



## HR POLICIES & PROCEDURES (HR/C20)

# OVERTIME POLICY

DOCUMENT INFORMATION	
<b>Author:</b> HR Department & Scheduling Department	<b>Consultation &amp; Approval:</b> 21/04/11 To PRG – changes suggested May 2010 21 days' consultation – feedback incorporated 20/09/11 To JCC for sign-off
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## **EQUALITY IMPACT ASSESSMENT**

## **1. PURPOSE**

- 1.1 This Policy is designed as a framework for the management and allocation of overtime within South Central Ambulance Service NHS Foundation Trust (the Trust).
- 1.2 The use of overtime should be minimised wherever possible. Where such hours are deemed essential in order to maintain service, managers must ensure that the necessary cover is provided in the most cost effective manner having due regard to issues of safety, continuity and quality of patient care and/or service provision.
- 1.3 The allocation of overtime will be based on the organisation's need to cover unexpected absences, increases in work demand or where it is necessary that a specific task is undertaken outside of the normal working hours.
- 1.4 The Trust is committed to ensuring that staff have a healthy work-life balance and to improving the working lives of staff. All overtime will be considered in accordance with working time regulations and consideration for staff welfare and well-being.
- 1.5 Managers should follow the principles outlined in Section 7 in deciding whether overtime should be used. Where overtime is deemed necessary, the principles of this Policy will apply.
- 1.6 Trust values of Teamwork, Caring, Professional and Innovation underpin everything we do to support our vision of saving lives and enabling patients to get the care they need. SCAS aims to nurture a healthy culture, based on all staff demonstrating their role-relevant values-based behaviours within their working lives. All staff are expected to model their behaviours to support SCAS with its strategic aims to become an Employer, Partner and Provider of Choice.

## **2. SCOPE**

- 2.1 This Policy applies to all staff employed by the Trust under NHS National terms and conditions in pay bands 1-7. The Policy applies to authorised overtime shifts and/or shift overruns – worked by these staff and will be applied in accordance with the National Terms and Conditions Handbook, in particular Section 3.
- 2.2 Senior Managers paid under bands 8a-9, or Very Senior Managers (VSM) scale, are not entitled to overtime payments in accordance with NHS National Terms and Conditions Handbook s3.6 except in the event of on-call call-out (refer SCAS on-call arrangements).
- 2.3 Employees are reminded that opportunities for overtime are not guaranteed.
- 2.4 Part Time staff working up to 37.5 hours will get paid at the standard rate of pay.
- 2.5 Overtime is defined as time worked in excess of standard full time hours of 37.5 hours in the same role and normally at times outside of the staff member's contracted hours, working pattern or shift, as required by the Trust. Voluntary Overtime must be authorised in advance by line managers or scheduling.2.6
- 2.6 Where staff voluntarily wish to undertake additional work for the Trust in a different role, they will have to apply for a bank agreement for that role; the terms and conditions described in the Trust's Bank Workers policy will then be applicable.
- 2.7 Where staff are required to maintain skills in their substantive role (eg, HCPC registration), this should be undertaken, wherever possible, during their contracted hours. In the

exceptional circumstances that this is not possible, overtime must be paid at the appropriate rate in accordance with s5 of this policy and at the individual's substantive pay rate.

### **3. EQUALITY STATEMENT**

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the aforementioned protected characteristics regardless of length of service, whether full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust 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. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 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.

### **4. ALLOCATION AND AUTHORISATION OF OVERTIME**

- 4.1. Overtime is primarily considered as voluntary and may be for a full or part shift. However, there are occasions when a shift will become an unavoidable/unplanned (enforced) event in that staff are dispatched to a late incident or an incident that takes them over their scheduled shift end time, take an emergency or urgent call which they cannot walk away from at the planned end time for their shift; or whom have worked through their shift without an unpaid break and thus resulting in a forced 'over-run' within their planned hours for that shift. Staff will be compensated with a calculation based on statutory annual leave, in line with the 2017 National Ambulance Service joint agreement. This position and its application within Ambulance Services will be reviewed in the event of new relevant case law and changes to the law as result of Article 50 and the UK exit from the European Union.
- 4.2 Overtime must be authorised by the Planning & Performance Forecasting Department (Scheduling Department), line manager, or duty manager out of hours as appropriate, prior to the shift being worked (except in the event of incidental overtime due to overruns). Following the overtime shift, line managers must authorise the individual's on line time sheet to authorise payment of overtime.
- 4.3 Staff seeking overtime hours following a period of sickness in excess of seven calendar days will not be authorised to undertake overtime shifts for 7 calendar days following booking fit for work.

- 4.4 Also, where working additional hours could be considered detrimental to the recovery process, overtime will not be authorised for staff who are on alternative duties or in rehabilitation periods due to sickness absence.
- 4.5 With the exception of external events staff may not work overtime whilst absent from duty due to annual leave and/or time in lieu.
- 4.6 Where staff have agreed to work authorised overtime, they must give reasonable notice if they are subsequently unable to work the agreed hours. Wherever possible, a minimum 24 hours' notice should be given so that managers can make alternative arrangements for cover.
- 4.7 Should a staff member cancel an overtime shift with less than 24 hours' notice on 2 occasions in a period of 4 weeks, they will not be allowed to take any overtime for the next 4 weeks. This includes those who attend for duty and then absent themselves.
- 4.8 Managers, Scheduling and staff must ensure that individuals follow the principles of the Working Time Directive, as outlined in the Working Time Regulations Policy. In particular, average working time must not exceed 48 hours per week; including overtime (unless a working time directive waiver agreement has been signed) *and* there must be a break of 11 hours between shifts. This is calculated over a reference period as stipulated in the Working Time Regulations Policy. In order to ensure compliance, employees must notify line managers of any additional paid work. Further information can be found in the Secondary Employment Policy.
- 4.9 It should be noted that the principles of this policy may not be applicable in the event of a major incident. In such circumstances, staff will not be expected to work longer than is reasonably practical in accordance with the spirit of the Trust's Working Time Regulations Policy.
- 4.10 In the event of shift overruns employees *must* have a minimum of 11 hours rest between shifts. For example a shift due to finish at 1900 but finishes at 2100 the employee can only claim 1 hour of overtime and must commence their next shift at 0800 rather than 0700. EOC should be informed at shift end of the delayed start to the next shift.

## **5. PAYMENTS FOR OVERTIME**

- 5.1 Payment for overtime will be made in accordance with the national agreement made by the NHS Staff Council, as outlined in the NHS National Terms and Conditions of Service Handbook.
- 5.2 For hours worked in excess of 37.5 per week, overtime will be paid at the single harmonised rate of time and a half except for overtime worked on a general public holiday, which will be paid at double time.
- 5.3 Full-time staff will be paid overtime rates at time plus one half for all hours worked in excess of 37.5 hours per week (or as averaged in accordance with an individual's shift rota).
- 5.4 Part-time staff will be paid overtime at their basic rate (plain time) unless hours worked are in excess of the contracted full time equivalent (ie, 37.5 hours).

Part-time staff who do not work a roster pattern are required to work 37.5 hours within one week before they are able to claim the overtime rate.

Part-time staff who work a rolling roster pattern, ie contracted for 28.5 hours and work on the main roster and drop shifts, are only required to work the difference in contracted hours

for each week. So the member of staff who is contracted for 28.5 hours will be required to work an additional 9 hours at single time each week before they are able to claim the overtime rate. Please see table below as an example

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1	0700-1900	0700-1900	0700-1900 OT	DAY OFF	DAY OFF	DAY OFF	DAY OFF
2	0700-1900	0700-1900	1900-0700	1900-0700	DAY OFF	0700-1900 OT	DAY OFF

The member of staff would claim 9 hours at single time and 2.5 hours at overtime for each of the above weeks.

The reason for the difference is the member of staff who is on a roster works the same way as the full time member of staff on a roster. This means that some weeks their roster is under the weekly contracted hours and some weeks over the contracted hours.

- 5.5 Time in lieu can be taken as an alternative to overtime payments. Time in lieu will be accrued at plain time and should be taken within three months of the date worked.
- 5.6 Employees not being granted time in lieu within the timeframe should receive payment for hours accrued at the overtime rate.
- 5.7 Please see appendix 2 for all staff overtime rates for all staff
- 5.8 Where an individual works additional hours in a job different from their substantive role, they should be set up with a bank agreement for the purpose and pay will be appropriate for that role. All terms and conditions associated with this role would apply.
- 5.9 **Payments for late finishes** - With the exception of agreed extended shift lengths, staff who work past their end of shift time should claim this as ad hoc overtime (rounded up to the nearest five minutes and multiplies of five minutes thereafter.) Please see Appendix 4 of how you should be claiming minutes on your timesheet.
- 5.10 The average late finishes will be calculated automatically and paid, four times a year, in arrears for periods of statutory annual leave in line with section 4.1. This may change in future to monthly automatic payments

## 6 MILEAGE PAYMENTS

- 6.1 Staff undertaking overtime and / or return to work shifts will be eligible for mileage payments in accordance with the Trust's Mileage and Expenses Allowance Agreement. This will be paid at Reserve Rate or Lease Car Rate as appropriate. The member of staff is responsible for ensuring that their mileage claim is submitted correctly. The line manager is responsible for authorising the correct mileage and rate being claimed.

## 7. SUBSISTENCE CLAIMS

- 7.1 Staff are responsible for checking that they are eligible to make a subsistence claim and the current rate that the claim is entitled to be claimed at. The line manager is responsible for ensuring that the correct rates are being claimed on the subsistence form.

A subsistence claim form can be used for the following:

- Mileage claim
- Missed meal break

- Overnight payment
- Parking payment
- Train payment
- Short notice shift swap payment

## **8. MAKING AN OVERTIME CLAIM**

- 8.1 Staff are only required to submit an SBS online time sheet if they have worked hours above their contractual hours and the overtime hours have been agreed. Staff should claim the overtime at the rate that they were working at, see Section 5.9, and also at the correct location. Staff should check the date that their claim should be submitted which is available on the intranet. Any specific queries should be emailed to [online.timesheets@scas.nhs.uk](mailto:online.timesheets@scas.nhs.uk).
- 8.2 Only line managers who have responsibility for staff will be eligible to authorise overtime claims. The line manager should check that overtime has been entered correctly and claims are against the correct elements on the SBS online time sheet submitted by the member of their staff.

## **9. Statement regarding Overtime and Annual Leave**

This statement clarifies the Trust's position on when it is possible to work extra shifts whilst on annual leave.

As a Trust, we would encourage all employees to take all of their annual leave and one of the roles of the Scheduling Teams is to enable that to happen. It is very important that employees do take sufficient breaks both from a health and safety perspective as well as legally. The current working time regulations, state that employees must take a statutory minimum of 28 days' annual leave, inclusive of bank holidays, each year.

Having considered the circumstances surrounding working whilst on annual leave, it has been agreed that, if annual leave has been booked for a rostered shift, the employee is not allowed to book overtime shifts during that time.

However, if an employee has booked a week's annual leave and should have been rostered to work Tuesday, Wednesday, Thursday during that week, they may book overtime shifts on other days (ie, the usual rostered days off). An employee is allowed to book overtime shifts for any day for when they are not normally rostered to work. For staff on relief, they must have 3 days of not working in each 7-day period that they have booked as annual leave. Once the rosters have been confirmed staff who have taken leave during a relief week can request to have the leave dates moved to accommodate overtime requests.

Scheduling departments will ensure that the Working Time Regulations are not contravened. Employees are entitled to one uninterrupted rest period of not less than 35 hours (including the 11 hours of daily rest) in each 7-day period. Where this is not possible, the equivalent rest period over a 14-day period, either as one 70-hour period or two 35-hour periods. (Please refer to NHS Terms & Conditions of Service Handbook - Section 27.19 and Working Time Directive Policy)

This change has come about from a Trust audit. Both the Trust and unions have taken legal advice to ensure that this statement is correct.

It should be noted that these procedures do not apply to overtime covering an external

event or secondary employment, whilst an employee is on scheduled annual leave from the Trust. However, they must ensure that they have gained permission to do so under the Secondary Employment policy. An employee must also ensure that they have taken your Statutory Leave which is 210 hours (wte).

The appropriate Operational Manager should be contacted in the first instance should there be any questions regarding this.

## **9. MANAGERS' RESPONSIBILITIES AND GUIDANCE**

- 9.1 Managers must consider, given all the circumstances, whether overtime is the best solution and consideration should be given to alternative options which will reduce staffing costs as much as possible (for example bank workers, increasing the hours of part-time staff, or the recruitment of additional staff).
- 9.2 When replacement hours are considered essential, the line manager should address the following in making a decision:
- Does the service/function need covering; could the service be temporarily suspended?
  - Which grade of staff is needed; could the service be redistributed to other resources?
  - Do all the hours need to be filled; could just some of the hours be covered?
  - Which is the most cost-effective method of cover?
- 9.3 Managers will continually review working patterns and explore the appropriate use of flexible working schemes within their area of responsibility so as to ensure the most effective and efficient use of staff and financial resources available.
- 9.4 Managers must ensure that the working hours of staff are compliant with the Working Time Regulations (including maximum weekly hours, rest periods, rest breaks, night working, and paid annual leave). Average weekly working hours include overtime and must not exceed 48 hours (unless a Working Time Directive waiver agreement opt-out has been signed).
- 9.5 For monitoring purposes, managers will provide monthly statistical analysis of overtime worked and associated spend (budget and spend information from Finance: and pay information monthly in arrears). Details should be made available to Divisional Directors or other relevant Director and Divisional HR Managers.
- 9.6 Managers identifying areas or individuals working excessive overtime hours will take necessary prompt action in accordance with the Trust's Working Time Regulations Policy.
- 9.7 Managers will ensure time in lieu accruals are automatically paid upon the three month expiry date, as stipulated at 5.7 above (NHS Terms and Conditions of Service Handbook, ss3.5-3.7).
- 9.8 The Trust will ensure safe and healthy working practices, and therefore requests for overtime will be considered in accordance with this. Managers must monitor the hours worked by their staff to ensure they comply with Working Time Regulations and are not working excessive hours, which may result in an adverse effect upon their health, wellbeing or ability to practice safely in their role. For these purposes, hours worked will include any secondary employment or voluntary duties.

## **10. EMPLOYEES' RESPONSIBILITIES**

- 10.1 Once employees have agreed to work overtime, they must let their line manager or Scheduling Department know as soon as possible if they can no longer work that shift. Where practical as a minimum they should give 24 hours' notice of cancellation. Please refer to section 4.7.
- 10.2 Employees must gain authorisation from their line manager or Scheduling Department or Duty Manager (out of hours) prior to the shift being worked.
- 10.3 Employees must have due regard for their own health and safety and ensure they do not work excessive hours which could result in a negative impact on their health, well-being or performance at work. Hours worked include any secondary employment or voluntary duties.
- 10.4 Employees must ensure they do not place themselves at risk of breaching the European Working Time Regulations, as outlined in the Trust's Working Time Regulations Policy.
- 10.5 In order that managers can ensure a safe level of working hours, employees must notify their line manager in writing if they intend to take on additional paid or unpaid (voluntary) work. They must detail both the nature of the job and the hours to be worked. For further information, refer to the Trust's Secondary Employment Policy.
- 10.6 In order to get payment on time, the SBS online time sheet must be completed correctly, be authorised and submitted before the advertised cut off point which can be found on the intranet.

## **11. MONITORING AND REVIEW**

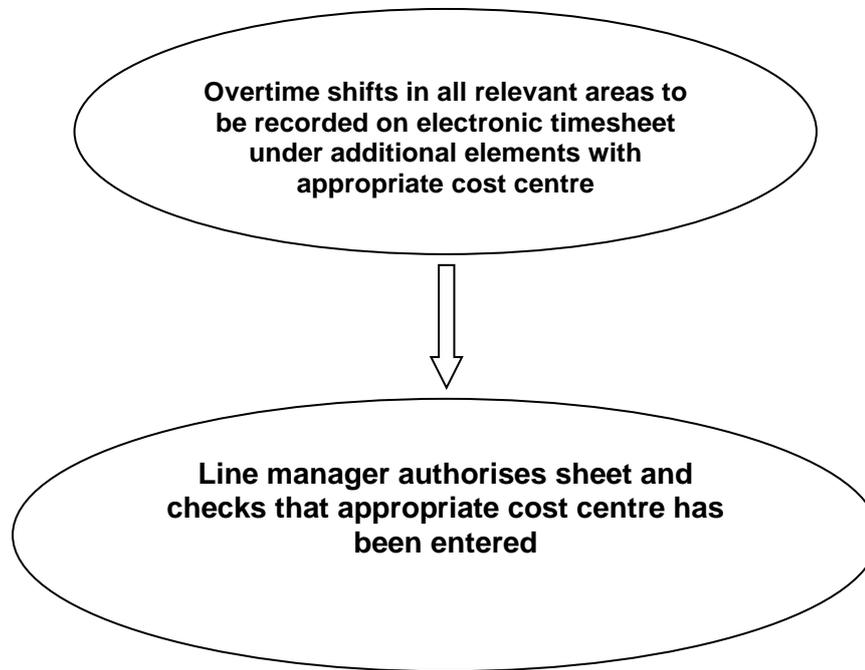
- 11.1 This policy will be regularly monitored against budget and spend, which will be the responsibility of line managers and the Finance Department.
- 11.2 It will also be monitored against working hours, to ensure that Working Time Regulations are complied with (see WTR Policy).
- 11.3 The effectiveness of this policy will be monitored regularly by HR who will provide data on the use of the policy as and when required. Annual report will be provided to the Trust board at the end of each financial year. The results of the annual staff survey will also provide a valuable indicator of any problems.
- 11.4 In advance of the review date, the HR team will review and produce recommendations which will be shared via the recognised policy approval process (HR Policy Review Group) in time for the policy review date. An early review can be triggered by the Trust Board, HR or joint staff side if they have serious concerns about the policy or its implementation.

## **12. RELATED POLICIES/DOCUMENTS**

- 12.1 This policy should be read in conjunction with:
- Working Time Regulations Policy
  - Additional Employment Policy

- Bank workers Policy
- Flexible Working Policy
- Meal Break Policy
- Annual Leave Policy
- Management of Sickness Absence policy
- NHS National Terms and Conditions of Employment
- SCAS On-call agreement
- SCAS Mileage agreement
- Online Timesheet Guidance – intranet
- [Online.timesheets@scas.nhs.uk](mailto:Online.timesheets@scas.nhs.uk) – for queries or questions
- Online timesheet video – in Learning section on the intranet
- AfC Terms and Conditions

**Flow Chart – Process for overtime in an area other than the normal base**



**Overtime payment rates**

NB – Table information provided by relevant Head of Department

Substantive Role	Overtime Role	Overtime rate of pay
<b><u>Operations</u></b>		
NQP Paramedic	Technician / ECA	NQP
Paramedic / Ambulance Nurse	Technician / ECA	Paramedic
HCPC / NMC registered manager (band 7 or above)	Paramedic / Technician/ECA	Paramedic
HCPC/NMC registered team leader or clinical mentor	Paramedic / Technician / ECA	Team leader/clinical mentor
Technician / AAP	ECA	Technician / AAP
Specialist Paramedic	Paramedic / Technician / ECA	Specialist Paramedic

Substantive Role	Overtime Role	Overtime rate of pay
<b><u>PTS</u></b>		
IT Administration Helpdesk	PTS Call Handler	PTS Call Handler
Ambulance Care Assistant (Band 2)	Ambulance Care Assistant (Band 2)	Ambulance Care Assistant (Band 2)
Ambulance Care Assistant (Band 3)	Ambulance Care Assistant (Band3) or (Band 2)	Ambulance Care Assistant (Band3)
Ambulance Care Assistant (Band 3)	PTS Call Handler	PTS Call Handler
Ambulance Care Assistant (Band 2)	PTS Call Handler	PTS Call Handler
PTS Team Leader	PTS Team Leader	PTS Team Leader
PTS Ops Managers	PTS Ops Manager PTS Team Leader	PTS Ops Manager
PTS Call Handler	PTS Call Handler	PTS Call Handler
PTS Call Handler	PTS Dispatcher / PTS Planner / ECR Administrator	PTS Dispatcher
EOC / 111 Call Taker	PTS Call Handler	PTS Call Handler
EOC / 111 Call Taker	PTS Dispatcher	PTS Dispatcher
ECA	Ambulance Care Assistant	ECA (Band 3)
PTS Call Handler	PTS Team Leader	PTS Team Leader
PTS Dispatcher	PTS Team Leader	PTS Team Leader
Procurement Administrator	PTS Call Handler	PTS Call Handler
ECA	FACT Training Officer	FACT Training Officer
Student Paramedic	FACT Training Officer	FACT Training Officer

<b>Substantive Role</b>	<b>Overtime Role</b>	<b>Overtime rate of pay</b>
<b><u>HART</u></b>		
HART Operative – Paramedic	Paramedic	Paramedic
HART Operative	Paramedic	Paramedic
HART Team Leader or Team educator	Paramedic	Team Leader/Team Educator

<b>Substantive Role</b>	<b>Overtime Role</b>	<b>Overtime rate of pay</b>
<b><u>EOC</u></b>		
EOC Duty Manager (Band 7)	N/A unless essential or call-in	Band7 or BANK if requests another role
EOC Shift Officer (Band 5)	CSO (Band 5) Dispatcher (Band 4) Assistant D (Band 3)	CSO (Band 5)
EOC Dispatcher (Band 4)	Dispatcher (Band 4)	EOC Dispatcher (Band 4) Can claim Uplift to B5 if required as CSO, either on shift or OT
EOC Senior Emergency Call Taker (Band 4)	SECT (Band 4) ECT (Band 3)	SECT (Band 4)
EOC Assistant Dispatcher (Band 3)	Assistant D (Band 3)	EOC Assistant Dispatcher (Band 3) Can claim Uplift to Band 4 if required as dispatcher either on shift or OT
EOC Emergency Call Taker (Band 3)	ECT (Band 3)	ECT ( Band 3) Can claim Uplift to B4 if required as SECT, either on shift or OT
CSD Practitioner (Band 6)	CSD Practitioner (Band 6) F-F Clinical role	CSD Practitioner (Band 6) BANK in that role

<b>Substantive Role</b>	<b>Overtime Role</b>	<b>Overtime rate of pay</b>
<b><u>EOC/111 Education</u></b>		
EOC Non – Clinical Auditors 999/111	Band 3 as a Call Taker 999/111	As an Educator, Band 5 Pay spine 23
EOC Non - Clinical Educators 999/111	Band 5 as a Call Handler 999/111	Band 5
EOC Clinical Educators	Band 6 as a Clinician 111/999	Band 6
EOC Audit Lead	Band 6 Call Taker 999/111	Band 6
Administration	Administration Band 4/3 No Pathways 111/999	Band 4/3
EOC Educators	Band 7	Band 7
111 QAC's		

<b>Substantive Role</b>	<b>Overtime Role</b>	<b>Overtime rate of pay</b>
<b><u>111</u></b>		
111 Call Taker	111 Call Taker	Band 3
111 Senior Call Taker	111 Senior Call Taker	Band 5
111 Team Leader	111 Team Leader	Band 5
Clinical Shift Manager	Clinical Shift Manager	Band 7
Clinical Advisors	Clinical Advisors	Band 6
Dental Call handlers	Dental Call handlers	Band 3
Dental Nurses	Dental Nurses	Band 5
Health Information Advisors	Health Information Advisors	Band 3
Dental Coordinator (Operations)	Dental Coordinator (Operations)	Band 5
Dental Coordinator (Clinical)	Dental Coordinator (Clinical)	Band 6

<b>Substantive Role</b>	<b>Overtime Role</b>	<b>Overtime rate of pay</b>
<b><u>Admin &amp; Clerical</u></b>		
Admin & Clerical Role	Admin & Clerical role	Rate of pay for role

Extract from NHS National Terms & Conditions Handbook

## Section 3: Overtime payments

- 3.1 All staff in pay bands 1 to 7 will be eligible for overtime payments. There is a single harmonised rate of time-and-a-half for all overtime, with the exception of work on general public holidays, which will be paid at double time.
- 3.2 Overtime payments will be based on the hourly rate provided by basic pay plus any long-term recruitment and retention premia.
- 3.3 Part-time employees will receive payments for the additional hours at plain time rates until their hours exceed standard hours of 37½ hours a week.
- 3.4 The single overtime rate will apply whenever excess hours are worked over full-time hours, unless time off in lieu is taken, provided the employee's line manager or team leader has agreed with the employee to this work being performed outside the standard hours.
- 3.5 Staff may request to take time off in lieu as an alternative to overtime payments. However, staff who, for operational reasons, are unable to take time off in lieu within three months must be paid at the overtime rate.
- 3.6 Senior staff paid in pay bands 8 or 9 will not be entitled to overtime payments (see Section 2, paragraph 2.45).
- 3.7 Time off in lieu of overtime payments will be at plain time rates.



## DECIMAL TIME VALUES

Minutes	Decimal Value
5	0.08
10	0.17
15	0.25
20	0.33
25	0.42
30	0.50
35	0.58
40	0.67
45	0.75
50	0.83
55	0.92
60	1.00
65	1.08
70	1.17
75	1.25
80	1.33
85	1.42
90	1.50
95	1.58
100	1.67
105	1.75
110	1.83
115	1.92
120	2.00

# Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Overtime Policy

Officer completing assessment: Lynn Dove Dixon

Telephone: 077996 40903

1. What is the main purpose of the strategy, function or policy?
To clarify rules around overtime and to provide consistency across the Trust.
2. List the main activities of the function or policy (for strategies, list the main policy areas)
To define overtime; when it can and can't be taken; payments appropriate; effect of cancelling overtime; responsibilities of managers and employees; how to do it.
3. Who will be the main beneficiaries of the strategy/function/policy?
All staff eligible for overtime (in accordance with NHS National Terms & Conditions).
4. Use the table overleaf to indicate the following:- a. Where you think that the strategy/function/policy could have an adverse impact on any equality group; ie, could it disadvantage them. b. Where you think there could be a positive impact on any of the groups or it could contribute to promoting equality, equal opportunities or improving relations within equality target groups.

		<b>Positive Impact</b>	<b>Negative Impact</b>	<b>Reasons</b>
<b>GENDER</b>	Women	Yes	N/A	Work-life balance – especially ref childcare – possibly less able to take advantage of working overtime.
	Men	N/A	N/A	
<b>RACE</b>	Asian or Asian British People	N/A	Yes	Language difficulties
	Black or Black British People	N/A	Yes	Language difficulties
	Chinese people and other people	N/A	Yes	Language difficulties
	People of Mixed Race	N/A	Yes	Language difficulties
	White (inc Irish) people	N/A	Yes	Language difficulties
	<b>Disabled People</b>	N/A	Yes	Possible learning difficulties
	<b>Lesbians, gay men and bisexuals</b>	N/A	N/A	
	<b>Transgender</b>	N/A	N/A	
<b>AGE</b>	Older People (60+)	N/A	N/A	
	Younger People (17 to 25) and children	N/A	N/A	
	<b>Faith Groups</b>	N/A	N/A	
	<b>Equal Opportunities and/or improved relations</b>	N/A	N/A	Yes – ensuring that a fair and consistent process is followed for all Trust staff.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	<b>Yes</b>	<b>No</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	X
<b>Intended</b>	<input type="checkbox"/>	X
<b>Level of Impact</b>	<b>High</b>	<b>Low</b>
	<input type="checkbox"/>	X
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
Clear, simple language used. Line managers support and guide their staff to understand what has been written in the policy and the impact/effect it would have on them.		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
By using clear and simple language.		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?		
N/A		

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.

Signed: .....

Name: ..... **Lynn Dove Dixon – Planning Manager** .....

Date: .....

# Equality Impact Assessment Form Section Two – Full Assessment

Name of Policy: Overtime Policy

Officer completing assessment: Lynn Dove Dixon

Telephone: 077996 40903

## Part A

- Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

- Summarise the likely negative impacts:-

..... Difficulties with understanding relating to language problems and/or learning disabilities .....

..... Possible difficulties in relation to childcare: could therefore be a gender issue as women, .....

..... especially single women may be less able to take advantage of the opportunity. ....

- Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	Standard consultation for policy review
Race	
Disability	

Equality Target Groups	Summary of consultation planned or taken place
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

..... Standard consultation process – EIA included with policy as circulated.....

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexuality/Transsexuality	
Older People	
Younger People	

Equality Target Groups	Title/type of/details of research/report
Faith	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

.....

No

**Part B**

Complete this section when consultation and research has been carried out

- 7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.
- 7b. As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carries out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

.....

.....

.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....

.....

.....

.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

**Signed:** .....

**Name:** .....

**Date:** .....

