



OPERATIONAL RELIEF WORKING

DOCUMENT INFORMATION

Directorate: Operations

Lead Director: Steve West – Director of Planning and Forecasting

Author: Lynn Dove-Dixon
Workforce Manager - Planning

This document replaces: Operational Relief Working v1

Date of Issue: December 2019

Reviewed: December 2021

Version: 5 (OPS No.7)

This policy is only applicable to rosters that have been implemented as a result of the Transformational Operational Project Group 2019. CCC and Commercial Services will continue to work under the current Relief Policy No. 7, October 2016.

CONTENTS

DOCUMENT INFORMATION	2
1. Purpose.....	4
2. Scope	4
3. Duties	4
4. Definitions	5
5. Policy Background Information	6
6. Principles	7
7. Working Time Directive Legislation.....	8
8. Relief Hours Planning – Notice Period	9
9. Relief Hours Planning – Postings	10
10. Considerations for Shift Allocation	12
11. Structured Relief	12
12. Monitoring	13
13. Equality & Human Rights Impact Statement	13
14. Reference & Reading	14
Equality Impact Assessment Form Section One – Screening	14
Equality Impact Assessment Form Section Two – Full Assessment.....	14
15. Appendix A: Table of Relief Locations.....	15
16. Appendix B: Core Principles	15

Version Control:

This policy is regularly reviewed and updated with the information in line with relevant national guidance and legislation. A full 'Review and amendment' is available on request

1. Purpose

1.1. The purpose of this policy is to ensure that South Central Ambulance Service NHS Foundation Trust (SCAS) has a consistent and equitable policy for the management of operational relief working, taking into account the needs of patient care across the whole of SCAS.

1.2. This policy ensures that SCAS adheres to all statutory requirements, NHS National Directives and SCAS Policies to ensure that the optimum working life balance can be maintained, given the need for patient care.

2. Scope

2.1. This policy applies to all operational managers and staff employed within the Operations Directorate of SCAS.

2.2 Staff wishing to work additional shifts, overtime or swap shifts are outside of the scope of this Policy.

3. Duties

3.1. It is the responsibility of all managers and staff to follow the guidance provided within this policy. Staff that can be scheduled to work relief hours have a responsibility to comply with the planned work hours allocated to them and comply with statutory requirements and all relevant SCAS Policies pertaining to relief working.

3.2. Staff who believe that their planned relief hours are incorrect, or do not follow SCAS policy, should, in the first case, contact their Scheduling Department. If not resolved, contact your team leader.

3.3. **The Chief Operating Officer** has Board level responsibility for the review and implementation of operational policy and guidance with SCAS.

3.4. **Director of HR & Organisational Development** has board level responsibility to ensure that SCAS complies with all statutory requirements, NHS National Guidance and SCAS Policies relating to the employment of staff within SCAS.

3.5. **Operations Directors and Assistant Directors of EOCs** have delegated responsibility for managing the strategic development and implementation of

clinical and non-clinical operational policies and should apply this policy throughout SCAS, ensuring it is available to staff and adhered to.

3.6. Planning and Scheduling Managers will be responsible for the correct implementation of this policy ensuring a consistent and equitable approach to the management of operational relief working, taking into account staff's work life balance and the needs of patient care across the whole of SCAS.

3.7. Heads of Operations and Control Duty Managers will be responsible for ensuring that this policy is implemented correctly within their operational environment. They should make this policy available to all staff within their departments. Heads of Operations and Control Duty Managers should read and understand this policy with specific responsibility for monitoring all areas of this policy and the performance management of staff against the policy.

3.8. All Operational Staff and EOC Staff are required to read and adhere to this policy. It is the responsibility of all operational staff to follow the guidance provided within this policy. Operational staff who can be scheduled to work relief hours have a responsibility to comply with the planned work hours allocated to them and comply with all statutory requirements and all other relevant SCAS Policies appertaining to relief working.

4. Definitions

4.1. Working Time – any period during which the employee is working at the employer's disposal and carrying out his/her duties. Covered within this definition is all relevant training/education authorised by SCAS.

4.2. Travel time and mileage when planned off base station – excess mileage can be claimed when planned off station in line with current Agenda for Change (AfC) rates. Excess time to travel to an alternative location is to be calculated using the Matrix in App A.

4.3. Working Week – Sunday midnight to Sunday midnight.

4.4. Weekend – as defined in NHS National Terms & Conditions (s2 para 2.14; annex 5 and 6) (currently 7pm Friday to the following Monday at 7am. For staff on Section 2 - 8pm Friday to the following Monday at 8am).

4.5. Reference Period – a rolling 13-week calendar period, or one rotation of the rota worked.

4.6. Working Time Review – a review of each employee should be carried out every 17 weeks in order to assure compliance with the Working Time Directive (WTD) legislation.

4.7. Work Records – compliance with WTD dictates that an adequate record will be maintained and kept for a minimum of two years.

4.8. Relief Hours – working hours attracting payment that are not overtime hours and which are unplanned (no specific work hours designated) in the first instance.

4.9. Relief Working – an employee working relief hours and who is competent to carry out, without supervision (other than that prescribed for the grade) the hours worked.

4.10. In Training – an employee who, as part of a training package, is receiving training assistance and/or guidance and can only be rostered to work with staff possessing specific skills or under supervision.

4.11. Probation – an employee who has been identified as requiring additional assistance, guidance, support and /or supervision for a specific period.

4.12. Stress – defined by the Health & Safety Executive as “the adverse reaction people have to excessive pressure or other types of demand placed upon them”.

4.13. Lone Worker – those who work by themselves without close or direct supervision.

4.14. Worked Hours Balance – the measure of hours worked against contracted hours.

4.15. Base Station – the named location an employee is assigned to for administrative purposes. This is identified when joining the service and will change on internal transfer.

5. Policy Background Information

5.1. SCAS employs over 2000 staff working in the Operational Directorate, employed on a variety of shift patterns delivering patient care.

5.2. SCAS is required to maintain adequate operational staffing levels at all times to safeguard patient care. In order to maintain sufficient operational staffing throughout each 24-hour period, 365 days a year, SCAS operates a relief working process to cover absences. Examples of absences are as follows:

- ✦ Annual Leave
- ✦ Sickness
- ✦ Training

- ✦ Maternity/Paternity
- ✦ Trade Union Activities & Duties
- ✦ Operational Contingencies
- ✦ Secondments/Meetings
- ✦ Alternative duties

The above list is not exhaustive

6. Principles

6.1. A member of staff designated available for relief hour working to the Scheduling Department will be deemed competent to carry out their role without supervision, commensurate with their job description.

6.2. An employee designated to be “in training” or “under supervision” will be managed according to a prescribed plan formulated and agreed before the staff member involved is highlighted to the Scheduling Department. The staff member concerned will not be considered a true relief worker but will be managed under their training plan and this policy.

6.3. When planning operational staff’s relief hours, the principles adopted within this policy rely on the ethos of fairness and equality for staff allied to adhering to statutory regulations, NHS National Directives/Guidance and all applicable SCAS Policies.

6.4. Scheduling Department staff planning relief hours for operational staff must always take into account the following:

6.4.1. NHS National Terms & Conditions, Annex 7 (1) states “an important aspect of managing the provision of emergency cover outside normal hours is ensuring good management practice and where necessary, ensuring appropriate protocols are in place. This should reduce the difficulties arising from the unpredictability of the system”. AfC Annex 7 – also states “in line with good working practices, employers should ensure that staff are given adequate time to be made aware of their working patterns, as a guide, at least four weeks before they become operational”.

6.4.2. Health and Safety at Work Act places a duty of care on managers of SCAS to “protect, as far as is practicable, the health and safety at work of all our staff”.

6.4.3. SCAS’s Stress Policy refers to “minimising the risk from work-related stress through raising awareness, adopting good management practice and the provision of support to all staff” The policy also encourages staff to “take personal responsibility for themselves at work”.

6.4.4. Good communication between staff planning the relief shifts and the operational staff working those relief shifts is paramount. This will alleviate pressure and stresses at work whilst minimising Health and safety risks.

6.4.5. Transformational roster review core principles – Appen B.

6.5. All relief hours planned must be relevant to and for the benefit of SCAS in carrying out its core function of providing a high standard of patient care. SCAS operates a continual monitoring process to enable us to meet patient demand.

7. Working Time Directive Legislation

7.1. WTD must be adhered to by managers and staff alike. The responsibility for compliance is inherent to all concerned (SCAS's WTD policy should be referred to for definitive guidance). A summary of the key points are:

7.1.1. Daily Rest Period - an employee is entitled to a rest period of not less than 11 consecutive hours in each 24-hour period. In circumstances where 11 consecutive hours is not practical because of contingencies of the service (which may include overruns) a daily rest maybe less than 11 hours. Where the employee has not been able to benefit from 11 consecutive hours rest, compensatory rest should be provided at the earliest opportunity. Overtime payment will not be payable when compensatory rest has been granted.

7.1.2. Weekly Rest Period - an employee should have one uninterrupted rest period of not less than 35 hours (including the 11 hours of daily rest) in each 7-day period. Or, the equivalent rest period over a 14-day period either as one 70-hour period or two 35-hour periods.

7.1.3. Relief shifts planned off base – excess travel time is classed as unpaid working time. Therefore, when planning shifts off base, including training, the break must exceed the minimum WTD 11 hour break.-To accommodate the excess travel time a minimum of 12 hours will be planned between shifts. Relief planners will use the SCAS agreed mileage/time matrix – Appendix A.

7.1.4. Maximum Weekly Working Time – average 48 hours in each 7 day period averaged over 17 weeks.

7.1.5. Night Work – average 8 hours in any 24 hour period averaged over 17 weeks. Night working will cover from 22:00 to 08:00.

7.1.6. It should be noted that staff working a maximum of 48 hours per week over a reference period of 17 weeks cannot contravene WTD night working requirements.

7.1.7. The only area of the WTD that staff can opt out of is the maximum hours per working week. This form can be found on the intranet, once completed it should be submitted to HR.

8. Relief Hours Planning – Notice Period

8.1. Employees having part/all of their work hours planned in advance require adequate notice. SCAS sees a direct correlation between the notice periods required for annual leave applications and relief notification. SCAS's Annual Leave Policy requires a minimum of 35 calendar days' notice for requesting annual leave - 7 calendar days are provided for planning purposes. Therefore, operational relief staff will receive a minimum of 28 calendar days' notice of future relief shifts to be worked, in accordance with A4C annex 7.

It is appreciated that staff are keen to know their relief shifts during the festive period. The festive period is the period identified within the Annual Leave Policy for the purposes of the leave embargo. The relief planning for the festive period will be completed by the second Monday of October. Please note that planning relief earlier results in an embargo for the changing roster lines for staff. The embargo for the movement of staff ends on the first Sunday after New Year's Day.

8.2. Staff who have a flexible working agreement, by which they are required to inform the scheduling department of their availability to work prior to relief planning and fail to do so, will be allocated shifts based on demand.

8.3. Publication of planned relief shifts should, in the first instance, be by electronic record - so making use of day/time stamping for audit purposes. Any employee/manager concerned about future relief hours is encouraged to contact the Scheduling Department and discuss his/her concerns or requests.

8.4. Although a minimum 28 days is the agreed period of notice for relief planning, SCAS recognises that, as a Civil Protection Agency, it is dutybound to provide a service to the public. Recognising that the unforeseen can happen, for example SCAS escalates to REAP 4, SCAS reserves the right to review and request that staff alter planned relief hours with less than 28 calendar days' notice. In any circumstance, the re-assignment of a shift with less than 28 calendar days' notice may only occur with the explicit agreement and acknowledgment of the employee concerned.

8.5. In line with AfC staff will be entitled to claim £15 short notice shift change, for contractual shifts, if less than 24 hours' notice.

8.6. Should management consider that an employee is working too many hours to comply with WTD, or working a pattern that fails to adhere to WTD,

H&S and/or SCAS Policy, a management investigation will be conducted in order to re-establish/balance requirements.

9. Relief Hours Planning – Postings

9.1. The Scheduling Department Team Leaders are responsible for relief planning and will keep an up to date and accurate record of the base station of each employee as notified by Operations and Human Resources.

9.2. Relief hours can be scheduled to occur anywhere within 20 miles of the employee's base station, or at the next 2 closest locations, whichever is the closest. An employee may request to be planned for relief hours working at any other location(s). Following relief planning staff are able to monitor GRS and, should a preferred shift become available, they may request a change to their allocated shifts. No change will be agreed to the detriment of operational cover.

9.3. When on relief, staff will not be scheduled to finish past 20:00 on the day before annual leave, or a protected weekend off.

9.4. When relief hours are allocated to night shifts, a maximum of 2 night shifts may be planned within one calendar week. Ideally, these should be 2 consecutive nights.

9.5. If 2-night shifts are required to be planned during any relief week and scheduling are unable to allocate 2 consecutive nights, the allocation will be 1 night followed by no less than 48 hours prior to the next night shift. This will be from the finish of the first night shift to the start of the following night shift.

9.6. If there are two consecutive weeks of relief, there must be a minimum of 48 consecutive hours off before planning night shifts within the second relief week.

9.7. A minimum of 30 hours must be provided between allocating a day shift after the end a night shift.

9.8. The scheduling team are also able to allocate relief shifts that replicate the shift pattern on the member of staff's base location, or any station within the required 20 mile radius, in line with point 9.2.

9.9. The maximum number of consecutive shifts that can be allocated on relief is five. A minimum of 24 hours break must be given after the end of five consecutive shifts before allocating the next shift.

9.10. Due to weekly changes in demand, there is a requirement to add additional shifts into GRS that may be utilised by relief planners. The parameters for these shifts are as follows:

- ✦ Shifts will be either 8, 10 or 12 hours in length.
- ✦ The length of the shifts for relief planning purposes will reflect the nodal shift pattern.
- ✦ Shifts that don't reflect the nodal pattern may be available for overtime.

9.11. Shifts will be planned to ensure no additional detriment to worked hour balances. E.g. if a member of staff requires 9.5hrs to ensure contractual obligation by SCAS then the allocated shift will reflect this.

9.12. Staff who are on AfC Annex 5 and only work flexible relief rotas will have their unsocial hours calculated, routinely, every set 13 weeks. An individual who wishes to maintain a set unsocial hours payment is solely responsible for ensuring the appropriate percentage of unsocial hours are worked.

9.13. Staff who are on AfC Section 2 and only work flexible relief rotas claim their unsocial hours on their electronic timesheet.

9.14. Employees who work relief hours as part of an overall pattern, where the majority of hours are not relief, should have their relief hours planned with due regard to the overall shift pattern worked. Relief planning will take into account the previous weeks and subsequent weeks working patterns.

9.15. Relief hours planned, regardless of total hours/days to be worked, should, wherever possible, follow a logical well-reasoned pattern for the employee concerned. The planning of relief hours is not dissimilar to a risk assessment of working practice and should, therefore, follow a standard SCAS approach. There are 3 key impact decisions to be managed:

- ✦ SCAS Core Principles from the Transformation Project 2018 - Appen B
- ✦ Working Time Directives
- ✦ Agreed Relief Planning Standard Operation Procedures (when available, these will be found on the intranet within the PP&F Department folder)

9.16. When an employee is waiting for a line to become available, they will be placed on a team relief roster. This means they will follow the pattern of their team (i.e. know their days off - working early, late, or nights). However, the employee will not know their shift start and finish times until rosters are confirmed (28 days minimum notice). This should be for a short period only, as every effort should be made to place staff on true roster lines - albeit for a temporary period, such as covering a vacant line due to secondment, maternity etc.

9.17. In circumstances where there are not sufficient/suitable shifts available to meet an individual's hours requirement, annual leave may be allocated. Scheduling are only able to allocate annual leave to staff that have not booked their leave in line with the current SCAS Annual Leave Policy. Under no circumstances should any staff member be placed in a negative annual leave balance due to lack of shift availability. Staff are only able to cancel allocated leave if they have identified a shift that has subsequently become available.

9.18. If the relief member of staff is compliant with the Annual Leave Policy, scheduling staff are required to create a shift for that staff member to work. This shift will be required to best fit both the demand of the period in question and the staff's requirement, whilst fitting with the other staff at work.

9.19. No relief week should equate to 9.5 hours above or below the rostered hours, unless by prior agreement with the individual staff member. (refer to Worked Hours Policy, currently under review).

10. Considerations for Shift Allocation

10.1. Before allocation of relief hours, the planner must consider the skills of to the employee concerned. Staff should only be scheduled in line with their skill set, to ensure compliance with other SCAS policies, including Lone Working.

10.2. Employees who are under supervision, or continuing training - even if forming part of an action plan - must have individual work patterns agreed by the appropriate line manager (see 6.2).

11. Structured Relief

11.1 Some rosters have structured relief within their relief weeks. Structured relief is identified on the roster as either early, late or night relief shifts and the number of hours required to be worked for each shift. Relief planners will allocate relief shifts as identified on the roster. The structured relief shifts will follow the Core Principles Point 23:

- a) A day shift is any shift which starts before and up to 09.00 hours
- b) A late is any shift which is planned to start after 09.01 hours and finishing up to 02:30 hours
- c) A night is any shift which is planned to include three or more hours past midnight and before 05.00 am.

It is recommended to plan to finish no later than 07.00am whenever possible.

11.2 Relief planners can only plan alternative shifts, to the rostered structured relief shift, with the prior agreement of the member of staff.

12. Monitoring

12.1. The Director of Planning and Staff Side Chair will be jointly responsible to delegate an appropriate Manager and Staff Side Representative to carry out a quarterly review of this policy and will provide a full report to the Joint Consultative Committee, with an “Audit of Compliance”, which will include:

- ✦ Number of Datix reports relating to the policy
- ✦ Relief planning compliance:
 - ✦ Compliance with 28 days rule
 - ✦ Number of short notice shift change (less than 24 hours) – attributed to relief planning
 - ✦ Number of staff with excess of 9.5 hours owed/credit at the end of each quarter – attributed to relief planning
 - ✦ Number of concerns from staff, in addition to numbers, reports on themes
 - ✦ Responding to feedback from NHS Staff Survey

12.2. Any action plans developed to improve delivery of this policy will be monitored by the appropriate review groups for effectiveness.

12.3. This policy will be reviewed on a bi-annual basis, or sooner, in the light of any changes in guidance and guidelines to which SCAS must adhere.

13. Equality & Human Rights Impact Statement

13.1. SCAS is committed to promoting positive measures that eliminate all forms of unlawful, or unfair, discrimination on the grounds of age, marital status, disability, race, nationality, gender, religion, sexual orientation, gender reassignment, ethnic or national origin, beliefs, domestic circumstances, social and employment status, political affiliation or trade union membership, HIV status or any other basis not justified by law, or relevant to the requirements of the post.

13.2. By committing to a policy encouraging equality of opportunity and diversity, SCAS values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge and experiences in order to provide an exemplary healthcare service. SCAS is committed to promoting equality and diversity best practice, both within the workforce and in any other area where it has influence.

13.3. SCAS will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or

part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

13.4. Where there are barriers to understanding, e.g. an employee has difficulty in reading or writing or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resource Department.

14. Reference & Reading

- ✦ The Working Time Regulations 2003
- ✦ H&S Policy (App D): Lone Working
- ✦ Health & Safety at Work Act
- ✦ HR Policy HR/C09 Stress
- ✦ Agenda for Change
- ✦ Annual Leave Policy
- ✦ Flexible working Policy
- ✦ Transformation Group – Core Principles – App B
- ✦ TOIL Policy (under review)
- ✦ Worked Hours Policy (under review)

Equality Impact Assessment Form Section One – Screening

A full Equality Impact Assessment has been carried out on this policy and is available on request to the public and internally via our [Staff Intranet](#).

(see also section 13 for Equality & Human Rights Impact Statement)

Equality Impact Assessment Form Section Two – Full Assessment

A full Equality Impact Assessment has been carried out on this policy and is available on request to the public and internally via our [Staff Intranet](#).

(see also section 13 for Equality & Human Rights Impact Statement)

15. Appendix A: Table of Relief Locations

The Table of Relief Locations is available for Internal use by SCAS Staff. It can be accessed internally via our [Staff Intranet](#).

16. Appendix B: Core Principles

2019 ROSTER TRANSFORMATION PROJECT GROUP

- 1) Staff and managers must be empowered and involved in influencing changes affecting their working lives at a local level with the appointment of staff champions to support and facilitate agreed changes to the rosters.
- 2) Operational staff at each location must be given the opportunity to be involved and to vote at a local level in the changes on their preferred new work patterns before they are submitted for review and final approval. The voting processes (integrated leave, by resource centre. Other relief options, by node and the final roster vote, by local agreement) will be to use survey monkey. To participate, individual invites will be issued to all staff eligible to vote. The majority of response will be the agreed outcome of the vote that will be applied.
- 3) Management will facilitate continual staff engagement and consultation throughout the rota redesign process.
- 4) Operational work patterns/rosters for each node will be designed using the Trust data for assessing demand profiling (SCAS planning / roster tool) supplied to the Heads of Operations to formulate new roster designs, working with local operational staff, staff representatives, and teams.
- 5) Rostered hours will need to meet forecasted demands (24/7) as close as possible as indicated within the SCAS planning / roster tool.
- 6) Resources will be required to match demand patterns as closely as possible across SCAS for 999 Paramedic DCAs, SRVs, SPs, and Urgent & Emergency Ambulance tier.
- 7) Rosters should enable approximately 85% ambulance / 15% SRV / SP fleet mix of the agreed operating model (ARP).
- 8) Rosters must be achievable within the fleet planned for 2018/19. Any additional fleet changes required locally will need further approval by the Project Board.
- 9) Rosters must be affordable and within 2019/20 to 2020/21 agreed budget period for staffing levels / WTEs and forecasted hours of cover. Any baseline changes requested locally will need further approval by the Project Board.
- 10) Newly designed rosters will need to ensure that they are compliant with the policies and procedures of the Trust at the time of their development and they comply with any legislation, directives, and other legal obligations such as European Working Time Directives or driving regulations. Any changes that are delivered as part of the project may result in subsequent changes to the associated Trust policies e.g. annual leave and relief. These changes will be reviewed and approved by the appropriate group. These are intrinsically linked to roster design and therefore will progress in parallel.
- 11) Staff and managers locally need to consider and review the opportunities for flexible working where appropriate, supported by designed new rosters in accordance with the Trust's Flexible Working Policy e.g. part time working, job sharing, flexitime, etc.

12) As part of the consultation process, any staff affected by the roster changes can request a 1:1 meeting with their line manager. They can also request the presence of an HR advisor, a staff representative, or work colleague to accompany them to this meeting, as they feel appropriate. This meeting must be documented.

13) Revised operational work patterns/rosters will be required to incorporate suitable team time within locally defined and agreed parameters.

14) Revised work patterns/rosters to consider locally, with options of staggering shift times, and patterns/rosters which should have a maximum 12-hour shift length during the daytime. A 12hour late shift length will be accepted that finishes up to 00:00. Shifts finishing beyond 00:00 should only be an 8 or 10-hour shift. New roster designs must not include night shifts lasting longer than 10 hours in length. The above shift periods are designed to support 24/7 delivery service requirements and to meet the health and wellbeing needs of staff.

15) In accordance with NHS Improvement (NHSI) guidance issued on 19 January 2018, all ambulance trusts must ensure rosters have staggered start / finish times across its operating area, taking into account staff meal breaks and providing sufficient operational cover and continuity of service (24/7). In each area there should ideally be an overlap of resource to facilitate the end of shift and meal break policies. This should aid in the reduction of delayed meal breaks and even out the non-availability of crews.

16) A review of unsocial hours percentage of hours being worked against new rosters with associated payments (under NHS T&Cs and those staff on Section 2) for all U&E operational staff (clinical and non-clinical groups of staff) will need to be accurately assessed in line with staffs' contractual hours of work by the local operational management team.

Specialist Practitioners (SPs)

17) The new roster design and patterns for the SP tier forms part of the ARP model and will provide 20 operational hours per day, starting at 06:00 hours and finishing at 02:00 hours, across all seven operational nodes. New SP roster patterns will be agreed locally by the SP team and is part of this consultation process.

Urgent and Emergency Ambulance Tier

18) The Urgent and Emergency Ambulance Tier will plan to provide operational cover for each node. Rosters will be required meet this demand profile with the appropriate skill mix at a nodal level where reasonably practicable. Designs can include rosters at resource centre or nodal level to achieve the required level of cover.

ROSTER PLANNING AND DESIGN GUIDANCE

19) For operational team leaders, 70% of duty time will be undertaking their managerial role and the remaining 30% as bronze duty time.

20) For the clinical mentor's role, the revised roster must build in clinical mentorship time of 30% with the remaining 70% of their duty time undertaking operational duties / shifts.

21) Revised work patterns / rosters should be designed locally and include options of staggered shifts and a variety of different shift lengths between 8 and 12 hours.

22) To promote improved health and well-being and enable a better work/life balance for all our operational staff, 12-hour night shifts will no longer be permissible in future

changes to rosters. This decision is supported by evidence from the Safr Report which clearly advised the Trust that reducing the length of night shifts and particularly avoiding those lasting 12 hours or more would be beneficial. This is because there is a steady increase in high levels of fatigue (low levels of alertness) and, hence, risk as shift length increases. In particular, 12-hour night shifts are affected due to the combination of staff often getting only broken sleep during the day, long hours of being awake, and the natural circadian low points that occur in the early hours of the morning. This decision was taken after a number of issues were considered:

- a) The views of operational staff at the listening events, in the staff survey, and in partnership with staff-side colleagues.
- b) Lengthy overruns mean that staff do not always finish on time. When this happens at the end of a night shift, staff have said this affects and disrupts their personal and family lives.
- c) The fatigue levels associated with 12-hour night shifts have affected staff alertness, increasing the potential for errors and incidents.
- d) Some staff members have reported having other work related issues after undertaking long hours of duty.

23) For the purpose of clarity on definitions of shifts are, as per the Working Time Regulation 27.20:

27.20 - Night-time is a period of at least seven hours which includes the period from midnight to 5 am. A night worker is someone who is classed as working for at least three hours daily during night-time hours as a "normal course". Employers should ensure that the "normal hours" of their night workers does not exceed an average of eight hours over a 17 week period.

- e) A day shift is any shift which starts before and up to 09.00 hours
- f) A late is any shift which is planned to start after 09.01 hours and finishing up to 02:30 hours
- g) A night is any shift which is planned to include three or more hours past midnight and before 05.00 am.

It is recommended to plan to finish no later than 07.00am whenever possible.

No planned shift patterns regardless of type should be rostered to work more than 5 consecutive working periods (shifts). There should be no more than 3 consecutive late shifts or 2 consecutive night shifts in a row. The aim is to reduce the likelihood of staff becoming fatigued or less alert whilst on duty over lengthy periods.

- a) Due to the increase in risk associated with working continual night shifts and limited to a maximum of 10 hours. Permanent night workers are permitted to work a maximum of 4 consecutive night shifts and no more than 4 in a 7 day period, excluding overtime shifts. European Working Time regulations regarding rest periods and time-off will be complied with and permanent night workers will be provided with regular health and welfare checks in accordance with Trusts policies and procedures.
- b) In addition permanent night workers are supported in terms of their health and wellbeing, undertaking continuous personal development (CPD) and have a dedicated Team Leader as working part of a Team. The Trust will review this shift pattern within 12 months of its implementation to assess the effect of this shift pattern on these employees.

24) In conjunction with the design and build of new work patterns / rosters, due consideration must be given to the alternative relief options or to the planning process surrounding number of duty roster hours / shift patterns being consecutively worked in a row. This is required so that staffs' work/life balance, health and well-being factors, and working time directives have been taken into account. *Please refer on relief / integrated leave options as per consultation document 26 September 2018.*

25) Within each, the following points will need to be reviewed and considered with any roster changes:

- a) Maintaining and developing team working arrangements where possible aiming to achieve the Trust preferred level of 85%. Where possible 50% working alongside their team leader.
- b) Designing team leader rosters to facilitate the above.
- c) Designing training vehicle rosters to facilitate clinical mentor / student rosters to meet training needs for staff i.e. NQP, AAP, AT, ECA, AN, Paras.
- d) Core rosters should ensure suitable periods of rest, before and after periods of relief.

26) As part of the staff notice period and implementation timeframe, the Trust will honour staff annual leave already booked. Any other commitments will need to be agreed and discussed with the staff members' line manager.

27) There needs to be a flexible approach and timeline for all nodes / resource centres implementing adjusted operational work patterns/rosters without creating risk to staff and patients.

28) The Scheduling Department will require sufficient lead-time from acceptance of rota date to support the implementation for each node or resource centre.

Urgent and Emergency Ambulance Tier

29) The management and mentorship of the Urgent and Emergency ambulance tier of staff can be determined locally where staff can be integrated into a clinically mixed team for their management or managed separately. The management of the teams should remain within the planning guidelines of a maximum of 16-20 WTE per team and at least 50% team working alongside their line manager.