



FLEXIBLE WORKING POLICY

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Ratified Date: April 2011

Ratified By: JLNC, JINC, HR Committee

Review Date: April 2013

Accountable Directorate: HR Consultancy Department

Corresponding Author: HR Business Consultant

Flexible Working Policy

Meta Data

Document Title:	Flexible Working Policy
Status	Active
Document Author:	HR Business Consultant
Source Directorate:	HR Consultancy Department
Date Of Release:	April 2011
Approval Date:	April 2011
Approved by:	HR Committee, JINC, JLNC
Ratification Date:	
Ratified by:	HR Committee ,JINC, JLNC
Review Date:	April 2013
Related documents	Maternity, Paternity and Adoption Policy and Handbooks Recruitment and Selection Policy Appraisal Policy Adoption Leave Policy Equal Opportunities in Employment Policy Retirement Policy Time Off Work Policy
Superseded documents	Flexible Working Policy BHH Flexible Working Policy GHH Flexible Working Policy SCT Flexible Working Policy HOB
Relevant External Standards/ Legislation	<ul style="list-style-type: none"> • Employment Rights Act 2002
Key Words	Flexible working

Revision History

Version	Status	Date	Consultee	Comments	Action from Comment

HEART OF ENGLAND NHS FOUNDATION TRUST

FLEXIBLE WORKING POLICY

1. INTRODUCTION

The Trust is committed to ensuring that all staff are able to access reasonable flexible working patterns which help them to balance their work and home lives.

The Trust believes that by supporting flexible working arrangements which help staff to strike a balance between their career and commitments outside the workplace, the organisation will recruit and retain skilled, motivated staff.

2. SCOPE OF THE POLICY

This policy applies to **all** staff including Medical and Dental staff.

Legal Position

Employees who have parental responsibilities with a child under the age of 6 (or under 18 years if the child is disabled and entitled to disability living allowance) have a statutory right to request flexible working under the Employment Act 2002.

A request can be made by the child's parent, guardian, adopter or foster parent; or by a person married to, or the partner of, the child's parent, guardian, adopter or foster parent. This will include a request by an employee who is in a same sex relationship.

Managers are required to consider flexible working options as part of their duty to make reasonable adjustments for disabled staff and job applicants under the Disability Discrimination Act and staff returning from maternity leave.

The policy does not apply to agency workers or staff who work for contractors.

3. SCOPE OF A REQUEST

Eligible employees will be able to request;

- A change to the hours they are required to work
- A change to the times they are required to work
- A change to their place of work
- Any other such alterations that encourage flexible working arrangements

A list of different types of flexible working patterns is attached as Appendix 1.

4. THE APPLICATION PROCESS

4.1 Submitting an application

All requests for flexible working should be made in writing, using the form FWAPL which is attached as Appendix 2. The form needs to clearly state the change applied for, along with the date on which it is proposed the change should become effective.

Details should also be provided concerning what affect, if any, the employee thinks making the change applied for would have on their department and how, in their opinion, any affect might be dealt with.

The form must be submitted to the employee's line manager well in advance of the date of the proposed change.

An employee is only able to make one application for flexible working in any 12-month period. However, managers have the discretion to consider applications outside of this timescale, particularly in circumstances where a previous application was refused but can now be considered due to changes to the structure of a department.

4.2 Considering an application

On receiving an application a line manager must contact the relevant HR Adviser. This is of vital importance as it is a statutory responsibility of the Trust to monitor applications for flexible working and ensure that access to these is equitable and fair.

On receiving the application the line manager has 28 days in which to arrange to meet the employee making the application. This meeting provides the manager and employee with an opportunity to discuss the implications and practicalities of the proposed working arrangements. It will also provide an opportunity to consider alternative working patterns should there be difficulties in accommodating the one requested.

The employee has the right to be accompanied at this meeting by a trade union representative or a fellow employee.

Within fourteen working days of this meeting the manager will write to the employee to confirm whether the request has been accepted or denied. If the request is denied the manager will need to provide clear reasons and the business grounds for the refusal as detailed below. A copy of the correspondence must be forwarded to HR for monitoring purposes.

On considering an application for flexible working the impact on other colleagues needs to be taken into account in respect of a fair and equitable allocation of unsocial shifts for those who are able to be more flexible.

4.3 Accepting an application

If the manager is able to accept the flexible working request then the employee should be notified in writing using the form attached as Appendix 3. A copy of this correspondence must be forwarded to HR for monitoring purposes.

Within this written decision the manager must include the following;

- A description of the new working pattern/arrangement
- The date from which the working pattern/arrangement will take effect
- The date of the acceptance

An accepted application will result in a permanent change to an employee's terms and conditions of employment, unless explicitly stated otherwise. Employees are not entitled to revert back to their previous working pattern, unless otherwise agree e.g. following an unsuccessful trial period.

Employees should be aware that any change to the number of their contracted hours is likely to affect their pension. Employees should contact their pension adviser in Employee Services for further advice or information.

4.4 Refusing an application

An application can be refused. If a manager feels that it is appropriate to refuse an application he/she must contact the relevant HR Adviser to gain approval on the reason or reasons behind this refusal. Any refusal needs to be based on the grounds of one of the following business reasons;

- The additional costs involved will impose a burden
- Agreeing to the request will have a detrimental affect on the Trust's ability to meet patient demands
- The Trust is unable to reorganise work among existing staff
- The Trust is unable to recruit additional staff
- Agreeing to the request will have a detrimental impact on quality or performance
- There is insufficient work during the periods the employee proposes to work
- The Trust has planned structural changes

The manager must inform the employee of the refusal in writing within 14 days of the meeting to discuss the flexible working application. The manager should use the form attached as Appendix 4 to refuse an application. A copy of this correspondence must be forwarded to HR for monitoring purposes.

Within this written decision the manager must include the following;

- The specific reason or reasons why the request can not be accommodated
- An explanation of why the above reason or reasons apply in these circumstances
- An explanation of the appeal procedure including the name of the next level of line manager to whom the individual must appeal and the timescale
- The date of the refusal

4.5 Extension of timescales

It is possible to adjust the timescales specified in this policy by mutual consent. Furthermore, where an application is sent to a manager for consideration and the manager is absent from the workplace due to planned leave or sickness an automatic extension will apply. The period the line manager has to arrange and meet with the employee will commence either on the day the manager returns or 42 days after the application is made, whichever is the sooner.

Any adjustment to timescales for either of the above reasons should be recorded on the form attached as Appendix 5. A copy of this correspondence must be forwarded to HR for monitoring purposes.

4.6 Withdrawal of an application

At any point during the process the individual may withdraw their application. This will mean that the employee is not eligible to make a further application for 12 months from the date at which the withdrawn application was submitted.

If an employee fails to attend two meetings arranged to discuss the application, without reasonable cause, this will be seen as an automatic withdrawal of the request.

Withdrawals in either of the above circumstances must be recorded on the form attached as Appendix 6. A copy of this correspondence must be forwarded to HR for monitoring purposes.

5. APPEALING THE DECISION

The employee has 15 days after the date of notification of the manager's decision in which to appeal. Any appeal should be made using the Trust's Grievance Procedure. A flow chart demonstrating the whole process is attached at Appendix 7

6. MONITORING

The fair application of this policy will be monitored annually across the Trust by the Human Resources Consultancy department. This will involve the department maintaining a register of all applications for flexible working and the outcomes. In order to achieve this it is vital that all line managers contact the HR department to discuss all applications for flexible working which they receive.

All applications and outcomes from both employer and employee must be recorded and retained on the personnel file for 12 months with copies of relevant paperwork being forwarded to H.R for monitoring purposes.

Types of Flexible Working Patterns

Part-Time Hours

This refers to any working pattern where an employee works less than the stated full-time hours. Any agreement on the hours to be worked needs to take into consideration the needs of the service.

Flexi-time

Flexi-time allows staff to vary their actual working hours outside certain core hours within the day. It operates on a department or working team basis. It means that staff can vary their start and finish times in order to accommodate domestic, travel or other arrangements outside of work. Staff are still required to work their contracted hours but may flex when these hours are worked. They can also build up a credit or debit of hours within a defined period, although a limit is normally set on how many hours can be accrued.

If a department is considering adopting flexi-time they need to ensure that the system will maintain the necessary level of service and there is a way to record and supervise the hours being worked and accrued.

School-Time Contracts

This enables employees to work within the school timetable including hours and term times, to allow child care to be balanced. This would involve a reduction in salary for the time spent out of the organisation and extended unpaid holidays to coincide with school holiday periods. However, salary is usually paid in 12 monthly instalments.

Annualised Hours

Under this scheme an employee agrees to a set number of working hours for the year which will be worked on a flexible basis. This way of working is an excellent way to match between supply and demand if the area or work is such that there are predictable fluctuations in activity over different periods.

It is important to set minimum and maximum working hours during a week to ensure that employees remain compliant with the European Working Time Directive. In addition it is important to clarify at the start what impact the scheme will have on benefits and entitlements such as pension, maternity leave, sick pay and annual leave. As with flexi-time it is important that there is a robust system in place to record working hours on an ongoing basis.

If an employee opts for an annualised hours working pattern they must be issued with a revised contract of employment.

Team-based Self-rostering

For this working practice the core hours, staffing levels and skill mix required hour-by-hour throughout the working day are set. Staff are then given the flexibility to schedule their working days ensuring these requirements and their contractual working hours are met.

The advantage of this system is it allows staff to have more control over the hours that they work and encourages a team-based approach to organising working patterns.

Job Shares

Job sharing usually means two people voluntarily sharing the duties and responsibilities of one full-time job. There are basically two forms of job shares; shared responsibility where both employees undertake all the tasks and responsibilities of the post or divided responsibility where the two employees divide up all of the tasks and responsibilities between them. The first is best suited to ongoing work and the second is more appropriate within the context of a project.

Teleworking

Where staff work from home for all or part of their hours with a computer or telecommunication link to the Trust. Consideration need to be undertaken with regard to communications and staff involvement in decision making affecting departmental issues to ensure the member of staff is not excluded from Trust activities affecting them.

Fixed Work Patterns

Where, by agreement, days off can be regular to enable, for example, access by separated parents to their children and flexible rostering

Flexible Working Application Form

Introduction

You should use this form to make an application to work flexibly. In support of your request you need to provide as much detail as you can about your desired working pattern including information on what effect it will have both on the work that you do and on your colleagues.

Once you have completed the form, you should immediately forward it to your line manager. Your manager will then have 28 days after the day your application is received in which to arrange a meeting with you to discuss your request.

You should note that it may take up to 14 weeks for a request before to be implemented and possibly longer where difficulties arise. You should therefore ensure that you submit your application to your line manager well in advance of the date you wish the request to take effect.

If the request is granted, this will be a permanent change to your terms and conditions, unless otherwise agreed.

Personal Details

Name: Staff or Payroll Number:

National Insurance No: Manager

I would like to apply to work a flexible working pattern that is different to my current working pattern. I confirm I meet the eligibility criteria as follows:

- I have worked continuously as an employee of the NHS for 26 weeks.
- I have not made a request to work flexibly during the past 12 months.

Describe your current working pattern (days/hours/times worked):

Describe the working pattern you would like to work in future (days/hours/times

worked):

I would like this working pattern to commence from : Date:

Impact of the new working pattern

I think this change in my working pattern will affect the Trust and colleagues as follows:

Accommodating the new working pattern

I think the effect on the Trust and colleagues can be dealt with as follows:

Signature: Date:

NOW PASS THIS APPLICATION TO YOUR MANAGER

☺-----

Return this slip to your employee to confirm your receipt of their application

Confirmation of Receipt (to be completed and returned to employee)

Dear : []

I confirm that I received your flexible working application on : Date:

I shall be arranging a meeting to discuss your application within 28 days following this date. You should be aware that you are entitled to bring a trade union representative or fellow employee to this meeting.

Signature: Date:
(Line Manager)

Flexible Working Application Acceptance Form

Dear:

Following receipt of your application and our meeting on :

Date:

I have considered your request for a new flexible working pattern.

- I am pleased to confirm that I am able to accommodate your application.
- I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and you agreed would be suitable to you.

Your new working pattern will be as follows:

Your new working arrangements will begin from:

Date:

Note to the employee

Please note that the change in your working pattern will be a permanent change to your terms and conditions of employment and you have no right in law to revert back to your previous working pattern.

If you have any questions on the information provided on this form please contact me to discuss them as soon as possible.

Name :

Date:

Manager to send copy of form to H.R, Stratford House, Heartlands Hospital for monitoring purposes.

Flexible Working Application Rejection Form

Dear:

Following receipt of your application and our meeting on : Date:
I have considered your request for a new flexible working pattern

I am sorry but I am unable to accommodate your request for the following business grounds(s):
(N.B. this must be one of the eight permissible grounds listed in the policy document).

The grounds apply in the circumstances because:

(You should explain why any other work patterns you may have discussed at the meeting are also inappropriate. Please continue on a blank sheet if necessary).

Name:

Date:

You have the right to appeal against this decision. If you wish to appeal, you must use the Trust's Grievance Policy, writing to the next level of manager within 4 weeks of the date of this letter.

Manager to send copy of form to HR Consultancy Department for monitoring purposes

Flexible Working Extension of Time Limit Form

Dear:

I wish to extend the amount of time that the regulations allow me to :

- Arrange a meeting to discuss your application (28 days)
- Notify you of my decision regarding your application (14 days)
- Arrange a meeting to discuss your appeal (14 days)
- Notify you of my decision regarding your appeal (14 days)

(An agreement may also be made to trial the proposed flexible working arrangements for a defined period before they are accepted on a permanent basis).

I wish to extend the time limit to days. This means that I will have until: to complete the necessary action. I need the extra time for the following reason:

If you agree to this extension, please complete the slip below and return it to me.

Signed:

Date:

NOW PASS THIS APPLICATION TO THE APPLICANT

Note to the applicant

To allow proper consideration of your request, your manager may wish to extend the permitted time limit for any part of the process. Your manager will need your agreement to any extension of the time limit. If you agree to the above request, please complete the agreement slip below and return it to your manager.



Cut this slip off and return it to your manager in order to confirm your acceptance of their request

Agreement to Time Extension (to be completed and returned to manager)

Dear:

I accept your request to extend the amount of time to

Signed:

Date:

Manager to send copy of form to H.R, Stratford House, Heartlands Hospital for monitoring purposes.

Flexible Working Notice of Withdrawal Form

Note to the colleague

This form provides notification to your manager that you wish to withdraw your application to work flexibly. Once you have withdrawn your application, you will not be able to make another application until 12 months from the date your original application was made.

Dear:

I wish to withdraw my application to work flexibly which I submitted to you on :

I understand that I will not be able to make another application until twelve months after the above date.

Name:

Date:

NOW RETURN THIS FORM TO YOUR MANAGER.

Note to the Manager

Once your employee has completed this form and returned it to you, the application is considered as withdrawn and you are not required to give it any further consideration.

You should complete the slip below and return it to your employee to confirm your receipt of the withdrawal notice.

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Cut this slip off and return it to your employee in order to confirm your receipt of their withdrawal notice

Confirmation of Withdrawal (to be completed and returned to employee)

Dear:

I confirm that I have received notice that you wish to withdraw your application for flexible working which you submitted to me on **Date:**

Under the right to apply, you will not be eligible to submit another application until twelve months after the above date.

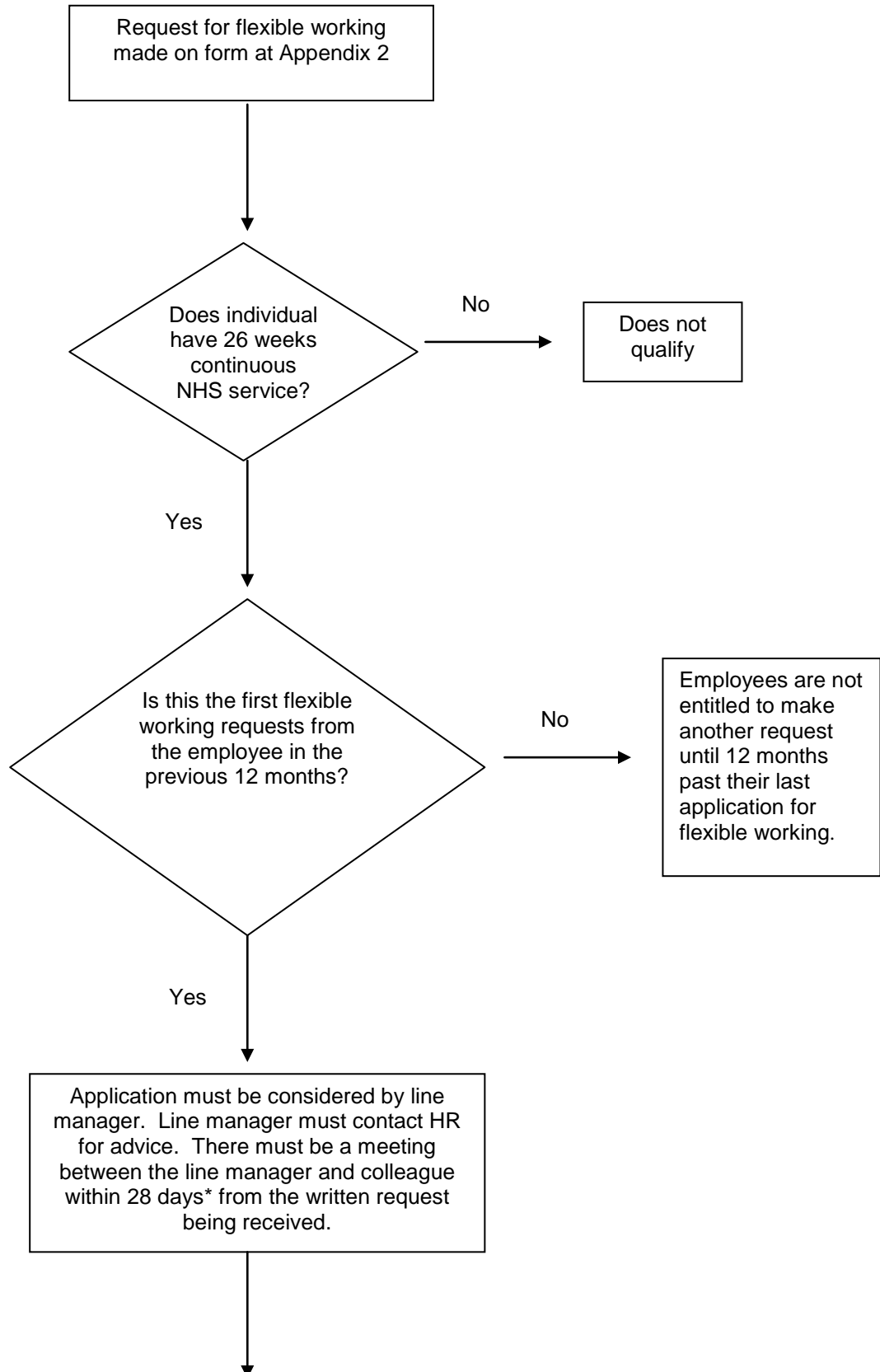
From:

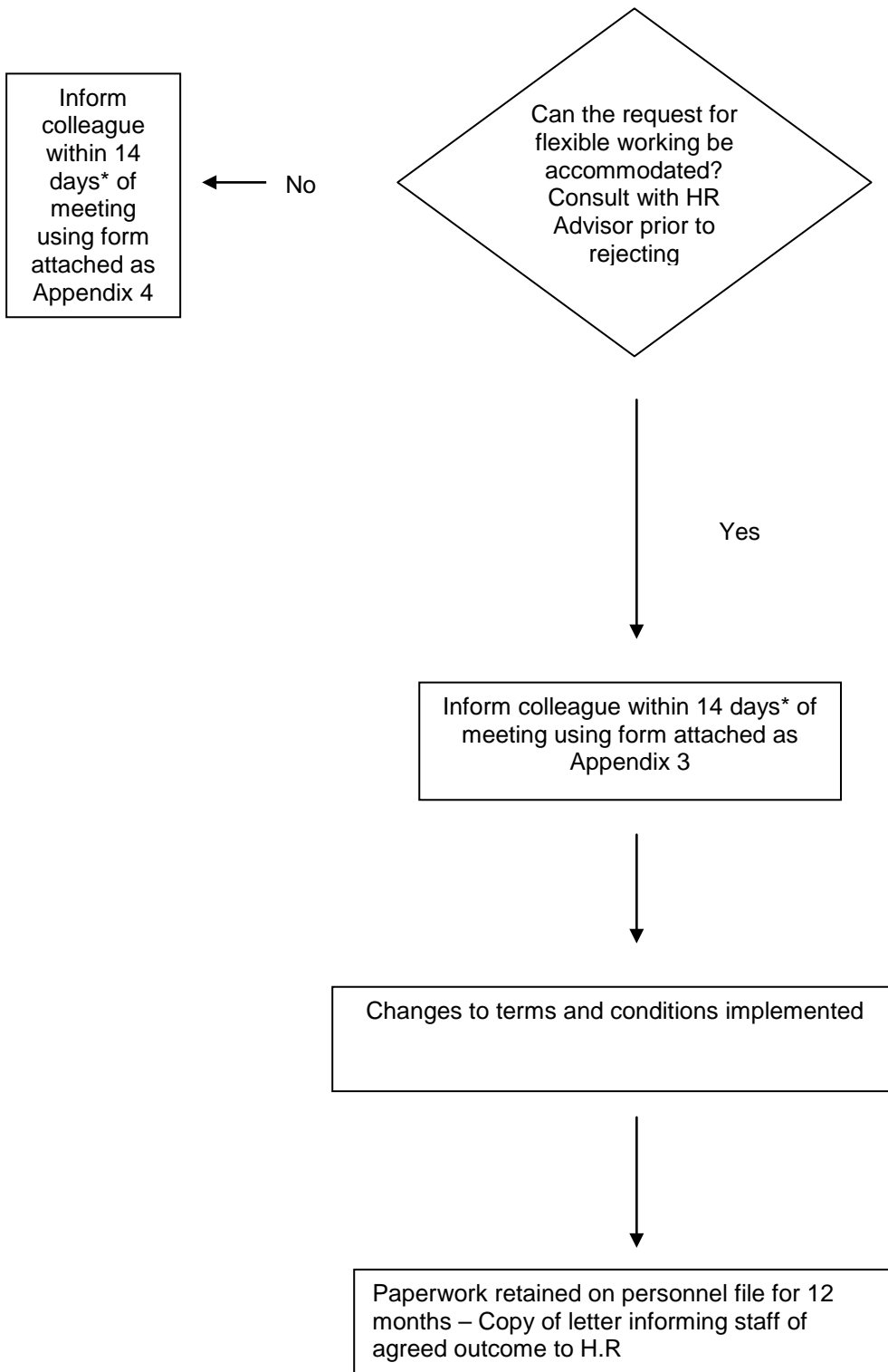
Date:

Manager to send copy of form to H.R, Stratford House, Heartlands Hospital for monitoring purposes

FLEXIBLE WORKING REQUEST

FLOW CHART





*Time-scales may be adjusted by mutual consent but this should be recorded on the form attached as Appendix 5. This may involve undertaking a trial period before flexible working arrangements are accepted on a permanent basis.

Attachment 1: Approval/Ratification Checklist

Title	<i>Flexible Working Policy</i>
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	Ratification checklist	Details
1	Is this a: Combined Policy & Procedure	
2	Is this: Revised	
3*	Format matches Policies and Procedures Template (Organisation-wide)	
4*	Consultation with range of internal /external groups/ individuals	<i>JINC, JLNC, HR Committee, HR Consultancy team</i>
5*	Equality Impact Assessment completed	
6	Are there any governance or risk implications? (e.g. patient safety, clinical effectiveness, compliance with or deviation from National guidance or legislation etc)	<i>Compliance with Employment Act 2002</i>
7	Are there any operational implications?	<i>Managers to assess impact on service delivery when considering a request to work flexibly</i>
8	Are there any educational or training implications?	<i>Briefing to line managers</i>
9	Are there any clinical implications?	<i>n/a</i>
10	Are there any nursing implications?	<i>n/a</i>
11	Does the document have financial implications?	<i>n/a</i>
12	Does the document have HR implications?	<i>Allow individuals to balance work and home life</i>
13*	Is there a launch/communication/implementation plan within the document?	<i>Helen Barlow</i>

14*	Is there a monitoring plan within the document?	<i>HR consultancy Department</i>
15*	Does the document have a review date in line with the Policies and Procedures Framework?	<i>October 2010</i>
16*	Is there a named Director responsible for review of the document?	<i>HR and OD Director</i>
17*	Is there a named committee with clearly stated responsibility for approval monitoring and review of the document?	<i>HR Committee</i>

Document Author / Sponsor

Signed

Title.....

Date.....

Approved by (Chair of Trust Committee or Executive Lead)

Signed

Title.....

Date.....

Ratified by (Chair of Trust Committee or Executive Lead)

Signed

Title.....

Date.....



Attachment 2: Equality and Diversity - Policy Screening Checklist

Policy/Service Title: Flexible Working Policy	Directorate: HR Consultancy
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Name of person/s auditing/developing/authoring a policy/service:

Aims/Objectives of policy/service:

Policy Content:

- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?
- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

1. Check for DIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
1.1 Age?		*				
1.2 Gender (Male, Female and Transsexual)?		*				
1.3 Disability?		*				
1.4 Race or Ethnicity?		*				
1.5 Religious, Spiritual belief (including other belief)?		*				
1.6 Sexual Orientation?		*				
1.7 Human Rights: Freedom of Information/Data Protection		*				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

2. Check for INDIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
2.1 Age?		*				
2.2 Gender (Male, Female and Transsexual)?		*				
2.3 Disability?		*				
2.4 Race or Ethnicity?		*				
2.5 Religious, Spiritual belief (including other belief)?		*				
2.6 Sexual Orientation?		*				

2.7	Human Rights: Freedom of Information/Data Protection		*				
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If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION =

3. Check for DIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
3.1 Age?		*				
3.2 Gender (Male, Female and Transsexual)?		*				
3.3 Disability?		*				
3.4 Race or Ethnicity?		*				
3.5 Religious, Spiritual belief (including other belief)?		*				
3.6 Sexual Orientation?		*				
3.7 Human Rights: Freedom of Information/Data Protection		*				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any statements which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
4.1 Age?		*				
4.2 Gender (Male, Female and Transsexual)?		*				
4.3 Disability?		*				
4.4 Race or Ethnicity?		*				
4.5 Religious, Spiritual belief (including other belief)?		*				
4.6 Sexual Orientation?		*				
4.7 Human Rights: Freedom of Information/Data Protection		*				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION =

Signatures of authors / auditors:

Date of signing:



Equality Action Plan/Report

Directorate: HR Consultancy

Service/Policy: Flexible Working

Responsible Manager: HR Business Consultant

Name of Person Developing the Action Plan: Helen Barlow

Consultation Group(s): JINC, JLNC

Review Date: October 2010

The above service/policy has been reviewed and the following actions identified and prioritised.
All identified actions must be completed by: _____

Action:	Lead:	Timescale:
Rewriting policies or procedures		
Stopping or introducing a new policy or service		
Improve /increased consultation		
A different approach to how that service is managed or delivered		
Increase in partnership working		
Monitoring		
Training/Awareness Raising/Learning		
Positive action		
Reviewing supplier profiles/procurement Arrangements		
A rethink as to how things are publicised		
Review date of policy/service and EIA: this information will form part of the Governance Performance Reviews		
If risk identified, add to risk register. Complete an Incident Form where appropriate.		

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager:

Date:

Attachment 3: Launch and Implementation Plan

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Action	Who	When	How
Managers and staff	HR Consultancy	Prior to ratification	Through briefings to managers and Heart and Soul
Present Policy to key user groups	HR Consultancy	Following ratification	Presentation of Policy to Managers
Add to Policies and Procedures intranet page / document management system.	Wendy Stock	Following ratification	As per Gatekeeper process.
Offer awareness training / incorporate within existing training programmes	HR COnsultancy	Following ratification	
Circulation of document(paper)	HR Consultancy	Following ratification	Not Applicable
Circulation of document(electronic)	HR Consultancy	Following ratification	Via link to Microsoft SharePoint. Through Comm's bulletin

Dissemination Record - to be used once document is approved (This dissemination record is not mandatory)

Date put on register / library of procedural documents		Date due to be reviewed	

Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments

Acknowledgement: University Hospitals of Leicester NHS Trust.

