

SUPPORTING THE WORK- SUPPORTING THE WORK-LIFE BALANCE LIFE BALANCE LIFE BALANCE

(A) Flexible Working Policy

1. Introduction

Greater Glasgow Health Board (NHS Greater Glasgow & Clyde), being an employer committed to the principles of work/life balance, recognises that, as one of a range of options, Flexible Working arrangements gives employees some discretion in their starting and finishing times each day. This Policy details the procedure for requesting flexible working, and describes three types of flexible working:

- Flexi-time; (see appendix A1)
- Self-rostering; (see appendix A2)
- Annualised Hours (see appendix A3)

Other types of flexible working that may be used (but not referred to in this policy) include voluntary hours and the compressed working week.

2. Right to request flexible working

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

Scope

Eligible employees are able to request:

- a change to the hours they work;
- a change to the times when they are required to work; and
- a change to the place they are required to work.

An acceptance of an employee's request for flexible working will result in a permanent change to that employee's terms and conditions of employment (unless otherwise agreed). The employee has no right to revert back to the previous working pattern.

Eligibility

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

- have been continuously employed by the NHS for at least 26 weeks at the date of application; not be an agency/bank worker; and
- not have made any application to work flexibly under the right during the previous 12 months.

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

Application

An employee can only make one application for flexible working in any 12-month period from the date on which any previous application was made. All individual applications for flexible working must be made on the Flexible Working Application Form (which can be downloaded via HRConnect>Flexible Working>Forms). The completed form should be submitted to the employee's line manager. This application should be acknowledged in writing by the line manager. There are two exceptions to this:

- the procedure for women returning from maternity leave who wish to job share is described in the job share policy,
- and the procedure for introducing annualised hours described within the annualised hours guidance.

3. Submitting a Flexible Working Application Form

The following procedure must be followed:

3.1 [Initial Meeting](#)

The line manager will hold a meeting with the employee to discuss the application within 4 weeks of the date on which the application was received. Where the circumstances warrant it, this period can be extended by mutual agreement.

3.2 Communication after Initial Meeting

The manager will inform the employee of their decision in writing within 2 weeks of the date of the initial meeting.

3.3 [Request accepted](#)

If the request is accepted, the line manager must confirm this in writing to the employee, specifying the new working pattern and the date from which it will take effect. Templates can be downloaded from HR Connect. The line manager must also complete a Notification of Change Form for Payroll Department.

3.4 Request unsuccessful

Non-acceptance of an application for flexible working can only be for valid and objective service/operational reasons and the line manager must, therefore, confirm these reasons in writing to the employee (Templates can be downloaded from HR Connect). The employee should also be provided with details of the formal appeal procedure. It may be preferable, before progressing to appeal, for the manager and the employee to seek advice on resolving the matter from an appropriate member of Human Resources and a senior trade union/professional organisation representative. 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.

4. Appeal Procedure

Appeal Procedure Appeal Procedure Employees can appeal against the decision to refuse their application by submitting a [Notice of Appeal form](#) (Templates can be downloaded from HR Connect) to Human Resources within two weeks of receiving written confirmation that their Application for Flexible Working has not been successful. The notice of appeal must be dated and clearly set out the grounds of appeal.

4.1 Appeal Hearing

A hearing will be held to discuss the appeal within two weeks of the Notice of Appeal form being received by Human Resources. The Appeal Panel will consist of a senior manager (i.e. Clinical Service Manager or equivalent) who is at a more senior level than the manager who made the original decision and Human Resources, neither of whom should have been involved in making the original decision. N.B. A hearing will not be required where, within 2 weeks of the Notice of Appeal form being received by Human Resources, the matter has been satisfactorily resolved informally as outlined above. Templates can be downloaded from HR Connect

4.2 Notice of the Decision

The employee will be informed, in writing, of the outcome of the appeal within 2 weeks of the hearing. Where the appeal is upheld, the notice of the decision will specify the new agreed working pattern and the date on which it will take effect. The line manager must also complete a Notification of Change Form for 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 manager for reconsideration if it is felt that new factors that need to be taken into account have emerged. Templates can be downloaded from HR Connect

4.3 Extension of time limits

The above times can be extended but only if both parties agree in writing to an extension

4.4 Representation

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

4.5 Service Reasons for Refusing a Request

An application can only be refused for valid and objective service/operational reasons where it is considered that a change to the employee's work pattern would:

- create an unacceptable additional burden of cost;
- have a detrimental effect on the Board's ability to meet a service demand;

- have a detrimental impact on service quality;
- have a detrimental impact on the performance of either the Service or the employee result in an inability on the part of the Board to re-organise the work of other staff;
- result in an inability on the part of the Board to recruit additional staff; or • include periods where there would, regularly, be insufficient work for the employee to undertake. In addition, there may be occasions where planned organisational changes, or government legislation, might make it impracticable for the Board to accede to an employee's request for flexible working.

4.6 Withdrawal of Application

The Board will treat an application as withdrawn if the employee has:

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

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

Flexi-time Guidance

1. Hours of Duty Hours

Core working time falls between [enter time] each [enter days of week] with a minimum of 20 minutes and a maximum of two hours lunch break, taken between [enter times].

Employees have discretion within agreed limits to work at times of their choosing but all services must endeavour to have adequate staffing levels during the working day.

Any balance outstanding must be worked within the hours of [enter times for morning and afternoon core times]. The period between [enter earliest and latest times for start and finish] is known as the bandwidth. Employees will normally work their contracted hours during this bandwidth, and working outside this bandwidth will only be allowed if authorised by direct line manager [or other named person].

2. Personal Appointments

Employees making appointments with GPs, dentists or opticians etc are expected to ensure that wherever possible these take place outwith core times.

On occasions it may be necessary to take these appointments during core time as hospital appointments, for example, may not be within the control of the individual.

These appointments will be regarded as time on duty but must nevertheless be authorised by the departmental manager and recorded as 'absent on business'. If the appointment is likely to be for more than half a day, it should be discussed and authorised by the individual's departmental manager.

3. Settlement Period

The settlement period will be four weeks and there are 13 such periods in a year. Debit or credit up to [enter number of hours] may be carried forward to the next settlement period. During the settlement period a whole day or two half days may be taken off in lieu of credit accumulated or in anticipation of credit to be accumulated during the settlement period.

Prior notice of time off in lieu is needed in order that staffing levels can be maintained.

4. Record of Hours Worked

Each employee will use a form to record the time when starting and leaving work, including lunch breaks. At the end of each day an employee should enter the total time worked. At the end of each week/month a copy of the flexi recording sheet should be submitted to the appropriate line manager or other named person.

5. Treatment of Authorised Absences

Absences through sickness, attendance at courses, annual leave and other leave of absence with pay will be regarded as [x hours x minutes] per day. The hours of authorised absence should be entered on return. For the purpose of recording, a half-day will be defined as [x hours x minutes].

6. Leave

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

7. Overtime

Employees who are required by their manager to work more than their full time hours (or the full time equivalent for part-time employees) will be entitled to overtime rates. Any time off in lieu resulting from overtime not taken after three months should be paid as overtime, in line with NHS terms and conditions of service.

8. Earnings

Any intention to alter pay through the introduction of flexi-time should be negotiated through the normal channels, to avoid rejection of a system that would suit both employees and the Service. 9. Part-time Employees time Employees time Employees This agreement will also apply to part-time employees with the relevant changes to work times.

Self-rostering

1. Definition

Team-based self-rostering is a 'bottom up' approach to scheduling work, giving employees more control over the pattern of their working week. Parameters are set by agreeing in advance the levels of staff and skill mix required hour-by-hour throughout the working day. Employees put forward the times they would like to work and times they would like to protect away from work. This information is then used to compile shift patterns that match individual preferences as closely as possible, whilst maintaining agreed levels of cover at all times.

There may be no requirement for employees to work their 'contracted hours' on a weekly or indeed monthly basis. Self-rostering programmes can enable employees to 'bank' hours worked over or under contractual hours. Hours can then be taken back or extra hours borrowed as dictated by the personal circumstances of employees. Self-rostering can lend itself to all employee groups within the NHS, and works best in a large mixed team where there are a variety of personal circumstances among employees, and different preferences about work patterns.

2. Benefits of team-based self-rostering

Benefits for employees include:

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

Benefits for the Service include:

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

Benefits for patients and users include:

- better motivated employees ensuring better quality of care;
- more effective use of finite staff resources to deliver more care;
- improved access to care through extended work patterns.

3. Implementation Guidelines

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

Ask the team

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

Explore the key questions

In discussions with employees the following questions may assist shaping the way forward:

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

Set the parameters

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

- agreeing minimum and maximum staff levels for each hour of the day;
- agreeing skill and grade hour by hour;
- agreeing "veto" hours and any "core" hours;
- the preferences for hours to be worked by each member of the team;
- protected time periods for each member of the team when they specifically do not want to work; and
- agreed limits as to how much time owed or time owing can accrue to each team member.

4. Compare agreed staffing levels with actual establishment

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

5. Select an operating system

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

Questions to consider are:

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

6. Trial the system

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

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

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

6. Implement and monitor

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

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

Communicate the initiative to other teams, if it is successful. Self-rostering will work effectively where these factors are present:

- effective team working;
- sensitivity to individuals' working time requirements within the team; and
- managers with good leadership skills.

7. Earnings

Any intention to alter pay through changing shift patterns should be negotiated through the normal channels, to avoid rejection of a system that would suit both employees and the service. Increased flexibility may take some employees into periods that attract enhanced payments. Some groups have not worked unsocial hours in the past and therefore not attracted additional payments, for example therapists. Increasing flexibility for those groups raises the issue of whether such additional payments should be made. If so, the pay budget could increase significantly.

8. Training

There may be a need for training for managers and employees 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 employees within the agreed parameters.

Each initiative will need to consider how to provide training in the self-rostering system and who should provide it. The starting point should be to contact the Learning & Education Team.

Annualised Hours

1. Introduction

Annual 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 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 employee attendance to the periods when they are most needed by services.

Fluctuations in hours worked may be predictable or not reflecting the often uncertain patterns of demand for services such as in an acute hospital. Annualised hours working can offer a flexible and efficient way of deploying staff by matching staffing levels more closely with variances in workload. For employees, annualised hours working offers greater flexibility and the opportunity to better manage working hours to allow employees to tailor the time they spend at work and at home. For the Board, in time, annualised hours may lead to reductions in staffing costs through efficient allocation of staffing levels and the reduction of overtime costs or use of agency or bank employees.

Under more traditional working arrangements, the demand for services may result in overtime or premium rates of pay at busy times or overstaffing when demand is low. With annualised hours, a yearly employee schedule is drawn up in advance so that employees know when they are expected to work on a regular basis.

2. Benefits of annualised hours systems

Benefits of annualised hours systems:

2.1 Flexibility and employee and employer satisfaction This is one of the primary reasons for implementing an annualised hours system. For employees, annualised hours working can offer the opportunity to better meet the demands of working life with time at home better matched to individual need. The ability to vary hours of work across the day, week, month or year means that employers are able to match workload with staff availability.

2.2 Staffing/workload matching

Significant amounts of employee time can be lost as a result of mismatches between required and actual staffing. Traditional 9-5 work patterns or roster arrangements which may have rosters drawn up one month in advance may not match service demands on a weekly, monthly or annual basis. On wards, staffing rosters may have to be changed

frequently in order to cope with unpredictable and fluctuating patient needs, resulting in disruption to employees and considerable nursing and management time spent on re-arranging rosters and trying to find bank or agency staff.

Mismatches of employee time to service demands tend to be less pronounced in wards or areas where patient or service demands can be predicted reasonably accurately, for example, in orthopaedics where generally it is known in advance how many patients would be booked in for treatments such as hip replacements. It is however more difficult to predict what demands will be placed on, for example, maternity units. Fluctuations in patient intake may lead to high fluctuations in overall workload of ward staff where the problem of mismatch between staffing and workload is highly evident. Difficulties of mismatches of employee time to workload are more widespread than solely in ward settings and annualised hours working may be beneficial in support services, administration and other clinical disciplines.

2.3 Reduction in 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. While bank or agency staff may offer relatively low costs, labour efficiency and the lack of sickness absence problems, other problems which may be major, may be experienced. Examples of these are that bank or agency staff may not be available when required either because they are not qualified to work in the area of need or because they are already working elsewhere or for other employers. Developing a more flexible approach, such as annualised hours systems, allows rostering which is more responsive to patient needs and enables flexible deployment of existing experienced staff to enable short-term fluctuations in activity to be serviced by meeting peak and troughs in workload.

2.4 Reduction of overtime and on-call costs

Where on-call systems are operated, they may be scheduled too far in advance to predict fluctuations in service demands and may not allow sufficient flexibility in meeting peaks of need. This can result in resources being wasted and extra costs being incurred when employees are not needed or having insufficient staff on-call at times when there is an urgent need for them. Staff costs may be better controlled through the flexibility offered by annualised hours working by reducing the cost impact of staff deployment decisions particularly those associated with "inappropriate" use of bank or agency staff, overtime and time owed to existing staff.

2.5 Effective patient care

Evidence from the private sector suggests that productivity is better and performance more effective. For the NHS the use of annualised hours could improve the effectiveness of patient care and increase patient satisfaction by ensuring that appropriately qualified employees and services are available when patients want and need them and that those employees have higher satisfaction in meeting the needs of those patients

as a result of being able to better meet their own needs to have an adequate work/life balance.

2.6 Organisational change

Annualised hours systems are sufficiently flexible to accommodate changes in working times and arrangements, and may be effectively introduced to redesigned and reconfigured services as well as to existing services, bringing benefits to both employees and patients. The system may be useful where an overall reduction of staffing is required.

2.7 Reductions in absenteeism

It has been documented that lower absenteeism and sickness have resulted due to improved flexibility for employees, affording them the opportunity to better match their hours worked/off to their home needs.

2.8 Simplified pay administration

Staff are paid the same monthly salary throughout the year regardless of the exact number of hours they work each month

3. Drawbacks of annualised hours working

Drawbacks of annualised hours working:

3.1 Development of an annualised hours system

The diversity of approach which comes with increased flexibility means that it is unlikely that any one model of annualised hours working can be offered as a blueprint. Employees, their representatives and managers in any one area or organisation will have to identify the best solutions to their own staffing requirements and tailor the design of their annualised hours system accordingly. It is unlikely therefore to offer an "off the shelf" policy for flexible working.

3.2 Removal of overtime payments

The removal of overtime payments may mean a cut in total pay for those employees that depend heavily on overtime working. Although some staff may earn less, most employers consolidate the value of overtime payments and other enhanced payments into the annual salary (see "Implementation" at section 4 below). In addition for many employees annualised hours working offers the security of a guaranteed amount of salary, reduced working hours, pre-set holidays and sensible breaks between the hours worked.

3.3 Developing the system

Developing the system requires accuracy and significant effort. Very accurate work scheduling is essential as absenteeism could lead to difficulties in service delivery. Therefore, adequate assessments need to be made before implementation of a scheme, of workflows, demand patterns and efficiency.

3.4 Staff, colleague and manager perceptions

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

4. Implementation

Annualised hours working can be a useful mechanism where:

- staffing levels do not match the level of patient activity and dependency;
- there are unforeseen peaks in workload;
- sickness absence cover has to be provided at short notice;
- employees are frequently asked to work extra shifts or hours at short notice;
- bank or agency staff are required to provide cover; or
- employees from other services are 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 employees and managers in providing services. The above circumstances can lead to uncertainty and informal flexible working for employees, increased costs and decreased quality of patient care.

4.1 Starting the project

4.1.1 Partnership

It is essential that plans to introduce annualised hours working are developed in conjunction with trade union/professional organisation representatives from the earliest possible stages. Pilot areas for the introduction of the system should be identified and full briefings given to employees and managers on what the system involves, the benefits, drawbacks and anticipated outcomes. Full employee participation should be encouraged. Once pilot areas are identified a substantial data gathering and analysis exercise is required.

4.1.2 Gathering data

Information on both patients/service activity and workforce is required to allow the design of the annualised hours system. In terms of workforce, it will be necessary to collate information on an annual basis to assess how many staff are in post; how they are deployed; assess use of bank/agency employees; turnover; current shift patterns and rotas; absence rates and patterns; and employee costs. If the example of a ward setting is used as the service provision unit, the information on patients that is required is monthly bed state over the period of a year; admissions patterns; discharge patterns; total patient days; numbers of day cases; and patient dependency levels.

4.1.3 Analysing data

To assess whether or not annualised hours would be appropriate, data should be checked to see 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 they occur; whether or not there are seasonal variations in activity/demand; and the extent to which employee costs may be unpredictable. The data considered against these factors will help to inform as to whether or not the existing system of staff allocation is working well and supports decision making as to the need and desirability of proceeding to develop an annualised hours system.

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

4.2 Designing the system

It is recommended that annualised hours working systems are introduced on a pilot basis in a simple or small number of sites and that clear evaluation criterion are agreed at the outset. A steering or evaluation group may be useful and this should be constituted on a partnership basis. Pilots areas may have only a small number of employees on annualised hours contracts and need not necessarily involve whole teams. It is essential that employees and their representatives are involved in working out the details of the system in order to capitalise on their knowledge and experience and to gain ownership and understanding of the system.

4.2.1 Calculating hours to be worked

Annualised hours contracts are equally appropriate for all grades of staff wishing to work full-time and part-time hours. A full-time nurse, for example, would be contracted to work 1955 hours on an annualised hours contract (based on a 37.5 hour full-time working week for nurses). This number of hours will include annual leave and public holiday allocation appropriate to that employee. Maximum and minimum working hours per week are also agreed within the 48 hours (set by the Working Time Regulations) as the norm for a maximum length of working week and a minimum to be agreed in line with service needs.

Over the course of a year the number of hours worked overall may vary by plus or minus an agreed number of hours, for example, 30 hours, which can be carried over to the next year. Employees and managers record the number of hours worked by each member of staff and the cumulative totals are regularly monitored to ensure the account will be kept within the prescribed limits at the end of the year.

4.2.2 On/off duty and on-call

Employee 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 to swap shifts with them. Work schedules include an on-call roster where appropriate. Employees on-call may need only to be contactable, rather than be at home, and credit for on-call duty should be given in accordance with the appropriate NHS terms and conditions of service. While off duty and on-call requests should be met after the needs of the service, as much choice and self-rostering of on-call as well as normal working, should be given

4.2.3 Stand down arrangements

Guidelines need to be developed appropriate to the service area to provide for standing down of employees where demand is low. Arrangements for how credit is to be given should be included in the guidelines for example, if an employee has worked two hours of their shift and is then stood down, they could be given credit for one hour (i.e. three hours in total). There is no benefit to standing staff down less than two hours before the end of their shift, as they would still be entitled to an hour's credit.

4.2.4 Salary arrangements

Where annualised hours systems have been implemented, arrangements for calculation of enhanced payments (for example 15% of salary) are consolidated into base salary. All such arrangements must be in keeping with current terms and conditions of employment. The total salary then becomes the annual salary for the employee and is paid in 12 equal monthly payments. Another mechanism that is used is that the enhancements are pulled into "flexibility payments" which are paid as an additional allowance to basic pay. In exceptional circumstances and in the interests of service delivery, an employee 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 where an employee has had to work in excess of their usual contract due to unforeseen circumstances in their service area and it may be preferable to carrying forward a surplus of hours worked.

4.2.5 Sickness absence

Various arrangements are possible under annualised hours systems ranging from requiring staff to "make up" lost hours through sickness up to a certain cut-off point to paying all sick pay at basic rate of pay. Examples include:

- where an employee is rostered to work but are ill or absent without complying with normal procedures, they are paid for the hours but are required to work the hours lost;
- where employees are rostered to work and comply with the usual procedures, they received payment but are required to subsequently work the number of hours they were absent up to a maximum of 10 continuous days per period of absence; and

- for longer term absences of 10 days or more, annualised hours recording is suspended and payment is made on the basis of sick pay.

4.2.6 Contracts of employment

An annualised hours contract should include confirmation of the duration of the pilot, and confirm the fact that an employees participation in the annualised hours system and the individual's right to revert to their original terms and conditions is voluntary. It should also outline basic pay and flexibility payments where there are any, detail a facility for buying back hours, where such a facility has been agreed, and include any revised sick pay arrangements. Flexible working conditions should also be detailed including arrangements for on-call and stand down and shift working on days/nights.

5. Evaluation

Ongoing evaluation of the pilot in order to effectively manage the system will be required. In addition, evaluation of employees and managers' experiences and of the effectiveness of the system should be undertaken in order to inform revisions to the system where necessary. Evaluation criteria should be established at the outset of a pilot and could include assessments of the effectiveness of communication of the scheme, the effectiveness of the partnership approach, the difficulties and opportunities experienced in running the scheme, the extent to which gaps between staffing and workload have narrowed, including pressures on staff, the effectiveness and quality of patient care, financial performance, the need for bank/agency staff.

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 two hours before the end of a shift.
- Stand down should not be given to night workers a) after 1.15am or b) at 9.15pm, unless the employee agrees. Sample Guideline for On Call
- On call is rostered on the On Duty after consultation with the employee.
- On call should either be rostered or agreed between the manager in charge and employee 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 employees 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 is credited for one hour plus the hours worked.
- On call person will carry a "bleep" and is responsible for returning it to the work area as soon as possible once call period is over. • On call person

should contact the work area 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.