

## Stockport Access & Crisis Team Time & Motion Study - Pennine Care UNISON: 28th October - 10th November 2013

| Name:                |    |    | _ Role: |    |    | Band: Date://2013 |    |    |    |
|----------------------|----|----|---------|----|----|-------------------|----|----|----|
| TIME:                |    |    |         |    |    |                   |    |    |    |
|                      | То | То | То      | То | То | То                | То | То | То |
| Shift start:         |    |    |         |    |    |                   |    |    |    |
| Shift finish:        |    |    |         |    |    |                   |    |    |    |
| Actual shift finish: |    |    |         |    |    |                   |    |    |    |
| TOIL<br>Accrued:     |    |    |         |    |    |                   |    |    |    |

- 1. During your shift, were you required to undertake an assessment which needs to be ratified/approved by a band 6? YES / NO
- 2. If you answered 'YES' to question 1, was a band 6 member of staff available? YES / NO
- 3. If you answered 'NO' to question 2, why were they unavailable?
- 4. Do you have any other comments about this shift you wish to share with us (you can continue on the reverse of this form if needed)?

Please return completed forms to Rebecca Guy, UNISON Steward (rebecca.guy@nhs.net) by 6th November 2013

## Further comments continued:

## **GUIDANCE ON COMPLETING THIS FORM**

- Please complete one form per shift during the time and motion study period of 28<sup>th</sup> October to 1<sup>st</sup> November 2013, so that we can see an example of your work pattern over the course of this timeframe. You do not need to be UNISON member to take part the more information from staff we have, the more we can do to help.
- For an electronic copy of this form (which you can print) and an example of a completed form, visit www.penninecareunison.org/timeandmotion
- Each box or column should represent 1 hour in an 8 hour shift, or 2 hours for a night shift which is longer than 8 hours in duration.
- Please enter what work activity or rest you undertook from what time and to what time (approximately). You should record all breaks and travelling time, the location of the activity and any specific issues or points regarding the activity you wish us to be aware of.
- All personal information will be kept confidential and the data will only be used cumulatively, or otherwise with your expressed consent.
- If you require any help or guidance on completing this form, please contact:

Rebecca Guy - 07506 292 207 / rebecca.guy@nhs.net

Not a UNISON member? Join us at <a href="https://www.joinunison.org">www.joinunison.org</a> or call 0800 171 2193