

Policy/Procedure/Guideline**Working Hours Policy****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical Governance & Risk Board**Policy Author:** Bradley Woods**Policy Owner:** CG&RB**Review Frequency:** 2 Years**Identifiable Document Code:** PTUK017**Last Review:** April 2020**Next Review:** April 2022

POLICY AWARENESS	
People who need to know this policy in detail	All Staff
People who need to have a broad understanding of this policy	All Staff
People who need to know this policy exists	All Staff

CHANGE CONTROL DETAILS			
Date DD/MM/YY	Version	Description	Reason for changes
11/04/2016	1	New policy	New policy

Policy location:

Main documents folder in Crew room and control room.
On the Company Server

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1.0 Introduction

- 1.1 The law states that workers don't usually have to work more than 48 hours a week on average, unless they choose to. This law is sometimes called the 'Working Time Directive' or 'Working Time Regulations'.

2.0 Purpose

- 2.1 This policy outlines how PTUK will fulfil its duty of care to protect patients, the public and its employees in terms of safe working hours and adherence to Working Time Directives.
- 2.2 These rules aim to promote sensible and appropriate working conditions and hours allowing staff to perform their duties to the best of their ability.

3.0 Duties

3.1 Duties of Directors of PTUK

- 3.1.1 The Managing Director has overall responsibility for ensuring that this policy is adhered to and that crews and staff are receiving the minimum down time between shifts.

3.2 Duties of Managers of PTUK

- 3.2.1 It is the manager's responsibility to ensure that crews and staff are rostered appropriately and that all rotas and shifts adhere to this policy and the Working Time Regulations.
- 3.2.3 All Managers must:
- Be familiar with and enforce this policy.
 - Not make a moral judgment when counselling or interviewing employees.
 - Ensure that contractors working in their area of responsibility comply with this policy.
 - Be aware of, and to monitor, changes in performance, attendance, sickness and accident patterns and take appropriate action

3.4 Duties of Employees

- 3.4.1 All employees (including full time, part time, temporary, bank, managers and agency workers), contractors, subcontractors, agents and visitors will be covered by the PTUK Working Hours Policy and it is the responsibility of all managers and supervisors to ensure that the policy is enforced. This includes self-employed vehicle crew staff operating on PTUK's behalf.

3.4.2 All staff have the duty to familiarise themselves with and comply with this policy.

4.0 Consultation and Communication with Stakeholders

4.1 New members of staff and contractors/subcontractors will be advised of PTUK's policy at induction.

4.2 Existing staff in position at policy inception will be notified by use of internal email and staff notice boards.

4.3 The Staff Liaison Officer is a member of the Clinical Governance and Risk Board who will undertake staff consultation through the development process.

5.0 Definitions

5.1 For the purposes of this policy, "Company Premises" extends to all buildings, yards, and company vehicles including ambulances, minibuses, cars and support vehicles.

5.2 "Client's" or "Customer" premises include those from or to which PTUK are requested to pick up or deliver patients, including their own homes, hospitals, care homes, military establishments and airports. This extends to such premises visited on company business for reasons other than patient transport. (E.g. Sales visits, meetings, conferences etc.).

6.0 Working Time Directive

6.1 Due to the nature of the ambulance service, it is an occupational requirement for staff to opt out of the 48 hour working time directive. Whilst PTUK cannot and do not enforce this requirement, in order for business to function and to maintain shift allocations it is a necessity for operational staff to be aware of time limitations and agree to the opt out agreement.

6.2 This must be a voluntary discussion and must be in writing. This opt out agreement can be indefinitely or for an agreed time period. The employee has the right to cancel the agreement although they must give at least 7 working days' notice.

6.3 16 and 17 year olds cannot normally work more than 8 hours a day or 40 hours a week. The hours cannot be averaged out for 16 and 17 year olds. There is also no opt-out which means they cannot work longer even if they wanted to.

7.0 Working Hours

7.1 As well as doing normal duties, a working week includes:

- Job related training
- Time spent travelling for workers who have travel as part of their job
- Working lunches/business lunches
- Time spent actually working abroad in some cases
- Paid and some unpaid overtime
- Time spent on call at the workplace
- Any other time that is treated as 'working time' under a contract

7.2 A working week doesn't include:

- Breaks when no work is done
- Normal travel to and from work
- Time on call away from the workplace
- Evening and day release classes not related to work
- Travelling outside of working hours
- Unpaid voluntary overtime
- Paid or unpaid holiday

8.0 Hours

8.1 Daily Rest – Workers have the right to 11 hours rest between working shifts.

8.2 Weekly Rest – Workers have the right to an uninterrupted 24 hours without any work each week, or 48 Hours each fortnight.

8.3 A workers employment contract may state that they are entitled to more or different rights to breaks from work.

8.4 Rest Breaks – Workers have the right to one uninterrupted 20 minute rest break during their working day if they work more than 6 hours a day. This break must be taken approximately mid-way through a shift and can be spent away from the workers desk, workstation or place/area of work.

8.5 Shift Hours – No planned shift should be scheduled over a 12 hour working shift. Due to the nature of the work it is accepted that crews can run over their shifts due to unforeseen circumstances. The maximum a shift can increase to is 15 hours as a maximum working time.

8.6 Risks – An employer should give an employee enough breaks to make sure their health and safety isn't at risk if that work is 'monotonous'.

9.0 Help and Advice

- 9.1 For free and confidential advice on working hour's workers can contact the pay and work rights helpline:

Telephone: 0800 917 2368

Textphone: 0800 121 4042

10.0 References

www.gov.uk/maximum-weekly-working-hours/overview

www.gov.uk/drivers-hours/gb-domestic-rules

11.0 Appendices

Appendix 1 – Impact Assessment Tool

Appendix 2 – Checklist for the Review and Approval of Procedural Document

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

If you have identified a potential discriminatory impact of this procedural document, please refer it to Director of Human Resources and Corporate Affairs, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 2 - 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.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?		
	Are people involved in the development identified?	Yes	
	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?	Yes	CG&RB meetings
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	CG&RB
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
7.	Dissemination and Implementation		

	Title of document being reviewed:	Yes/No/Unsure	Comments
	Is there an outline/plan to identify how this will be done?	Yes	Email staff
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	Archived in folder store on server
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	Internal auditor
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

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	11 th April 2020
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	11 th April 2020
Signature			