Additional Hours & Overtime Policy

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1. Introduction

The North East Ambulance Service NHS Trust values the commitment and dedication of all our front-line staff, especially when occasions arise due to the nature of emergency services, when staff needed to work extra hours above their contractual requirement to maintain patient continuity and safety. This policy exists to provide an additional flexible support mechanism to help us resource staffing levels to meet the demands on a modern emergency service.

The Trust also aims to discourage any persistent, long hours working cultures. We recognise as an ‘emergency service’, running 24 hours, 365 days a year, some flexibility will be required when working on at end of a shift to maintain patient care or to provide some additional hours in times of severe demand i.e. winter pressures and/or major incidents as being a genuine occupational requirement.

Overall, this policy aims to provide greater workforce flexibility for the Resource Scheduling Department (RSD), to cover operational shifts at short notice and maintain appropriate ambulance crew skill levels. Through the provision of additional hours and overtime from our existing workforce, we can resource all available ambulances and other front-line essential support services i.e. Control, Fleet etc. This can become especially useful during prolonged seasonal pressures and at varying peak periods of demand, to ensure the NEAS maximise levels of emergency cover to function safely and maintain high levels of patient care.

2. Scope and Objectives

The NEAS accepts there may be temporary need for some Support Services staff to work over and above their normal contractual hours i.e. in order to carry-out specific projects or to cover emergency departments during busy times, see REAP plans. Operational Managers and the Resource Scheduling Department (RSD), are responsible for managing and maintaining maximum levels of cover in line with Working Time Regulations (WTR), to keep records and ensure full compliance with the ‘Daily, Weekly’ and ‘Compensatory’ rest periods.

When front-line short falls need short term cover and all other ‘relief’ options have been exhausted, a decision will be taken to fund extra resources on additional hours or to offer overtime to existing employees, to help maintain the appropriate ambulance skill levels and ensure patient care is maintained to meet the National Ambulance Response Targets.

All front-line ambulance staff can request to work additional hours on overtime at their base location in the first instance. Following this staff can also volunteer to work within the wider Divisions by using the GRS web based system login, to view highlighted shift short falls that are available for cover.
3. Purpose

The policy aims to:-

- Ensure that we try to reduce overall usage of additional hours and keep overtime costs to a minimum.
- Actively recruit and fill vacancies to agreed establishment levels, with the required ambulance skill level, to maintain ‘relief’ levels by reducing abstractions, where possible.
- Provide procedural guidance for Managers, RSD and staff on the operation of the policy, to ensure that there is a consistent approach when offering additional hours / overtime.
- Ensure that the NEAS operates in accordance with Agenda for Changes terms and conditions (AfC) and Working Time Regulations (WTR), to comply with the monitoring requirements and minimum rest periods.
- Provide timely, detailed financial and average working time reports to Operational Manager’s.
- Ensure the employee’s health, safety and welfare is always maintained,
- Maximise available resources to crew ambulances with the appropriate skill level to meet the needs of the patients, whilst promoting a culture of healthy work/life balance amongst all employees.

4. Definitions

Overtime is defined as hours, in excess of the contracted hours which have been worked with the agreement of the employee and their line manager / RSD, to meet particular circumstances. If an employee is working extra hours under a separate contract for the NEAS or another NHS organisation, this is not defined as overtime. This includes NEAS Event Cover and Commercial training. *Staff wishing to work additional hours on Event's or to provide First Aid training, must declare their Secondary Employment, (please refer to Quality Procedure GEN237 – Register of Other Employment).*

Standard hours of all full-time NHS staff covered by the AfC national pay system are 37½ hours per week, (excluding meal breaks). For staff working a portion of the standard 37½ hours on a part-time basis then, overtime payment starts when these staff work over 37½ hours, (based on their contractual hours).

For full details of overtime payments please refer to National Agenda for Change Terms and Conditions, *Part 2 – Pay, Section 3 – Overtime payments*, available on NHS Employers website or from the HR Department, *(electronic copies only, due to documents size).*
5.1 Duties & Responsibilities of Managers and RSD

Managers must avoid imposing extra workloads or setting deadlines that mean their employees have to work excessive hours. A culture of long hours working should never be seen as a measure of commitment and all managers and RSD should promote and support staff to improving their own working lives with the aim to achieving a health flexible working life balance.

As a general rule, Managers and RSD should:

- Work in partnership to plan as far in advance as possible, the most effective way to meet resourcing needs. To cover rotated shift short falls, when extra work or demand dictates, by utilising existing resources, in a cost effective manner and in line with WTR legislation and AfC terms and conditions.
- Where possible, fully utilise the Ambulance Bank to provide additional cover at single time rates and a maximum 37.5hpw. (Bank staff must not be used as an alternative to recruitment or to fill temporary vacancies on a longer term basis),
- Ensure all employees who undertake working additional hours / overtime are volunteer’s. (The NEAS does not currently employ any rostered/compulsory overtime).
- Overtime or additional hours should be monitored by the budget holder to authorise prior to staff working any extra hours.
- Ensure that Working Time Regulations are adhered and adequate monitoring arrangements are in-place with robustness during period of severe pressure, (See exception for emergency services, detailed within the NEAS - REAP plans).
- Consult and redesign services / vacant job roles, to develop the workforce where circumstances are identify or trends are suggesting changes is needed. The NEAS will apply the NHS Six Step Workforce planning model, ‘to get the right people in the right skills and competences in the right place at the right time’.
- Be proactive and promote effective workforce planning with operational managers and RSD, to help minimise the need for additional hours/overtime i.e. where new services, long-term absence, maternity, A/L cover or adhoc. training is predictable.
- Overtime will be allocated on a voluntary basis, initially to the staff based on station, with the required skill level. When more than one member of staff has volunteered then, RSD will use the GRS system to allocate the overtime shift to the member of staff with the lowest average shifts. (Please refer to the Flow Chart in Appendix 1, for full details of this process).
- The Trusts reserve the right to limit overtime to any employee who has not decided to derogate, ‘Opt out’ of the WTR, (due to the max. 48 hour average working week limit). HR will provide monthly monitoring reports to operational managers, should an employee reach an average 45 hours working week or above (as calculated by GRS), the employee will be asked to refrain for two weeks, before requesting any further overtime. (This will help reduce average working times).
- RSD must ensure all staff have a minimum Daily rest period of not less than 11 consecutive hours, between the finishing and starting times, including when requesting an overtime shift.
- RSD should ensure all employees received an uninterrupted Weekly rest period of 35 hours (including the eleven hours of daily rest) in each seven day period for
which they work for their employer. Where this is not possible, they should receive equivalent rest over a 14 day period, either as one 70 hour period or two 35 hour periods, in accordance with AfC terms and condition (Part 4 – Employee relations, Section 27 – Working time regulations).

- The standard average monitoring period is based over a 17 week period but, this can be extended to 26 weeks or 52 weeks, in agreement staff unions.
- Line managers and/or RSD must ensure they do not ask staff to work overtime or additional hours whilst they are still on a phased return to work, normally 3 – 4 week duration.
- RSD must ensure they do not offer overtime to staff that have just returned to work after a period of short-term sickness absence, until after they have complete two full weeks.
- During period of severe demand the Working Time Regulations 18, exemption may be applied. Regulation 18, has a specific exemption for civil emergencies for services such as; armed forces or police and the civil protection services. (The NEAS with local union agreement will only apply this exemption during major incidents/events in line with REAP plans levels 4-6).

### 5.2 Duties & Responsibilities of Employees

- Employees will normally not be expected to work on average of 48 hours per each 7 day period, when calculated over 17 week reference period. *(In exceptional circumstances the reference period may be extended, in agreement with local union representatives, up to the legal maximum of 52 weeks).*
- Agenda for Change terms and conditions state all employees must receive an uninterrupted daily rest period of 11 consecutive hours between shifts, with a min. weekly rest period of 35 hours (including the eleven hours of daily rest), in each seven day period for which they work. Where weekly rest is not possible, they should receive equivalent rest over a 14 day period, either as one 70 hour period or two 35 hour periods.
- Claims for overtime payments should be made at the end of the month; hence overtime is paid one month in arrears. Claims that are over three months old will not normally be paid, *(unless there are exceptional grounds).*
- Timesheet claim forms (NEAS69), must be completed by the employee by the last day of the month, with full name and ESR payroll number. *(Failure to complete in-full will result in the form being returned to the staff member by their line manager to action and payment will not be made until the following month).*
- Health & Safety at Work legislation states it is a shared ‘duty of care’ between the employer and employee. It is a responsibility on the employee to ensure their manager is made aware that excessive workloads or long working hours could affect patient care.
- Employees have the right not to derogate i.e. ‘Opt-out’ of the 48 hour working week. However, there is a limited to the number of additional hours they can work, once above an average 45 hours. The employee will need to wait until their average working time has reduced to a safe amount, based over 17 week reference period or complete the HR68 ‘Opt-out’ form.
- When offered the opportunity to work overtime the employee is free to turn the extra contractual work down. However, if you put yourself forward by using GRS or agreed in principal with your line manager to work an extra shift on a given
date, the employee will not be expected to withdrawn and they must fully accept the committed to work the shift, as if the additional hours were part of their contracted hours. *(Should the member of staff withdraw and cancel, without good reason, they will not be able to work any further overtime for a fixed period of two weeks).*

- An employee who has been absent from work due to sickness, cannot request to work an overtime shift until they have completed two weeks.
- If an employee returns to work following a long term sickness absence, they will not be eligible to request any overtime until completing their agreed phased return, plus 2 further weeks.

6. Overtime Payments

Eligibility for overtime payments are also set out under the Agenda for Change, NHS Terms and Condition of Service Handbook, Section 3.

The following national conditions, in summary are:-

- All staff in pay bands 1 to 7 will be eligible for overtime payments. There is a single harmonised rate of time-and–a-half for all overtime, with the exception of work on general public holidays, which will be paid at double time.

- Senior staff paid in pay bands 8 or above will not be entitled to overtime payments *(see AfC Handbook Section 2, paragraph 2.43).*

- Part-time employees will receive payments for the additional hours at plain time rates until their hours exceed standard hours of 37½ hours a week.

- The single overtime rate will apply whenever excess hours are worked over full-time hours unless time off in lieu is taken, provided the employee’s line manager has agreed with the employee to this work being performed outside the standard hours.

- Staff may request to take time off in lieu as an alternative to overtime payments. However, staff that for operational reasons are unable to take time off in lieu within three months must be paid at the overtime rate, *(Time off in lieu of overtime payments will be at plain time rates).*

- Overtime payments will also be based on the hourly rate provided by basic pay plus any long-term recruitment and retention premia.

7. GRS – Allocation of Additional Hours/Overtime

To ensure a consistent approach in the allocation of additional hours or overtime, the RSD team will always utilise the electronic GRS system using the Flow Chart detailed in Appendix 1.
8. Legislation & Good Practice

The Working Time Regulations (WTR), are particularly relevant to employees who are working regular overtime or additional hours or choose to hold secondary employment. The WTR are designed to protect the health, safety and wellbeing of employees at work by setting limits on the average working hours and entitlements to statutory breaks and rest periods, with paid time off for annual leave.

Line Managers and RSD staff must bear in mind these WTR limits and minimum Daily / Weekly rest periods, as required and laid down in the WTR and Agenda for Change T&C, particularly when offering staff additional hours/overtime. It is especially important not to exceed an average of 48 hours working week and the need for minimum daily 11 hours rest periods and weekly 35 hours, (including the 11 hours daily, total 46 hours each week or 7 day period).

An automatic average working time limit flag is raised within the GRS to highlight employee’s average working hours to the RSD team, based over the last 4 week period. When a member of staff requests to work too many ‘back to back’ shifts, The RSD team will take a decision based on the individuals average hours, as to whether or not, it is safe for the individual to continue working without a daily/weekly rest period. The RSD team may therefore, decide to restrict any offer of any further additional hours/overtime shifts until the individual has take a compensatory rest period, (prior to their next normal rota'd shift), and before any further overtime could be worked.

In addition the NEAS will utilise Quality Procedure – Compensatory Rest, which values and recognises a commitment to staff, when they are needed to work on past their normal finishing times to maintain continuity and patient care. On occasions, due to the nature of emergency services, this can lead to staff working longer hours without proper rest breaks. The Trust is committed to Health and Safety, whereby any employee who is required to work a shift durations of more than 12 consecutive hours are paid overtime for first hour then, given 11 hours rest period before having to start their next duty shift on the following day.

Line Managers should plan with RSD, to cover any known absences, as far in advance as possible, in order to minimise the need for additional hours/overtime at cost to the organisation above agreed establishment levels.

9. Failure to comply with procedures

An employee who fails to comply with the Trust’s ‘roles and responsibilities when requesting overtime, or fails to seek prior authorisation for Secondary Employment or falsely claims overtime payments will be dealt with under the disciplinary procedure. Should managers have reason to believe that an employee is working an excessively long hour’s culture, they can contact HR who will calculate their average working times using GRS over 52, 26 or min. 17 week reference period. If the average is working time is still over 45 hours without an ‘Opt out’ form, they should discuss the implications with Human Resources team.
10. Equality and Diversity Statement
The Trust is committed to providing equality of opportunity, not only in its employment practices but, also in the services for which it is responsible. As such, this document has been screened, and if necessary an Equality Impact Assessment has been carried out on this document, to identify any potential discriminatory impact.

If relevant, recommendations from the assessment have been incorporated into the document and have been considered by the approving committee. The Trust also values and respects the diversity of its employees and the communities it serves.

In applying this policy, the Trust will have due regard for the need to:
  * Eliminate unlawful discrimination
  * Promote equality of opportunity
  * Provide for good relations between people of diverse groups

11. Consultation, Approval and Ratification Process

Consultation Process
This policy will be discussed with the management representatives and staff side representatives during the development process.

Policy Approval Process
This policy will be submitted to the Policy Review Group for approval.

Ratification Process
This policy will be approved by the Policy Review group and submitted to the Trust Board and JCC for ratification.

12. Dissemination and Implementation

Dissemination
Once ratified this policy will be added to the Document Quality Control System and added to the Intranet site to which all staff have access to Docuviewer.

Implementation of Procedural Documents
Information about this policy will be communicated to all senior managers who can authorise Timesheets and with RSD staff, who use GRS. The policy will be included in the HR Induction Presentation which is delivered to all new employees.

13. Monitoring Compliance with this policy
This policy will be reviewed twelve monthly or earlier if required by The Trust Board and The Assurance Committee. The effectiveness of the policy will be monitored on regular basis via the Trusts Executive Team. Key performance indicators will be monitored by analysing data received from the GRS and HR team to calculate average working times and against agreed trust/national targets.
14. References


15. Associated Documentation

- Compensatory Rest Periods - Quality Procedure (GEN 000).
- Declaration of Outside Interest form (HR69).
- Register of Other Employment / Outside Interest Quality Procedure (GEN 237).
- Staff Derogation ‘Opt-Out’ form (HR68).
16. Appendix 1 - Additional Hours / Overtime Flowchart

RSD plan Relief cover and update GRS with the shifts four weeks in advance (unless in exceptional circumstances). Any remaining shortfalls are then available for overtime.

All staff must volunteer using the web based electronic GRS volunteers system, for shifts they would like to work additional hours.

RSD will allocate the shifts to a volunteer, taking the following into account; Skill base available at Station and who has the least amount of allocated overtime shifts in the last four weeks.

For example – If there was a Qualified Clinician shortfall working with an ECSW:

RSD would first look to see if there were any qualified clinician volunteers. If there were no paramedics, they would then look to technicians; if no tech’s then, to student paramedics and finally ECSW’s. If the shift shortfall was for an ECSW then, it would work the other way around in their favour.

Once the relevant skill mix had been identified, RSD would look to see who is from that base Station and allocate the shift to them. If there were no volunteers from the base Station, it would go to the volunteer from within the Division and so on.

If there was more than one volunteer from the base, or within the division, with the relevant skill, RSD would look to see (using the automated calculator on GRS), who had the least number of allocated overtime shifts in the last four weeks (from the date of the shift to be covered). The overtime shift would then be allocated to that member of staff, to share out the overtime.

When an overtime shift is allocated but an employee then withdraws their commitment, they will still get a point, as if they had worked the overtime, thus adding to their average working hours to prevent any ‘cherry picking’ of the better shift rota.

Once the volunteers list is exhausted, RSD will then attempt to cover the shifts using any means necessary, including extending offers to ambulance Bank employees.