which are paid as an additional allowance to basic pay.

In exceptional circumstances and in the interests of service delivery, staff may agree with their manager to be paid an additional amount at their current rate of pay in order to “buy back” hours for their annualised hours schedule. This may be appropriate where, due to unforeseen circumstances, an employee has had to work in excess of their usual contracted hours in their service area and such payment may be preferable to them carrying forward a surplus of hours worked.

4.2.5 Maternity leave

When a woman applies for maternity leave her annualised hours will be recalculated, pro rata and, where possible, she should make up any outstanding hours prior to commencing her maternity leave. If it is not possible for her to make up the outstanding hours, the “debit” may be carried over to her return.

However, where she has indicated either that she will not return to employment with NHS Grampian at the end of her maternity leave, or that she is unsure if she will return, the outstanding hours will be deducted from her salary prior the commencement of her maternity leave.

4.2.6 Sickness absence

When an employee with an annualised hours contract is absent through sickness they will continue to receive credit for the hours they would have worked had they not been absent.

4.2.7 Annualised hours contracts

Annualised hours contracts should include confirmation of the duration of the pilot, the employees participation in the annual hours system and the fact that their participation in the annualised hours system and their right to revert to their original terms and conditions is voluntary. It should also include details of basic pay and (where appropriate) flexibility payments, details of any agreed facility for buying back hours and details of any revised sick pay arrangements. Flexible working conditions, including arrangements for on-call and stand down and shift working on days/nights, should also be detailed.

5 EVALUATION

Ongoing evaluation of the pilot and any subsequent system put into place, will be required in order to ensure that the system is effectively managed. In addition, the experiences of employees and managers and of the effectiveness of the system should also be evaluated in order to inform revisions to the system where necessary.

Evaluation criteria should be established at the outset of a pilot and could include:

- an assessment of the effectiveness of communications about the scheme
- the effectiveness of the partnership approach adopted
- the difficulties and opportunities experienced in running the scheme
- the extent to which gaps between staffing and workload have narrowed, including pressures on employees
- the effectiveness and quality of patient care and financial performance
- the need for bank/agency staff

ANNUALISED HOURS POLICY - ADDENDUM 1

Sample Guideline for Stand Down

- Stand down is credited with one hour, plus the hours worked
- Stand down can only be instigated by the manager in charge of the shift
- Stand down should normally be given to the most appropriately graded staff member who is either over or level with target hours
- Stand down arrangements will normally not apply less than 2 hours before the end of a shift
- Unless staff member agrees, stand down should not be given to night staff:
 - (i) after 1.15 a.m. or
 - (ii) at 9.15 p.m.

Sample Guideline for On Call

- On call is rostered on the On Duty after consultation with staff members
- On call should either be rostered or agreed between the manager in charge and staff member with maximum notice, i.e. at end of shift for following 24 hours
- On call should normally be given to the most appropriate graded member of staff who is either over or level with target hours
- On call period may be for the period of a full shift. It must not exceed 12 hours
- On call should if possible be used fairly amongst the staff members working Annualised Hours, as it would have to be the most appropriate graded person
- On call staff will need to agree with their managers a time they can be contacted regarding whether or not they are required to work
- On call credited for one hour plus the hours worked
- On call person will carry a "bleep" and is responsible for returning it to ward as soon as possible once call period is over

- On call person should contact ward as soon as "bleeped" to confirm the time required to work
- On call can be worked on days off provided this is offered by the staff member
- On call person is not required to stay at home - this is the reason why a "bleep" is supplied.

FLEXITIME POLICY

1 WHAT IS FLEXITIME

Flexitime is a system under which employees have a degree of flexibility in the way that they work their contracted hours within agreed set limits, by varying their start and finish times and meal breaks provided they are present at work during 'core times'. Employees can build up a debit or credit of hours worked within an agreed period of 4 weeks which can then be consolidated into two days which can be taken as time off, by agreement, in any combination of full or half days.

Included in this is the possibility for employees to work their contracted hours for an agreed number of weeks over fewer days e.g. a "9 day fortnight" where an employee contracted to work 5 days per week completes their contracted hours for a two week period in nine days.

Implicit in this, however, is the need for every member of staff to work an average of their contracted hours per week over a four week accounting period and principle that this should not adversely affect the efficient provision of NHS Grampian's services.

2 DEFINITIONS

Band width – this is the period during which participating employees are free to access their place of work

Core times – these are the agreed times during which participating employees are required to be at their place of work

Settlement periods – these are the 13, four week, accounting periods in each year during which participating employees can accrue a credit/debit balance of flexitime hours

3 ELIGIBILITY

While all grades and categories of staff are eligible to apply to participate in flexitime, it must be accepted that where this could have an adverse effect service delivery it may not be possible to agree to their request.

Line/clinical managers are, however, encouraged to take an open-minded approach to any application to introduce flexitime working and, where flexitime is not appropriate, consider other flexible working systems. Line/clinical managers are also encouraged to consider what adjustments, if any, could be made to the way in which services are provided in order to make flexitime working a viable option.

4 KEY PRINCIPLES

- The primary purpose of flexitime working is to provide employees with a certain degree of flexibility in the way in which they work their contracted hours. Implicit in this, however, is that employees should only work in excess of their normal daily hours when there is work for them to do i.e. it should not be used as a vehicle to build up a credit of hours which can later be taken as time off.
 - The introduction of flexitime must not result in detriment to the delivery of service to NHS Grampian. Employees participating in flexitime must, therefore, ensure that appropriate arrangements with their co-workers are in place to ensure the necessary levels of cover are maintained throughout the day.
 - Employees participating in flexitime will have free access to their workplace during the “band-width” period and are required, as a minimum, to be at their workplace during “core times”. Band width and core time arrangements for each department/ward will be determined by local agreement.
 - The normal hours of duty for each workplace will be determined locally following agreement between the relevant employees and their line/clinical manager(s).
 - Individual employees within a department/ward which operates flexitime will retain the right not to participate in flexitime working and to observe the normal hours of duty for their workplace.
 - As core time accounts for the main percentage of the working week, the balance of outstanding hours per week must be worked within band width hours. This balance may, however, be averaged over a four-week period.
 - Each participating employee will be responsible for recording their starting and finishing times (including meal breaks) on their Flexitime Record Sheet and for ensuring that it is authorised by their line/clinical.
- Note:** An employee’s starting and finishing times are when they actually commence/cease work and not when they arrive/leave their place of work.
- Monthly paid staff must submit a copy of their completed Flexitime Record Sheet to their line/clinical manager, for authorisation, at the end of each 4 week period.
 - Weekly paid staff must submit a copy of their completed Flexitime Record Sheet to their line/clinical manager, for authorisation, at the end of each week.

- Flexitime Record Sheets will not be used for pay purposes.
- The settlement period will be 4 weeks x contracted hours and there with 13 such periods each year.
- An agreement must be reached on the maximum number of credit and debit hours which can be carried forward to the next settlement period.
- In order to comply with the Working Time Regulations, participating employees must take a minimum of one 20 minute rest break per each 6 hour work period.

Additionally, the current Working Time Regulations stipulate that employees aged 18 or under must take a minimum of one 30 minute rest break during each 4 ½ hour work period.

For Flexitime purposes, **all** unpaid breaks e.g. meal breaks, must be recorded on the employee's Flexitime Record Sheet.

- Time off to attend appointments over which employees have a level of control in the timing e.g. GPs, Dentists, Opticians etc., should be arranged outwith core times. However, time off to attend appointments over which employees have no control in the timing e.g. hospital appointments etc., will be classed as authorised absence.
- Work should only be performed outside of the band width hours at the request of the employee's line/clinical manager and, where this occurs, the hours in question will attract time off in lieu or, for those staff who are eligible, an overtime payment at the appropriate rate.
- Participating employees must record absence as a result of sickness, attendance at courses, or annual leave on their Flexitime Record Sheet.
- Flexitime arrangements demand the closest co-operation and trust between management and employees in order for it to operate effectively. Consequently, if at any time it is demonstrated that co-operation and/or trust is wanting, the arrangements may be reviewed, in partnership, prior to any amendments being made.
- Either management or participating employees may seek withdrawal from/amendment to, a local flexitime agreement. However before an agreement can be withdrawn or amended, full consultation between management and participating employees (and, where appropriate, their trade union/professional organisation representatives) must take place.
- Employees who leave NHS Grampian must ensure that they use all flexitime credit, or make up any flexitime debit balance, by their last working day.

5 DEALING WITH AUTHORISED ABSENCE

Absences through sickness; attendance at courses; annual leave; public holidays and any other leave of absence with pay, will be regarded as the scheduled hours for that day (excluding any scheduled overtime).

For annual leave, special leave, sick leave etc., time will be credited on the Flexitime Record Sheet on the basis of 1 full or 1 x ½ day for each full or ½ day of absence.

6 DEVELOPING A FLEXTIME AGREEMENT

The line/clinical manager(s) should meet with the department/team to assess, first of all, whether it is feasible to introduce flexitime working. They must ensure that the needs/delivery of the service would not be affected and that it will be possible to maintain the required staffing levels at all times.

Any flexitime agreement must be reached in partnership and the following should be discussed and agreed between the line/clinical manager(s) and the members of the department/team involved plus, where appropriate, accredited Trade Union/Professional Organisation representatives:

- that the needs of the service must always be given priority
- the band width times
- the core times
- the maximum debit and credit balances which individual employees can accrue in each 4 week settlement period e.g. 15 hours credit and 5 hours debit
- the maximum number of hours which employees can consolidate into time off during each settlement period e.g. any permutation of 2 full or 4 half days
- that any abuse of the system will not be tolerated and that serious abuses may result in disciplinary action and/or the withdrawal of the flexitime facility

**FLEXITIME POLICY - ADDENDUM 1
FLEXITIME RECORD SHEET**

Name: _____

Period: _____

Standard Hours: _____ Actual Hours: _____ Difference +/- _____

B/F from previous sheet +/- _____ C/F to next sheet +/- _____

WEEK 1	Start	Finish	Total hours	Start	Finish	Total hours	TOTAL DAY
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
TOTAL WEEK							

WEEK 2	Start	Finish	Total hours	Start	Finish	Total hours	TOTAL DAY
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
TOTAL WEEK							

WEEK 3	Start	Finish	Total hours	Start	Finish	Total hours	TOTAL DAY
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
TOTAL WEEK							

WEEK 4	Start	Finish	Total hours	Start	Finish	Total hours	TOTAL DAY
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
TOTAL WEEK							

Time Sheet checked: _____ Date: _____

This form must be completed by the employee and checked by their line/clinical manager at the end of each four week settlement period.

JOB SHARE POLICY

1. INTRODUCTION

Job sharing represents an opportunity for staff to work fewer hours while maintaining their career prospects and personal development.

NHS Grampian will actively promote job sharing by ensuring that all job advertisements state that applications will be welcomed from candidates seeking a job share opportunity.

2. DEFINITION

Job sharing is a formal agreement under which two, or more, members of staff share the duties and responsibilities of one post. The salary and other benefits are divided between the job share partners, proportionate to the hours which each works. The division of working hours and duties of the shared post will be determined by mutual agreement, taking service requirements into account, e.g. alternate days, weeks or months, to split days, or split weeks.

3. GENERAL PRINCIPLES

(a) Job Description

The content of the Job Description for job share posts should reflect the duties and responsibilities of the post with an addendum of Job Share Terms & Conditions – as detailed in Addendum 1.

(b) Communication

If the arrangement is to succeed communication between the job share partners must be effective. It is the joint responsibility of the line/clinical manager and the partners to ensure that arrangements are in place to provide a seamless service. A built in handover is essential for such posts and must be achieved within the normal established total hours.

(c) Training

Job share partners should not suffer any detriment in access to training or development, although flexibility outwith the normal pattern of work may be required to meet identified development needs.

(d) Recruitment

All job share opportunities will be advertised and the normal recruitment process will be applied when a job share post is being established, or an existing arrangement is being maintained.

Managers should ensure that each job share partner meets the Person Specification for the post and that they have the ability to work together towards a common goal.

(e) Following appointment

Once an appointment has been made the line/clinical manager to whom the job share partners report will set up a meeting with the successful candidates to agree job share arrangements and should also include issues such as car leasing and allowances.

(f) Partner Leaving

As job share partners are separate employees, one partner leaving should not affect the other partner's security of employment.

If one partner does leave, the following procedure should be followed:

- the hours should be offered to the remaining job share partner(s)
- where the remaining job share partner(s) does not wish to undertake the additional hours they will be advertised as a job share vacancy
- if no job share partner can be found in a period of not less than six months and after at least two advertisements, the remaining job share partner(s) may be required to work the same hours on a part-time basis, or be transferred to the equivalent hours in a commensurate post. In the event of the latter course of action being taken, this will be in line with the provisions of NHS Grampian's Redeployment Policy.

4 JOB SHARE AGREEMENT

The job share agreement will be negotiated between the line/clinical manager and the job share partners. The agreement will be in writing and will form part of each partner's contract of employment.

When negotiating the job share agreement, in particular the allocation of duties and sharing of responsibilities, the primary aim is to determine the best method to ensure service delivery and compatibility with each job share partner's needs. The partners should always be in the position to claim that at some time each had fulfilled the duties and responsibilities of the whole post

The job share agreement will include the following:

(a) Hours of work

Working arrangements can be divided in a number of ways, for example, split days, split weeks, alternate days or alternate weeks, depending on the nature of the job.

Factors to consider when determining hours of work include:

- Does the job need to be covered every day and within set times?
- Is there sufficient office space/desk space for both partners to work together if required?
- Will they both need to attend certain meetings?
- What handover, or overlap, arrangements are required? (Overlap time is essential to provide Job Share partners with the opportunity to pass on information and update each other. Where a high degree of managerial activity is involved, a structured overlap period will be needed).

(b) Communication mechanisms

In addition to overlap periods, other methods of maintaining strong communication links should be established e.g. diaries, a bring forward file, written notes of all meetings etc.

(c) Annual leave and public holidays

The annual leave entitlement applicable to each partner will be based on their service pro-rated against the number of days/hours they are contracted to work. Annual leave can be taken at the same, or at different times, subject to the line/clinical manager's agreement. Arrangements for sharing public and statutory holidays will be agreed between the job share partners and their line/clinical manager to ensure that a pro-rata division is maintained and that legislative entitlements are honoured.

(d) Individual Performance Review

The performance of each job share partner should be assessed individually.

(e) Supervision

Each job share partner will report to the same line/clinical manager.

5 GENERAL TERMS AND CONDITIONS OF EMPLOYMENT

(a) Contract

Each job sharer partner will have an individual contract of employment.

While pay and other benefits will be calculated pro-rata on the basis of the number of hours they are contracted to work, this calculation will be made on the basis of the personal entitlement of each partner.

The job title will be that given to the whole post and the prevailing job description will be the same for each job share partner.

(b) Grade, Salary and Increment

The grade will apply equally to both job share partners and any grading review will apply to the whole post.

Each job share partner's salary will be calculated on the proportion of the hours which they are contracted to work against the full time salary for the post and their commencing salary and increments will be determined in accordance with NHS Terms and Conditions.

Those benefits which vary as a result of length of service e.g. incremental points, annual leave, sick pay, maternity entitlements etc., will be determined on an individual basis.

(c) Annual Leave

Each job share partner's annual leave entitlement will be calculated on the proportion of full time hours which they are contracted to work, taking into account the grade of the post and, where appropriate, their length of service.

(d) Training

Job share partners will have access to training opportunities on the same basis as full time employees and training opportunities should be made available to all partners in a job share arrangement in line with their individual needs. When training takes place on a day on which one of the partners would not normally work, time off in lieu should be offered. Where appropriate, partners may attend training sessions together.

(e) Sick Leave

Job share partners will be entitled to occupational sick pay in accordance with the sick pay scheme, which is based upon length of service and will be paid pro-rata to the number of hours contracted.

(f) Cover for Absence

There will be no requirement for a job share partner to cover for another partner's short term absences for sickness, leave etc.

If the individual agrees to work additional hours to cover such absence, any additional hours worked above those specified in their personal contract will be paid at basic rate up to the full time hours for the post. Hours worked in excess of the full times hours for the post will attract overtime rates.

Alternatively, they may, with the agreement of their line/clinical manager, opt to take time off in lieu on an "hour for hour" basis.

(g) Superannuation

All job share partners are eligible to join the NHS Superannuation Scheme.

Employees who are member of the Superannuation Scheme and who reduce their hours in order to become a job share partner, are encouraged to seek advice from the Scottish Public Pensions Agency on what effect this will have on their pension entitlements.

(h) Promotion

Job share partners who apply for a promoted post will be considered on equal terms with full time employees.

(i) Other Terms and Conditions

The application of all other terms and conditions of employment to job share partners will be the same as for any other full or part time member of staff.

JOB SHARE TERMS & CONDITIONS

This document has three uses:

- A** as an attachment to a Job Description
- B** to clarify the terms and conditions for an existing member of staff requesting Job Share
- C** to form part of the offer of employment letter/contract signifying understanding and acceptance of those matters unique to Job Share arrangements

SUMMARY TERMS & CONDITIONS OF A JOB SHARE POST

1 HOURS OF WORK

The line/clinical manager and the job share partners will agree the split of hours. These should be based on service requirement and may be subject to review, with any amendments being by mutual agreement.

2 JOB SHARERS WILL BE TREATED SEPARATELY FOR:

- salary placement
- annual leave entitlement
- occupational sick pay
- maternity, paternity and parental leave and pay
- performance review and
- the application of organisational policies

3 PUBLIC HOLIDAYS

Arrangements for sharing Public and Statutory holidays will be agreed between the job share partners and their line/clinical manager to ensure that a pro-rata division is maintained and that legislative entitlements are honoured.

4 SUPERANNUATION

Job share partners can choose to join or opt out of the NHS Superannuation Scheme.

5 WORK OUTWITH NORMAL HOURS

Additional hours up to the whole time equivalent hours for the grade of the post, including attendance at meetings, training, etc., which cannot be accommodated within normal hours,, will be paid at plain time, or allocated as time off in lieu, by mutual agreement.

6 CROSS COVER

If one job share partner is absent, the remaining partner will not automatically be expected to undertake additional hours to cover the absence.

7 PROMOTION

Job share partners can apply for posts either jointly, or on an individual basis, in the knowledge that their application will be considered strictly on that basis.

8 NOTICE

The notice period required of a job share partner who wishes to relinquish their post will be the period required of the category/grade of the post being shared.

However, in the event that the organisation gives notice of termination, for any reason, the notice period will be based on the personal entitlement of the individual partner. (This will not apply in circumstances where a job share partner is summarily dismissed i.e. without notice).

9 COMMUNICATION

Good communication is essential to successful job sharing. To aid this, a built in handover period is required.

10 CONTRACT

It is a contractual condition that, where change is considered necessary to meet service requirements, the practical arrangements of the job share can be reviewed and altered by mutual agreement between NHS Grampian and the job share partners. Each job share partner will be issued with a Job Share Contract.

11 JOB SHARE PARTNER LEAVES

Where a job share partner leaves, the hours will, in the first instance, be offered to the remaining job share partner(s).

If the remaining job share partners(s) does not wish to undertake these additional hours, the hours will be advertised as a job share vacancy.

If no new job share partner is found in a period of not less than six months and after at least two advertisements, the remaining partner(s) may be required to work the same hours on a part-time basis, or be transferred to the equivalent hours in a commensurate post. In the event of the latter course of action being taken, this will be in line with the provisions of NHS Grampian's Redeployment Policy.

LINE/CLINICAL MANAGER

- i) You must ensure that this information is communicated to the applicant/existing member(s) of staff considering Job Share.
- ii) For an existing member of staff, please ensure that they sign the form below and that a copy is placed in their Personal File.
- iii) This individual's Job Share Partner will be

.....
BLOCK CAPITALS

EMPLOYEE – To be signed when accompanied with an offer of Job Share employment

I hereby acknowledge receipt of the above and confirm my understanding and acceptance of the Terms & Conditions of a Job Share post.

NAME

.....
BLOCK CAPITALS

SIGNED DATE

REDUCED WORKING YEAR POLICY

1 DEFINITION

The principle of a reduced working year contract is that, at the beginning of each year, an employee formally agrees with NHS Grampian the times they will work and the times they will take unpaid leave. Such contracts represent an opportunity for employees to work during certain agreed periods of the year while maintaining their career prospects and personal development.

One of the most common reasons for a reduced working year contract is term time working i.e. a formal agreement under which the employee carries out their duties (on either a full time, or part time, basis) during school term time. This allows the employee to remain on a substantive contract which allows them to take unpaid leave during school holidays, with the salary of the post being reduced according to the amount of unpaid leave required by the employee.

It should be noted, however, that term time working is included solely as an example of one reason for a reduced working year contract. The principles of reduced working year contracts will, therefore, apply regardless of whether a contract is explicitly linked to school terms, or whether an employee has parental responsibilities.

2 OPERATION OF THE POLICY

The opportunity to apply for a reduced working year contract is open to **all** employees and prospective employees, irrespective of their grade or seniority within the organisation.

Employees on reduced working year contracts are expected to take their contractual entitlement to paid annual leave during pre-agreed periods of leave, such as school holidays. Notwithstanding this, a maximum of five days annual leave may, subject to local agreement, be held back to be taken, with prior notice, for personal needs which may arise from time to time outwith pre agreed leave periods.

Each employee on a reduced working year contract must agree with their line/clinical manager how much additional unpaid is required to cover the leave period and when exactly paid leave will be taken. These arrangements must be agreed prior to the commencement of the reduced working year agreement.

As the requirements for working time against unpaid leave may change on an annual basis, the employee and their line/clinical manager must discuss and agree the times the employee will work/take unpaid leave on an annual basis, with any new arrangement taking effect from the beginning of the annual leave year.

3 CALCULATION OF PAY

Once an employee has agreed with their line/clinical manager how much unpaid leave they will take, their paid annual leave allocation (including their pro rata public holiday entitlement) is recalculated. This calculation will take account of the unpaid period of leave, but with no annual leave being accrued during periods of unpaid leave.

Following this, the employee's, pro rated, annual salary is calculated for the period of paid employment and is, subsequently, paid in twelve equal monthly instalments throughout the year.

TEAM-BASED SELF-ROSTERING POLICY

1 DEFINITION

Team-based self-rostering is a “bottom up” approach to scheduling work, which allows employees to have more control over their working hours and which also has certain advantages for NHS Grampian.

The parameters for the most suitable arrangement for each team are set by agreeing, in advance, the levels of staff and skill mix required throughout the day. Once this is agreed, each team member is given the opportunity to put forward those times they would prefer to work and those they would prefer to spend away from work. This information is subsequently used to compile shift/work patterns that match, as closely as possible, the preferences of each individual in the team, while maintaining agreed levels of cover at all times.

It should be borne in mind, however, that the service needs of NHS Grampian must always be given priority when shift/work patterns are being compiled.

As self-rostering can enable team members to “bank” hours worked over, or “borrow” from, their contracted hours, they will not necessarily be required to work their exact contracted hours each week/month as long as their contractual commitment is honoured in the longer term. Hours can, therefore, be “borrowed” or “paid back” in line with the personal circumstances/requirements of individual team members.

Self-rostering can lend itself to all staff groups within NHS Grampian and can often work best in a large mixed team which contains a variety of personal circumstances and individual preferences.

2 BENEFITS OF TEAM-BASED SELF-ROSTERING

2.1 Benefits for employees

The benefits for employees can include:

- having more control over the scheduling of their own working hours and greater influence over their work patterns
- having a greater say in the planning of team activity
- having, previously unrecorded, additional hours recorded and carried forward in a “time bank”
- having start and finish times more effectively linked to personal/ domestic requirements

- having the opportunity, where appropriate, to work fewer, but longer, shifts (taking account of the Working Time Regulations and departmental/ward requirements)
- having the opportunity to arrange personal appointments e.g. with doctors, dentists, lawyers etc., without losing a whole shift
- having, where appropriate, more discretion to be at work for significant events in patient care

2.2 Benefits for NHS Grampian

The benefits for NHS Grampian can include:

- the diffusion of potential conflicts and tensions over shift allocation
- a better match between staffing levels and the delivery of care
- the development of a stronger team spirit
- the opportunity to review the match between staff resources and service/patient care needs and the potential for new care initiatives, such as evening and weekend clinics, extra theatres etc., being introduced
- the improved retention of staff (the experience of other organisations suggests that, once employees have been given the opportunity to undertake self-rostering working, very few are keen to give it up)
- a reduction in the reliance on agency, bank, or temporary staff

2.2 Benefits for patients and users

The benefits, where appropriate, for patients and users can include:

- an improvement in the motivation of staff which, in turn, will ensure a better quality of care
- the more effective use of finite resources to deliver more care
- an improvement in the access to care through extended work patterns

3 IMPLEMENTATION GUIDELINES

While there is no single way to structure a self-rostering scheme that will prove successful for all, the following critical success factors have, however, been identified:

3.1 Ask the team

As the main purpose in implementing self-rostering is to provide employees with more control over when they work, the first step is to assess the support among team members, bearing in mind there may be differences of opinion about the desirability of implementing such a scheme.

3.2 Explore the key questions

The following questions may prove useful in exploratory discussions with team members:

- would you value more flexibility in your working hours?
- would introducing self-rostering have any effect on the delivery/continuity of service and are there ways that the quality of the service provided can be improved?
- would introducing self-rostering help to retain existing staff and attract new staff?
- would introducing self-rostering reduce absences and the need for bank/agency/temporary staff?
- would self-rostering be fair to everyone in the team?
- could self-rostering impact on equal opportunities?
- if we introduce self-rostering will a computerised recording system be required or will a manual system work?
- would self-rostering affect overtime or unsocial hours earnings?
- how will handovers be managed if we introduce a self-rostering system e.g. there are unlikely to be clear shift changes?

3.3 Set the parameters

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

- agreeing the minimum and maximum staffing levels for each hour of the day

- agreeing, where appropriate, the required skill, grade and/or gender mix for each hour of the day
- agreeing any “veto” hours or “core” hours i.e. critical hours where a full complement of team members is required
- the preferences for hours to be worked by each team member
- protected time periods for each team member i.e. those which they specifically do not want to work and
- agreeing limits on how much time can be “owed”, or “banked”, by each team member

3.4 Compare agreed staffing levels with actual establishment

Consider whether there is a match between the required staffing levels and the team members available and, where there is a mismatch, what steps can be taken to overcome this.

3.5 Select an operating system

The operating system which processes employee requests and produces the rosters is a key element. This can be done manually with pencilled preferences entered onto a shift chart and confirmed in ink once the roster has been finalised. Consideration will, however, need to be given to who will prepare the roster from the information provided by each team member.

Alternatively, there are various computer systems which will automatically process the information from team members to produce recommended rosters. However, computer programmes may be difficult to programme where complex skill mixes have to be achieved and will also require team members to have basic keyboard skills. Some form of manual system is probably desirable both in the early phases of implementation and for small, or less complex, teams.

Before progressing a computer based system it is recommended that consideration is given to the following questions:

- are all team members comfortable using a computer and, if not, what support can be provided?
- where can the computer be sited in order that access to all team members have access?
- will it be possible to integrate the computer system into NHS Grampian’s existing IT systems?
- will internal IT support be available?

3.6 Conduct a trial of the system

A time limited trial period will give team members an insight into the “pros” and “cons” of self-rostering. Evidence suggests that a three month trial is the minimum period for the effect to be assessed, while six month trial will provide a better picture of how well the scheme works.

All team members should be encouraged to express their views during the trial period and be fully involved in the assessment of the scheme at the end of the trial. This assessment should consider:

- the views of **all** team members
- the uptake rate of team members during the trial period
- any views expressed by patients (where appropriate)
- whether any individual team members were unhappy with the scheme and why
- any affects – both good and bad – on the team’s service delivery

It may be appropriate to trial the scheme with a “team within a team”, bearing in mind that the trial “team” should be large enough to make it a valid basis for assessment.

3.7 Implementation and monitoring

Where it is shown that problems identified in the trial can be resolved, the scheme can be carried forward, although it will be important to continue to monitor the attitudes of team members as to its operation through consideration of the following questions:

- do team members want it to continue?
- has patient care or the service been affected, either positively or adversely?
- what modifications, if any, are needed?

Communicate the initiative to other teams if it is successful.

Self-rostering will work most effectively where the following factors are present:

- effective team working

- sensitivity to the working time requirements of individuals within the team and
- managers with good leadership skills

3.8 Earnings

It should be borne in mind that increased flexibility may take some staff into periods that attract enhanced payments e.g. unsocial hours payments and increasing flexibility for these groups may raise the issue of whether such additional payments, which may increase the pay budget significantly, should be made.

Any intention to alter pay through changing shift patterns should, therefore, be negotiated through normal channels (where national terms and conditions allow this) to avoid the rejection of a system that would suit both staff and NHS Grampian.

3.9 Training

There may be a real need for training line/clinical managers and team members 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 team members within 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 NHS Grampian.

SECTION 5 APPENDICES

5	Please give details of how you think the requested work pattern will impact upon the department:
----------	---

6	Please give details of how you think the requested working pattern can be managed:
----------	---

I hereby apply to work the flexible working pattern outline above

Applicant's signature: _____ **Date:** _____

**CONFIRMATION OF THE RECEIPT OF A FLEXIBLE WORKING
APPLICATION FORM**

(To be completed by the line/clinical manager and returned to the employee).

Dear

I confirm that I received your completed Flexible Working Application Form, dated _____, on _____.

I will arrange a meeting with you within 28 days of my receipt of your application in order to discuss it with you. In the meantime, you may wish to consider whether you wish to be accompanied at that meeting by a Trade Union or Staff-Side Organisation representative (including full-time Trade Union Officers), a fellow member of staff, or a friend or relative.

Yours sincerely,

Line/clinical manager.

**CONFIRMATION THAT A FLEXIBLE WORKING APPLICATION
HAS BEEN REFUSED**

(To be completed by the line/clinical manager and returned to the employee).

Dear

Following our meeting on _____, at which we discussed your application for flexible working, I have now considered your application and regret that I am unable to accommodate your request for the following service/operational/regulatory/legislative reason(s):

This (these) reason(s) apply in the circumstances because:

(The line/clinical manager should also explain here why any other work patterns which may have been discussed at the meeting were inappropriate.)

You have the right to appeal against this decision by completing the attached Flexible Working Notice of Appeal form, clearly stating the grounds of your appeal and sending it to* _____ (name) at _____ (address).

*(This should be the person to whom the employee's line/clinical manager reports.)

Receipt of your Notification of Appeal form will be acknowledged in writing and a meeting to consider your appeal will be held within 14 days of receipt of the completed for.

You will be notified of the outcome of your appeal within 14 days of the date of the meeting.

Yours sincerely,

Line/clinical manager.

