

Time Owing Policy

| Unique Identifier: | CORP/POL/548 | | | | |
|--------------------------|--------------------------------------------------------|-------------|-------------|---------|---------|
| Version Number: | 4 | | | | |
| Type of Update / Status: | Ratified wit | h Moderate | Changes | | |
| Divisional and | HR & OD – | Workforce A | Advisory | | |
| Department: | | | | | |
| Author / Originator and | Alan Rigby | , HR Manage | er | | |
| Job Title: | | | | | |
| Replaces: | | | | | |
| Description of | Clarified scope of the policy and added in measures to | | | | |
| amendments: | improve best practice. | | | | |
| Approved by: | Joint Negotiating Consultative Committee | | | | |
| Approved Date: | 23/01/2024 | | | | |
| Issue Date: | | | | | |
| Review Date from Date | 1 Year | 2 Years | 3 Years | 4 Years | 5 Years |
| of Approval: | | | \boxtimes | | |
| | | | 23/01/2027 | | |

| Version Co | Version Control Sheet | | | |
|------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------|--|
| | This must be completed and form part of the document appendices each time the document is updated and approved | | | |
| Date dd/mm/yy | Version | Author | Reason for changes | |
| 21/02/20 | 2 | Eleanor Palmer-Rigby, HRBP | General review | |
| 15/05/21 | 2.1 | Maggy Heaton, RCN representative | Review date extended by six months | |
| 23/02/21 | 3 | Lauren Newton, HR Advisor Lucy Barker, HR Advisor Rachel Hook, HR Advisor | General review – minor amendments | |
| | 4 | Alan Rigby, HR Manager | General review | |

| Consultation / Ackr | Consultation / Acknowledgements with Stakeholders | | |
|----------------------------|---------------------------------------------------|---------------------------|--|
| Name | Designation | Date Response Received | |
| John Marsden | Local Counter Fraud Specialist | August 2023 | |
| Tina Daniels | Equality and Diversity Lead | | |
| HR Policy Forum Group | Staff Side/Management | December 2023 | |
| | | | |

1.0 Introduction / Purpose

- 1.1 The Trust acknowledges that on occasion, the demands of the service will require that employees will have to work extended hours of duty for which they may accrue time owing as agreed by both parties as an alternative to overtime.
- 1.2 The provisions of this policy offer a framework by which the accrual and redemption of time owing can be fairly and sensibly managed for the benefit of the staff and the service.
- 1.3 It is the responsibility of the local manager to ensure that time owing is kept to a minimum and that, wherever possible, staff are able to complete their span of duty at the correct time.
- 1.4 This Policy will also help ensure staff have a healthy balance between home and work life, and that time accrued is taken back at the convenience of the service and the employee and as soon as possible after it has been accrued.

2.0 Scope

2.1 This Policy applies to all staff employed by Blackpool Teaching Hospitals NHS Foundation Trust for Band 2-7, in line with the national Agenda for Change. The term "staff" is a collective term that includes full time, part time or temporary staff.

3.0 Definitions and Abbreviations

- Time owing is defined as a period of time worked by the employee for which they have yet to receive either payment or time off in lieu (TOIL)
- Time owed is defined as a period of time where an employee has not fulfilled their contracted hours.
- Healthroster / Employee Online Electronic time management system
- TOIL Time off in lieu

4.0 Policy

- 4.1 Time owing, or owed, is time that is worked in excess or deficit of contracted hours. This must be recorded in 5-minute blocks at the start or end of a staff member's rostered shift or their usual hours of work and where there is an operational requirement. This Policy is to be viewed separately to the Trust's Work Life Balance Policy (1) in regard to flexible working hours, and should be viewed in conjunction with the National Terms and Conditions.
- 4.2 All time accrued, or owed, must be accurately recorded and in a timely manner, via Healthroster / Employee Online and must be authorised by the employees Line

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Manager. It is the staff member's responsibility to ensure that the accrual / deficit and subsequent taking of time off in lieu / working additional duties is authorised by line management. Any discrepancies must be discussed and resolved by the Line Manager and the member of staff at the earliest opportunity. Any adjustment to accumulated time owing and/or time owed can only be authorised by the Line Manager.

- 4.3 Line Managers should not normally allow the deficit/accrual of more than 15 hours' time owing (pro rata for part time staff). This must be monitored on Healthroster on a weekly basis prior to finalising. Where the maximum accrual is reached, it is the responsibility of the Line Manager and member of staff to take the necessary action to reduce the time owing, to not further exceed the maximum amount.
- 4.4 Staff have a responsibility to accurately record all time worked. Additionally, staff must inform line management in circumstances where excess hours need to be worked in order to meet the needs of the service. Employees must discuss any discrepancies with their Line Manager in the first instance.
- 4.5 In exceptional circumstances, where Healthroster cannot be updated in 'real time' an alternative electronic record (i.e. work outlook calendar) must be kept and must match any local corresponding records, for example, a ward off duty. Appendix 1 provides a generic Trust wide TOIL form, to be used in exceptional circumstances, as a short-term measure, if the staff member does not have access to a computer. However, this alternative record should be provided to management and transferred onto Healthroster at the earliest opportunity, or by midday on the following Monday at the latest, to ensure assurance in relation to audit and pay purposes.
- 4.6 If an alternative record is used as the initial method of recording positive and negative amendments to a staff member's attendance, this must be detailed in the Healthroster notes. It is also recommended that Line Managers conduct regular spot checks to ensure alignments between alternative and Healthroster records.
- 4.7 Staff are contracted to work a specified number of hours per week, and in line with Trust Policy, staff who work a shift of more than 6 hours are expected to take a break of at least 30 minutes. Any unpaid breaks not taken must be the exception and not the rule, and authorised by the appropriate Line Manager.
- 4.8 Line Managers have a responsibility for ensuring staff take their allocated break and such breaks are recorded on timesheets or via Healthroster. If a staff member works through their break, the break cannot be added onto the start or end of the working day.
- 4.9 Where it is necessary to work more than the contracted hours and it is predictable e.g., evening clinics, it is expected that where possible reduced hours will be worked during the working day or working hours adjusted accordingly for the week.
- 4.10 If it is not possible to reduce working hours, time owed to the Trust may, in exceptional circumstances, be accrued, following prior discussion with and authorisation by the appropriate manager.

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- 4.11 Where it is necessary to work more than the contracted hours, and it is unpredictable e.g., an unplanned visit / staff shortages, the appropriate manager should be notified as soon as possible after the hours have been incurred.
- 4.12 Study days should, where possible, form part of staff contracted hours. Where this is not possible; study leave will accrue time owing only after agreement with the Line Manager. If the Study day takes place on a 7.5 hour standard working day, but does not last the full 7.5 hours, the health roster should be amended to the actual length of the study day.
- 4.13 Those staff with accrued time owing may, in agreement with their Line Manager, leave a shift early if the service allows, in order to reduce time owing. In all cases this must be agreed with the employee and authorised by Line Managers. It must be accurately recorded on Healthroster or approved documentation and shown with an appropriate "Note" detailing the amendment on Healthroster.
- 4.14 If the service allows, it may be possible for time owing to be taken as a full or half day / shift. This should be recorded on Healthroster following Line Manager authorisation prior to the time owing being taken.
- 4.15 Staff requiring regular time off for family commitments, should refer to the Work Life Balance Policy CORP/POL/521 (1).
- 4.16 Staff must not intentionally accumulate hours in order to take full or half shifts on a regular basis. Additional hours that result in accrual of time owning must be to the services benefit and be approved with the line manager prior to the hours work, unless the requirements is unpredictable.
- 4.17 In accordance with Agenda for Change, (Section a3.5) where staff between bands 2 to 7 are unable to take time off in lieu within three months for operational reasons this will be paid as overtime at the appropriate rate. It is recognised that there is an expectation that comes with the seniority of the role, that staff in Bands 8 and 9 are likely to work reasonable additional hours from time to time. TOIL may be granted for some hours where these hours are considered by their line manager to becoming excessive, to allow the employee to rest and recover from a period of long working hours. There should not be an expectation that employees in these bands routinely take additional hours back as TOIL.
- 4.18 With staff increasingly "working from home", it is essential that staff work to their contracted hours and record the daily start and end times accurately, ensuring breaks are recorded. Any additional, or shortfall, in the time worked must be appropriately recorded and discussed with the staff member's Line Manager. Staff will only be able to accrue TOIL whilst working from home if they have authorisation from their Line Manager.
- 4.19 Staff who Work from Home must turn their laptop off at the end of each working day. It is not acceptable to simply close the laptop, or let it go to sleep. This is to ensure all firewall updates are uploaded into the laptop each time the laptop is switched on.

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- 4.20 Staff who do not follow the instructions contained in this policy may not have their accrued time authorised.
- 4.21 For staff whose start/finish times are pre-populated onto the Healthroster, it is the staff member's responsibility to update their line manager, as soon as practicable, to ensure that the Healthroster is correct.

5.0 Office Based Staff

5.1 Core office hours must match the needs of the particular service. These hours must be agreed in advance to meet the needs of each specific team / individuals. Generally, these core hours are between 08:00 – 18:00 hours however these can be adjusted to meet service needs (e.g. 07.30 – 16.30 hours where meeting/training preparation may be required).

6.0 Time Owed to the Trust

- 6.1 In circumstances where a member of staff has accrued hours which are owed to the Trust, the following action must be taken:
- 6.2 Line Managers to hold a discussion with the staff member and agree an action plan to re-pay the hours over a specified amount of time. This must be monitored on Healthroster.
- 6.3 Any staff member with a time owing balance that owe hours to the Trust will not be allocated overtime until the balance is cleared. In exceptional circumstances, this decision may be deferred to the Directorate Manager.

7.0 Dealing with inaccurate records.

- 7.1 If, over time, a situation arises whereby the record of time owing to the Trust or the employee becomes, or appears erroneous, the Trust will implement the following:
- 7.2 If the service has a paper record of the time owed/owing to a member of staff, and the manager of that service is content to accept that as the correct balance, then the e-Rostering Team could adjust the total on Healthroster to that figure based on individual circumstances. This can only be completed in exceptional circumstances and where diligent checks have been undertaken.
- 7.3 If there is no paper record of the time owing/owed, then the e-Rostering Team would ask the service manager to conduct a preliminary investigation into why the balance was incorrect. If the investigation is inconclusive, i.e. the issue had occurred more than six years previously or as a result of a change in management, then the current Line Manager should contact the e-Rostering Team for advice and guidance.

8.0 Employees transferring to an alternative department.

- 8.1 In circumstances where an employee transfers to alternative department, it is expected that all reasonable measures will be taken to ensure that the time owing balance is reduced to zero. This should be achieved during the employees notice period. The method as to how this will be achieved will be agreed by the manager and the employee, having sought advice from a senior manager and HR if necessary.
- 8.2 If, despite all reasonable steps being taken, a balance remains, this will 'follow the employee into their new post.

9.0 Suspicion of Fraudulent Activity

9.1 In order for the Trust's Time Owing policy to be successful, there has to be an element of trust between Blackpool Teaching Hospitals NHS Foundation Trust and the member of staff. However, any suspicion of fraudulent activity will be referred to the Trust's Counter Fraud Specialist for investigation, in accordance with the Trust's Counter Fraud, Bribery and Corruption Policy, CORP/POL/136 (2).

References and Associated Documents

1. **BTHFT - Policy.** Work-Life Balance. [Online] 15 05 2021. [Cited: 14 09 2021.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-521.docx. CORP/POL/521.

2. —. Fraud, Bribery and Corruption Policy. [Online] 26 04 2021. [Cited: 14 09 2021.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-136.pdf. CORP/POL/136.

3. —. European Working Time Directive (EWTD). [Online] 19 05 2021. [Cited: 14 09 2021.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-221.docx. CORP/POL/221.

4. **NHS Employers.** NHS Terms and Conditions of Service Handbook. [Online] 02 2021. [Cited: 14 09 2021.] https://www.nhsemployers.org/publications/tchandbook. Handbook amendment number 45. NHS TCS Advisory Notice.

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Appendix 1: Generic timesheet

RECORD OF ADDITIONAL HOURS WORKED – TIME IN LIEU (TOIL)

Name:

.....

Division:

.....

Place of work:

Job Title:

Contracted hours:

.....

| Date | Hours Worked | Reason for additional hours worked/taken | Time Worked | Time Taken | Line Manager authorisation | TOIL Balance |
|-------------------|-----------------|------------------------------------------|----------------|---------------|----------------------------|-----------------|
| Example 3/6/15 | 0800 - 1800 | Clinic over ran | + 2 hours | 0 | (Signature) | = 2 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| L | | I | 1 | 1 | BALANCE | |

Please record times using the 24-Hour clock system

Declaration: - I declare that the information I have given on this form is true, factually correct and complete. I confirm that I have worked the above stated hours in full. I understand that if I knowingly provide false information this may result in disciplinary action, and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the Local Counter Fraud Specialist and/or NHS Counter Fraud Authority, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.

Signature of Employee: Date:

| Certified by: | . (Line Manager) Date: | |
|---------------|------------------------|--|
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| Department HR and OD GROUPS TO BE CONSIDERED | Service or Policy COR | P/POL/548 Date Comple | Janua | ary 2024 |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|-----------------------------------|
| | ostance misusers, people who have a d | isability loarning disability o | ldor noonlo, childron (| and familias |
| | or Transgender, minority ethnic commu | | | |
| wider community, offenders. | 0 / 5 | | , ,1 | , , |
| EQUALITY PROTECTED CHARACT | ERISTICS TO BE CONSIDERED | | | |
| | rientation, marriage and/or civil partners | ship, gender identity (or reas | signment), religion an | d belief, carers, |
| Human Rights and social economic / | | F, 5 | | , , |
| QUESTION | RESPONS | | IMPA | СТ |
| | Issue | Action | Positive | Negative |
| What is the service, leaflet or policy | The Procedural Document is to ensure | No action required at this | This policy | No negative |
| development? | that all members of staff have clear | time, but future review might | promotes a positive | impact identifie |
| What are its aims, who are the target | guidance on processes to be followed. | see a change that will | and inclusive | at this time. |
| audience? | The target audience is all staff across | require action. | approach to | |
| | the Organisation who undertakes this | | supporting our | |
| | process. | N1/A | employees. | N1/A |
| Does the service, leaflet or policy/ | There is no identified impact on | N/A | N/A | N/A |
| development impact on community safety | community safety/crime or community cohesion. | | | |
| Crime | | | | |
| Community cohesion | | | | |
| s there any evidence that groups who | Currently there is no evidence that | Monitor data to ensure | This document | No negative |
| should benefit do not? i.e. equal | shows who should benefit does not. | equity. Any future review | supports a positive | impact identifie |
| opportunity monitoring of service users | | might see a change that will | and supportive | at this time. |
| and/or staff. If none/insufficient local or | | require action. | process. | |
| national data available consider what | | | | |
| nformation you need. | No secolitica (secolate to a financial de 1986). | No option manifestic tetters | No importation (10 | Nenerative |
| Does the service, leaflet or | No negative impact has been identified | No action required at this | No impact identified | No negative |
| development/ policy have a negative impact on any geographical or subgroup | in relation to any geographical or subgroup of the population. | time, but future reviews might see a change which | at this time but might change at a | impact identifie at this time. |
| of the population? | | requires action. | future review. | at uns une. |
| How does the service, leaflet or policy/ | Ensures a cohesive approach across | No action required at this | This document | No negative |
| development promote equality and | the Organisation in relation to the | time, but future review might | promotes a positive | impact identifie |
| diversity? | procedural document. | see a change that will | and inclusive | at this time. |
| | | require action. | approach. | |
| Does the service, leaflet or policy/ | The policy does not explicitly include a | No action required at this | This document | No negative |
| development explicitly include a | commitment to equality and diversity but | time, but future review might | promotes a positive | impact identifie |
| commitment to equality and diversity and meeting needs? How does it | is inclusive in this approach in the process of staff taking time owing. | see a change that will require action. | and inclusive approach. | at this time. |
| demonstrate its impact? | process of stall taking time owing. | | appioacii. | |
| Does the Organisation or service | The Trust is reflective of the community | To continue monitoring staff | This policy | No negative |
| workforce reflect the local population? | it serves and employs people from | across all protected | promotes a positive | impact identifie |
| Do we employ people from | disadvantaged groups i.e. those who | characteristics and | and inclusive | at this time. |
| disadvantaged groups | have a disability/learning disability/low | comparing with the local | approach to | |
| | social economic status. | demographic figures from | supporting our | |
| APR designed as the first set of the | The second se | the Council and ONS. | employees. | No |
| Will the service, leaflet or policy/ | This policy does not have any direct | To continue monitoring this | This policy | No negative |
| development i. Improve economic social | impact on the development to improve economic social conditions in deprived | policy to ensure any review takes into account any | promotes a positive and inclusive | impact identifie at this time. |
| conditions in | areas/use brown field sites/improve | changes re points i ii iii. | approach to | |
| deprived areas | public spaces etc. | | supporting our | |
| ii. Use brown field sites | | | employees. | |
| iii. Improve public spaces including | | | | |
| creation of green spaces? | | | | |
| Does the service, leaflet or policy/ | No it doesn't. | N/A | N/A | N/A |
| development promote equity of lifelong | | | | |
| learning? Does the service, leaflet or policy/ | To ensure staff have a health balance | Any time accrued is taken | This policy | N/A |
| development encourage healthy | between work and home life. | back at the convenience of | promotes a positive | 19/75 |
| ifestyles and reduce risks to health? | | the service and the | and inclusive | |
| , | | individual as soon as | approach to | |
| | | possible after it has been | supporting our | |
| - | | accrued. | employees. | |
| Does the service, leaflet or policy/ | No it doesn't. | N/A | N/A | N/A |
| development impact on transport? | | | | |
| What are the implications of this? Does the service, leaflet or | No it doesn't. | N/A | N/A | N/A |
| policy/development impact on housing, | | | 11/7 | 1977 |
| housing needs, homelessness, or a | | | | |
| person's ability to remain at home? | 1 | | 1 | |

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| Appendix 2: Equality | y Impact Assessment Fo | orm | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------|------------------------------|
| Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups? | No particular group has been identified as having an impact as a result of this policy, whether adverse/negative. | Continue to review the policy in future in case circumstances change. No impact identified at this time but might change at a future review. | | | but ge at a |
| Does the policy/development promote access to services and facilities for any group in particular? | No this policy does not promote access to services and facilities for any group. | No action required at this time but future reviews might see a change which requires action. | | No impact i at this time might chang future revie | but ge at a |
| Does the service, leaflet or policy/development impact on the environment | No this policy does not promote access to services and facilities for any group. | No action required at this time but future reviews might see a change which requires action. | | No impact i at this time might chang future revie | but ge at a |
| During development | | | | | |
| • At implementation? | | | | | |
| | ACTION | l: | <u> </u> | | |
| Please identify if you are now required to carry out a Full Equality Analysis | | Yes | No | • | ease delete as propriate) |
| Name of Author:ASignature of Author:A | Alan Rigby (HR Manager) | | Date Signed: | | January 2024 |

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