



Overtime Policy

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Document Control

Overtime Policy

Manager Responsible

Name:	Karen Lavender
Title:	HR Policy & ER Manager
Directorate:	Human Resources

Committee/Working Group to approve	SMT		
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1 Introduction

- 1.1. This policy applies to all staff in the Trust and sets out the principles to be followed in relation to overtime allocation and authorisation.

2 Aims and Objectives

- 2.1. This policy aims to give guidance to all staff and managers on the policies and processes to be followed regarding overtime allocation and authorisation.
- 2.2. It aims to link with the SECamb Working Time Directive Policy to ensure compliance.

3 Definitions

- 3.1. Overtime is any time worked above an average of 37.5 hours per week.
- 3.2. Overtime will be paid in accordance with current Terms and Conditions.

4 Policy Statement

- 4.1. The Trust intends to ensure that there is a robust and fair approach to the allocation and authorisation regarding overtime, in order that it makes the best use of its available financial resources.

5 Arrangements

- 5.1. It is the responsibility of the relevant line manager to authorise overtime within all non operational departments.
- 5.2. It is the responsibility of the clinical scheduling department to authorise all operational overtime. This will be allocated through the relevant clinical scheduling office and will be planned to meet the Trust's Unit Hours requirement, or agreed staffing levels within the Emergency Operations Centres.
- 5.3. All operational staff wishing to make themselves available for operational overtime should contact the relevant clinical scheduling office. In order to ensure that all eligible staff have equal opportunity to undertake overtime, the clinical scheduling department will advertise the shifts in a variety of ways. These may include the, internet, SMS text system, fax communication and personal contact.

- 5.4. The clinical scheduling department will advise the individual staff member of an automatically generated overtime reference number at the time the overtime is authorised. This reference number must be recorded on the staff member's timesheet when requesting payment.
- 5.5. Overtime incurred due to late shift finishes will not have an overtime reference number.
- 5.6. It is the Trust's intention that all operational overtime will be authorised by the clinical scheduling department. However, under exceptional circumstances out of hours, overtime can be authorised by a operating unit manager or equivalent, to cover acute and unforeseen shortages in the required unit hours.
- 5.7. Staff will not be eligible for overtime until after a period of 48hours has elapsed from reporting fit* for duty (*staff subject to temporary restrictions, such as phased return to work programme, will not normally be eligible for overtime). This is to give a staff member the opportunity to fully recover following illness or injury and return to the workplace in a supportive way. Managers can apply overtime restrictions to individual members of staff that are subject to sickness absence monitoring, based on individual circumstances as appropriate.
- 5.8. Overtime that has been authorised in accordance with this policy will be honoured by the Trust and will not be cancelled. Except in relation to section 5.7.
- 5.9. In order to ensure the Trust can schedule the required amount of unit hours for the anticipated operational demand, overtime cannot be cancelled by the staff member once they have agreed to undertake this shift and an overtime reference number has been issued. However overtime shifts can be amended in line with recognised absences with appropriate authorisation. i.e. sickness absence, training and other absences.
- 5.10. Once a staff member has agreed to undertake overtime and the overtime reference number has been issued, the overtime will be subject to the attendance management policy and other Trust policies.
- 5.11. Under exceptional circumstances overtime can be authorised to cover requests for additional annual leave. However, this must not be used as part of normal working practices.
- 5.12. End of shift overruns are to be claimed as either Time off in Lieu (TOIL) or overtime. It is the individual's responsibility to ensure this is recorded on their timesheet appropriately.
- 5.13. Under normal circumstances TOIL will be taken within three months of it being claimed. If it is not possible to take this time due to

operational reasons, it will be paid at time and a half and will be authorised by the relevant line manager.

- 5.14. It is the staff member's responsibility to ensure they claim the appropriate amount of overtime or TOIL for any end of shift overrun and that the total amount does not exceed the actual hours worked.

Example – A 2 hour end of shift overrun can be claimed in the following ways.

- *1 hour's overtime or TOIL + 1 hour late start.*
(To ensure minimum 11 hour rest period between shifts, if applicable)
- *2 hour's overtime or TOIL.*
(Assuming the minimum 11 hour rest period between shifts is not applicable on this occasion)

- 5.15. Where overtime is accepted by operational staff to work at a grade lower than their normal contracted grade, they will receive the relevant pay for that shift, as listed below.

Contracted Grade	Shift Worked	Payment
Manager	Paramedic/Technician	Operational Team Leader
OTL	Paramedic/Technician	Operational Team Leader
CCP, PP	Paramedic/Technician	CCP, PP
Paramedic	Paramedic/Technician	Paramedic
Technician	Technician	Technician
ECSW	ECSW	ECSW

6 Responsibilities

- 6.1. The Trust will ensure that all staff are aware of this policy.
- 6.2. The Director of Operations will be accountable for the effective implementation and monitoring of this policy.
- 6.3. The Head of Clinical Scheduling will be responsible for implementing this policy within the operational directorate.
- 6.4. All managers have the responsibility for ensuring that they comply with this policy.

7 Competence

- 7.1. All managers and staff must be familiar with this policy and its requirements.

8 Monitoring

- 8.1. Compliance with this policy will be monitored by the appropriate line manager and any issues will be raised with the responsible manager and/or the relevant directorate.

9 Audit and Review

- 9.1. This policy will be audited by the responsible manager on an annual basis and any non-compliance identified will be addressed with the relevant manager or Directorate to prevent reoccurrence.
- 9.2. This policy will be reviewed as required, by the responsible manager to ensure it is meeting its aims and objectives. This period will be no longer than 2 years.

10 Equality Impact Appraisal

- 10.1. The Trust will undertake an equality impact appraisal to identify the impact this policy may have on the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

11 Associated Documentation

- 11.1. Working Time Directive Policy.
- 11.2. Agenda for Change Terms and Conditions.

12 References

- 12.1. None.