

Whittington Hospital NHS Trust

***Flexible Working policy***

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Ratified by:	EC
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Target audience:	All staff

**Key Words:**

**Flexibility**

**Work-Life Balance**

**Patterns of Work**

# **FLEXIBLE WORKING POLICY**

Revised April 2009

*To be reviewed April 2011*

## **1. Introduction**

The Whittington Hospital NHS Trust, fully recognises the importance of employees being able to balance the needs of their domestic and working lives.

It is also recognised that due to domestic or other responsibilities certain employees may be unable or find it difficult to work a full time working week or fit into the regular shift patterns. Rather than potentially lose valuable skills and knowledge the Trust is committed, wherever possible and within service needs , to accommodating the varying needs of its employees and seeking mutually convenient working arrangements.

This policy fully incorporates the rights of employees established within the Employment Act 2002 as amended by the Work and Families Act 2006 .

This policy should be read in conjunction with other trust policies e.g. extended leave; carers' leave

The policy has been agreed by the JCC and the relevant hospital management group

## **2. Scope of the Policy**

The procedure applies to **all** employees of the Trust irrespective of their circumstances who have been continuously employed by the Trust for 26 weeks or more at the date an application is submitted.

## **3. Scope of a Flexible Working Request**

Eligible employees can request that consideration is given to a change in their terms and conditions of employment in relation to:

- The hours that they work
- The times they are required to work
- The place at which they are required to work

Common types of flexible working include:

- Part-time: working less than the normal full-time hours, perhaps by working fewer days per week or fewer hours per day
- Flexitime: choosing, within set limits, when to begin and end work
- Annualised hours: hours worked are calculated over a year
- Compressed hours: working agreed hours over fewer days
- Job sharing: sharing a job designed for one person with someone else
- Home working: working from home

#### 4. Representation

The processing of an application for flexible working may be conducted either by the employee, and/or by a representative of a trade union/professional organisation, and/or a friend acting in a non-official capacity. The employee has the right to be represented/accompanied at each stage of the process

#### 5. Procedure

##### 5.1 *Stage one*

Employees seeking to work flexibly must apply in writing to their immediate line manager. See appendix A . The application must include details on all of the following:

- the working pattern being requested and the reasons why
- the possible implications for both the employee and the Trust
- how any issues arising from a change in the working pattern may be addressed.

Employees may only make one application per calendar year and an accepted application will normally mean a **permanent** change to the employee's term and conditions of employment.

Alternatively, the hospital and the employee might agree to a time-limited change after which the employee would revert to the original pattern or a trial period may be agreed – to test a particular working pattern. The trial period will be reviewed after an agreed time and the change then either made permanent or, if the trial is not working out, the employee will revert to their

previous working pattern. The employee may at this time suggest other alternative solutions.

## **5.2 Stage two**

Within **28 days** of receiving a written application the employee's line manager will arrange a meeting. This will provide the opportunity to explore the desired work pattern in more depth, and to discuss how best this might be accommodated. The meeting will also provide an opportunity to consider other alternative working patterns should there be problems in accommodating the desired work pattern outlined in the employee's application.

## **5.3 Stage three**

Within **14 days** after the date of the meeting the employee will receive written notification either confirming agreement of the new working pattern and a start date or detailed reasons why the application cannot be accepted. For an application to be refused one or more of the following grounds would have to apply and be demonstrable:

- Additional prohibitive costs
- A detrimental effect on meeting service needs
- An inability to reorganise work among existing staff
- An inability to recruit extra staff
- A detrimental impact on quality or performance
- An insufficiency of work during the periods the employee wishes to work
- Planned structural changes

If a decision cannot be made within this timescale the employee will be notified in writing before the 14 days has elapsed with an indication as to when the decision will be provided.

## **6. Appeal Process**

An employee whose application to work flexibly has been unsuccessful has a right of appeal. Employees wishing to make an appeal should refer to the Trust's Grievance Procedure for details of the process.

## **7. Review of the Policy**

The Director of Human Resources , together with staff side , will review the application of this policy every two years, or sooner if required.

The director of human resources will be responsible for co-ordinating the dissemination, implementation and review of this policy document

**Flexible Working Application Form**

This form should be used to make an application for flexible working.

Please ensure you provide as much information as you can about your desired work pattern. This will enable your manager to give proper consideration to your request. When completing sections 4 & 5 think about what effect your requested change will have on the work you do and the likely impact on your colleagues. It is important that you have discussed the potential impact with other members of your team. Once you have completed the form forward it to your manager. You might want to keep a copy for your records. Your manager will then have a period of 28 days in which to arrange a meeting with you to discuss your request.

**1. Personal Details**

**Name:**

**Ward/Department:**

**Job title:**

**Name of line manager:**

**2. Reason for the request to work flexibly**

**I would like to make an application to work a flexible working pattern that is different to my current working pattern for the following reason(s):**

**3 Describe your current working pattern (i.e. days/hours/times worked)**

**4. Describe the working pattern you would like to work in the future:**

**5. Impact of the new working pattern:**

**a) I think this change in my working pattern will affect my work as follows:**

**b) I think this change in my working pattern will impact on my colleagues as follows:**

**6. Ways to accommodate my new working pattern:**

**I think the effects on my work and colleagues can be overcome as follows:**

**I would like these changes to my working pattern to be effective from (date)**

**Signed**

**Date:**

## The Whittington Hospital

### Flexible Working

#### Equality Impact Assessment Tool

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

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>	no	
	Race		
	Ethnic origins (including gypsies and travellers)		
	Nationality		
	Gender		
	Culture		
	Religion or belief		
	Sexual orientation including lesbian, gay and bisexual people		
	Age		
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems		
2.	<b>Is there any evidence that some groups are affected differently?</b>	no	
3.	<b>If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</b>		
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	no	
5.	<b>If so can the impact be avoided?</b>		
6.	<b>What alternative are there to achieving the policy/guidance without the impact?</b>		
7.	<b>Can we reduce the impact by taking</b>		

<b>different action?</b>		
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If you have identified a potential discriminatory impact of this procedural document, please refer it to director of human resources together with any suggestions as to the action required to avoid/reduce this impact.

## Appendix A - Checklist for the Review and Approval of Procedural Document

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

	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Revision of existing policy	
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?	No – revision of existing policy	
	Are people involved in the development identified?	yes	JCC
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	yes	
	Is there evidence of consultation with stakeholders and users?	As above	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	yes	

	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
	Is the target population clear and unambiguous?	yes	
	Are the intended outcomes described?	yes	
	Are the statements clear and unambiguous?	yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Revision of existing policy	comply with relevant legislation
	Are key references cited?	na	
	Are the references cited in full?	na	
	Are supporting documents referenced?	na	
<b>6.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	yes	Normal hr route to JCC and then hospital management
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	yes	
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	yes	Director of hr
	Does the plan include the necessary training/support to ensure compliance?	n/a	
<b>8.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	yes	Normal hr route
	Have archiving arrangements for superseded documents been addressed?	yes	

	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
<b>9.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	no	Normal hr monitoring
	Is there a plan to review or audit compliance with the document?	no	
<b>10.</b>	<b>Review Date</b>		
	Is the review date identified?	yes	2011
	Is the frequency of review identified? If so is it acceptable?	yes	
<b>11.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	yes	Director of HR

### **Individual Approval**

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	
Signature			

### **Committee Approval**

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name		Date	
Signature			

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership NHS Trust

