

Document Information

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1. Introduction

- 1.1. Effective utilisation of staff and resources within the Trust is crucial to the quality of care delivered. In order to achieve this, the Trust needs people with the right skills, in the right place, at the right time.
- 1.2. Well organised rostering is fundamental in the achievement of effective and safe staff scheduling. All managers have a responsibility to ensure their resources are deployed effectively.
- 1.3. This policy has been produced to ensure staffing is planned and organised in a way and to a level which best meets the needs of our service users and the Trust.

2. Policy Statement

- 2.1. This policy will consider the role and responsibilities of all involved in the delivery of safe, fair, equitable and cost effective rosters for all staff within the Trust.
- 2.2. Managers and clinical leaders have responsibility to ensure the policy is implemented within their area and to undertake a quarterly audit to ensure on-going compliance.
- 2.3. Managers have responsibility for the distribution of this policy to staff within their area of responsibility.

3. Purpose

- 3.1. To define the standards for roster practice within the Trust.
- 3.2. To define the role and responsibility of all Staff in the delivery of safe, fair, equitable and cost effective rosters.
- 3.3. To ensure that staff are effectively rostered within their own area and across Localities to ensure appropriate skill mix.
- 3.4. To ensure that staff rosters are fit for purpose in order to deliver safe high quality standards of care and match the planned staffing levels
- 3.5. To define the escalation process for staff to follow if a shift is under staffed..
- 3.6. To minimise additional usage of bank staff and to avoid the use of agency staff.
- 3.7. To maintain standardisation of roster management.
- 3.8. To ensure that rosters are fair and consistent.
- 3.9. To ensure staff are working appropriate working patterns and taking breaks and regularly spaced annual leave.

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- 3.10. To ensure effective rosters are produced in accordance with the European Working Time Directive.
- 3.11. To support and promote positive work life balance, whilst taking into consideration service requirements.
- 3.12. To ensure rosters are produced **well in advance**, to enable staff to manage personal arrangements and allow advance notice of staffing shortfalls.
- 3.13. To ensure annual leave and study leave is planned **in advance** and evenly spread throughout the year.
- 3.14. To ensure the accurate and the timely payment of staff through data being entered correctly at source.

4. Scope

- 4.1. The policy applies to all substantive and temporary workers where rostering is used in the delivery of Trust services.

5. Unit Establishments

- 5.1. An agreed and funded staffing establishment is essential to delivering high quality care.
- 5.2. Each unit should have an agreed total number of staff and skill mix for each shift, approved by the Executive Director of Nursing and Executive Director of Operations.
- 5.3. The skill mix and establishment should be reviewed at least 6 monthly, to link with the budget setting and workforce planning process. Skill Mix and establishment reviews may happen more frequently if a service need or risk is identified. These reviews should be completed following the standard operating procedure for staffing establishment and skill mix reviews.
- 5.4. Flexible working arrangements should be openly acknowledged, documented and reviewed at least annually in accordance with the Trust's [Flexible Working Policy](#).

6. Non-effective working time

- 6.1. For each Unit a headroom allowance is included in the budgeted establishment to cover non-effective working time annual leave and Sickness
- 6.2. The budgeted allowance will be reviewed, as a minimum, on an annual basis.

7. Rosters

7.1. General Principles

- a) The Unit Manager must ensure that all contracted hours are utilised and that all staff are rostered for all of their working hours.

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- b) In areas where the workload is known to vary according to the day of the week or other factors the planned staff numbers and skill mix must reflect this.
- c) There must be a designated nurse-in-charge who has been identified as having the required skills and competencies for a coordinating role.
- d) All rosters must be signed off and approved **8 weeks** in advance.
- e) All requests for specific shifts must be made using the e-rostering system and will be taken into consideration during the roster planning process.
- f) Service requirements must be prioritised over any shift requests.

7.2. Producing Rosters

- a) Rosters must be completed **8 weeks** in advance of the start date, using the electronic roster system.
- b) Rosters **must** not be produced on paper.
- c) All rosters must ensure that staff are rostered evenly throughout the week, across all shifts, keeping the need for temporary cover at night and weekends to a minimum.
- d) Service needs take priority when creating a roster. Staff must be considerate of their colleagues, and be aware of their contracted requirement to undertake their share of weekend and night shifts.
- e) There must always be at least two members of staff trained within the team to use the e-rostering system.
- f) Modern Matron or Equivalent Line Managers will **only** consider electronic shift requests.
- g) All rosters must be created in accordance with the [European Working Time Directive](#).
- h) All shifts of over 6 hours and up to 12 hours duration must include a minimum of 30 minutes unpaid break which should not be taken at the end of a shift.
- i) Night shifts, regardless of duration, will include a minimum of 30 minutes and a maximum of 60 minutes unpaid break.
- j) The annual leave allocation will not exceed or drop below the agreed weekly quota for each individual area (see section 7.6).
- k) Reporting requirements for sickness absence must be in accordance with [Managing Attendance and Absence Policy](#).

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- l) Actuals for all shifts worked or absent, must be verified on a weekly basis, no later than 5pm every Tuesday.
- m) All Actuals must be verified and signed off in line with the published [payroll deadlines](#).
- n) Changes to the planned roster should be kept to a minimum.
- o) Any changes to the planned roster ideally should not require bank cover and will be subject to the Unit manager's approval.
- p) Any staff requested from the AWP bank must be at the lowest possible grade in order to maintain a balanced skill mix.

7.3. Validation and Approval

- a) The Unit Manager is responsible for ensuring the roster is created in accordance with this policy.
- b) The Modern Matron or Equivalent Line Manager is responsible for reviewing and approving the proposed roster.
- c) If the Modern Matron or Equivalent Line Manager rejects the proposed roster, the Unit manager must review and amend the roster in conjunction with the Modern Matron until agreement is reached.
- d) Once a proposed roster has been agreed the Modern Matron or Equivalent Line Manager will sign off the planned roster.

7.4. Shift Patterns

- a) It is recommended that staff are rostered for a maximum of 3 consecutive long days or 4 consecutive night duties
- b) Staff must adhere to the Trust's [Working Time Regulations Policy](#).
 - **Daily Rest** – a worker is entitled to a rest period of 11 consecutive hours in each 24 – hour period (12 hours in 24 hours for young workers). For this reason the Trust does not encourage staff to work a late shift followed directly by an early shift.
 - **Weekly Rest** – a worker is entitled to an uninterrupted rest period of not less than 24hours in each 7-day period or 48 hours in each 14-day period. (48 hours in each week for young workers).
- c) There are 2 standard shift patterns currently in existence in the Trust¹

¹ Except Acer Ward which operates 8am – 8pm and 8pm – 8am.

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Early: 6.45am to 2.45pm Late: 1.15pm to 9.15pm Night: 8.45pm to 7.15am	Early: 7am – 3pm Late: 1.30pm – 9.30pm Night: 9pm – 7.30am
Long Day – flexible working request	

- d) For non-ward areas shift patterns must be based on service requirements and flexible to meet changing requirements.

7.5. Breaks During Shifts

- a) For shifts less than 6 hours there is no entitlement for breaks.
- b) All shifts over 6 hours (up to 12 hours) must include a minimum of 30 minutes unpaid break.
- c) Within a 12 hour shift a 60 minute break must be taken.
- d) Breaks must not be taken at the start or end of a shift i.e. the first or last hour of a shift as their purpose is to provide rest time during the shift.
- e) The person in charge of the shift is responsible for ensuring that breaks are planned and taken.
- f) If breaks are unable to be taken at an agreed time due to clinical need, they should be taken as soon as possible after this point.
- g) Rest breaks are normally unpaid and should not overlap with a worker's daily rest period. The Trust does not expect staff to undertake any form of work during their unpaid break. When in exceptional circumstances, as described above, there is a requirement to work during a break; staff will be offered paid time or time off in lieu in respect of this in accordance with the Trust's [Working Time Regulations Policy](#).

7.6. Annual Leave

- a) The Unit Manager is responsible for approving and allocating annual leave equitably to ensure balanced staffing throughout the year (See example calculation below).
- b) At all times Service need will take precedence over staff requests.
- c) It is the responsibility of the Unit Manager to ensure that 100% of annual leave is requested prior to the start of the annual leave year.
- d) Occasionally staff might have to request changes to their planned annual leave allocations. Unit Managers must consider reasonable requests and/or domestic emergencies and work with the member of staff

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concerned to accommodate any such request within allocated resources and providing service delivery can be maintained.

- e) Annual leave must be approved by the Unit Manager before any firm holiday arrangements or payments are made.
- f) Staff who do not submit any annual leave requests will be allocated annual leave by the Unit Manager.
- g) Unit Managers must allocate annual leave in a reasonable, fair and equitable manner, taking into consideration both planned and ad hoc staff requests.
- h) Unit managers will maintain up to date records, which must include details of when staff are successful and unsuccessful with their annual leave requests.
- i) Annual leave requests during Christmas, Easter, bank holidays and over the summer months must be considered in line with Service needs and allocated fairly and equitably.
- j) All new starters are expected to book their annual leave in accordance with Trust practice within one month of commencement.
- k) Pre-arranged annual leave for new starters must be determined at interview and considered in line with Service needs and existing requests and individual requirements.

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How to calculate annual leave using the “Guys and St Thomas” model

Using Days

Ward A has 21 trained staff.

Assuming each member of trained staff has 7 weeks leave each this means there are 147 weeks of annual leave which need to be taken throughout the year i.e.

$$21 \times 7 = 147 \text{ weeks to be taken per year}$$

$$147 \text{ divided by } 52 = 2.8$$

Therefore, Ward A should have three members of trained staff on an annual leave each week throughout the year to achieve an even distribution of leave and minimise the need for temporary nursing staff i.e.

If staff have different amounts of annual leave then add up all weeks of annual leave due to trained staff and divide by 52 to achieve the same result.

Using Hours

Ward A has 21 trained staff.

Assuming each member of trained staff has 262.5² hours leave each this means there are 5512.5 hours of annual leave which need to be taken throughout the year i.e.

$$21 \times 262.5 = 5512.5 \text{ hours}$$

$$5512.5 / 52 = 106 \text{ hours of annual leave per week}$$

$$\text{To convert this into wte divide by } 37.5 \text{ i.e. } 106 / 37.5 = 2.83 \text{ wte}$$

Therefore, Ward A should have three members of trained staff on annual leave each week throughout the year to achieve an even distribution of leave and minimise the need for temporary nursing staff.

If staff have different amounts of annual leave then add up all hours of annual leave due to staff and divide by 52 to achieve the same result.

Note: The same calculation will need to be conducted for the unqualified staff to ensure the correct numbers of qualified and unqualified staff are on leave each week throughout the year.

² Example based on aggregated leave entitlement for fulltime employees with less than 5 years accrued service. See Annual Leave Ready Reckoner on Ourspace

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7.7. Sickness

- a) Sickness will be managed in line with Trust procedures including communicating start and end dates/times of sickness absence.
- b) Sickness absence will be recorded on the staff roster.

7.8. Time Off In Lieu (TOIL)

- a) Any time worked over and above their contracted hours should be sanctioned by the Unit Manager
- b) Any time claimed back, via time owing must be recorded and approved by the Unit Manager.
- c) TOIL should be allocated on the electronic roster as a "Lieu day Off" and the shift and times amended to reflect the time taken.

7.9. Study / Training Days

- a) Leave to attend training days must be assigned in accordance with Trust policy and take account of Mandatory and Statutory requirements.
- b) Rosters must be planned to ensure all staff attend the required mandatory training.

7.10. Use of Temporary staff

- a) Units using the electronic roster system are able to identify substantive staff with unused contracted hours and should utilise these hours before booking temporary staff.
- b) Temporary staff should only be used to cover unplanned absences or unexpected rising needs, on a very short term basis, unless prior approval is obtained from a Locality Director. Temporary staff will not be used for annual leave cover.
- c) Ideally no temporary staff should be booked on planned rosters for Bank Holidays / Easter / Christmas / New Year unless prior approval is obtained from a Locality Director.
- d) All requests should be made with consideration for the overall competence / skill mix / caseload weighting / gender mix of the shift being covered.
- e) The hours worked by temporary staff should be recorded and reported accurately within the electronic roster system.
- f) Unit Managers are responsible for ensuring that temporary cover is organised in the most timely, efficient and economical manner. If temporary staff cannot be obtained, the associated risk must be escalated to a Locality Director / Senior Manager on-call as soon as possible.

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- g) Should no solution be found to meet the need for temporary cover the Locality Director/Senior Manager on-call must escalate the risks to the Director of Nursing and Quality and the Director of Operations as soon as possible.
- h) Planned bank cover must be requested from the Bank **6 weeks** in advance of the shift to allow substantive staff to have an opportunity to request bank shifts on their unit.
- i) The final and least desirable option is to request Agency cover, which should only be considered in exceptional circumstances.
- j) Approval for agency must be obtained from a Locality Director and in accordance with the Agency Authorisation Protocol (Appendix 1).

8. Escalation procedure

- 8.1. There may be times when the staff available on a shift is not at the planned level, either in numbers or skill mix or at a level felt to be safe for the immediate clinical requirements. This could be due to short notice absence through sickness or due to a sudden change in clinical need within a ward/ team.
- 8.2. At the start of each shift the allocated Nurse in Charge should review the staffing for the next 24 hours to check it matches planned levels. This should include information known about short notice absence and potential for increasing clinical need.
- 8.3. If the a shift, within that 24 hour period, is not at the planned level for either number of staff on duty or skill mix, they need to risk assess the impact of the staff available to cover the shift.
- 8.4. If the Nurse in Charge assesses that the shift is below numbers or planned skill mix, but is still able to provide safe quality care, they must inform the Unit Manager of the issue and the reason why they have assessed it as safe.
- 8.5. If the Nurse in Charge assesses that the shift is not covered sufficiently to provide safe quality care they must escalate the shift to ensure additional staff are made available.
- 8.6. In hours the Nurse in Charge must alert the Unit manager and or Matron to the shortage and the assessment of additional staffing need. The unit manager / Matron must review the assessment and support the Nurse in Charge to find additional staff through reallocation of substantive staff or through the temporary staffing process described in section 7 of this policy.
- 8.7. Out of hours the Nurse in Charge must alert the on call Manager to the shortage and the assessment of additional staffing need. The on call Manager must review the assessment and support the Nurse in Charge to find additional staff through reallocation of substantive staff or through the temporary staffing process described in section 7 of this policy.

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8.8. If the shift numbers are not able to be increased through deployment of substantive or temporary staff the Nurse in Charge must raise an incident form following the [Incident Policy](#).

8.9. A flow chart of this process is attached as Appendix 2

9. Roles and Responsibilities

9.1. AWP Staff

- a) Adhere to the requirements set out in this Roster policy.
- b) Be reasonable and flexible with roster requests, in line with Trust policies, to ensure the provision of safe services 24 hours a day.
- c) Work their share of the entire range of shifts e.g. nights and weekend shifts.
- d) Attend work as per the planned roster, including study and training days.
- e) Be familiar with and comply with the Trust's Working Time Regulations Policy.
- k) Acknowledge that requests cannot be guaranteed and recognise all rosters will be planned with the requirements of the Trust taking priority.
- f) Make shift requests using self-roster.
- g) Discuss with line manager any health and wellbeing issues that may affect rostering as soon as practicable.
- h) Comply with booking annual leave a year in advance at the start of each financial year ensuring that regular breaks are taken to maintain health and wellbeing.

9.2. Bank Workers

- a) Attend work as and when booked into a Bank shift, including mandatory training days.
- b) Be flexible when asked to move areas when reasonably asked to do so.
- c) Be familiar with and comply with the Trust's [Working Time Regulations Policy](#).

9.3. Unit Managers

- a) Unit managers are responsible for creating and / or approving a roster that complies with this policy and other relevant Trust policies and procedures.
- b) Ensure the safe staffing of the ward or team even if they do not directly undertake the task of producing the duty roster.

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- c) In line with the agreed skill mix ensure that there are enough staff on shift with the required competencies to meet the needs of the service.
- d) Ensure that there is always one member of staff available to plan rosters, complete actuals, undertake weekly verification and sign off.
- e) Ensure all staff work their share of the entire range of shifts (unless there are particular circumstances).
- f) Ensure staff are working appropriate working patterns and taking breaks and regularly spaced annual leave to minimize unplanned absence
- g) Ensure that the off duty is an accurate reflection of hours worked (and claimed).
- h) Plan and provide services in accordance with the agreed staffing budget.
- i) Responsible for the management of non-effective working time i.e. annual leave, study/training leave and management days in line with Trust policies.
- j) Approve Unit roster for review and final authorisation by the Modern Matron or Equivalent Line Manager.
- k) The fair and equitable allocation of all planned leave across the year.
- l) Verification of all shifts worked on a weekly basis and in line with the Trust's published [payroll timetable](#).
- m) Ensure all staff are aware of this policy and the rostering guidance issued.

9.4. Modern Matron or Equivalent Line Manager

- a) Responsible for ensuring all Unit Managers are aware of and have a detailed understanding of the requirements within this policy.
- b) Scrutinise and sign off all rosters for their clinical areas at least 8 weeks in advance.
- c) Ensuring the roster meets safe staffing levels
- d) Approve the use of planned bank cover prior to planned roster sign off.
- e) As a last resort scrutinise and escalate agency requests in line with Trust Agency Booking Process (Appendix 1)

9.5. Departmental Finance Manager

- a) Responsible for monitoring the agreed staffing resource for each Unit with the Locality senior management teams. The agreed staffing resource is

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derived from the skill mix and number of staff required for each shift and has an allowance for non-effective working time as defined in section 6.

- b) On a monthly basis review the KPIs that affect the use of resources with the Managing Director and Modern Matron or Equivalent Line Managers to ensure that resources are being managed efficiently.
- c) Report on temporary staffing expenditure.

9.6. Managing Director

- a) Monitoring temporary staffing usage against unit establishments and non-effective working days.
- b) Scrutinise, review and authorise all agency requests keeping agency use to an absolute minimum.
- c) Ensure all agency requests and bookings are managed through AWP Bank in line with the Trust's Agency Booking process.

9.7. Clinical Director

- a) Responsible for providing assurance to the Director of Operations that all staff are aware of and complying fully with the requirements set out in this policy.
- b) Monitor and report Bank and Agency use in conjunction with Finance and Human Resources through Locality performance mechanisms to the Trust Board.

9.8. Executive Director of Operations

- a) Executive lead responsible for ensuring this policy is embedded across all operational areas of the Trust.
- b) Ensure there is an effective process to review KPIs that affect the use of resources within each Locality.
- c) Report temporary staff use to Trust Board through Trust performance mechanisms.

9.9. Executive Director of Nursing

- a) Executive lead responsible for ensuring the Trust establishment and skill mix is reviewed and set at least 6 monthly

10. Standards

- 10.1. This policy will be measured against the requirements of employment legislation and the best practice expected from a modern health organisation.

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11. Training

- 11.1. Further information, advice and training manuals are accessible via the Roster pages on [Ourspace](#) for all staff.
- 11.2. Practical training for managers responsible for planning and/or verification is arranged via the MLE and should be completed as directed by the Unit Manager and / or Modern Matron or Equivalent Line Manager.

12. Monitoring or Audit

- 12.1. Monitoring and audit will be undertaken by the Modern Matron or Equivalent Line Managers responsible for each Roster area. using the Key Performance Indicators for e-rostering.
- 12.2. This policy will be formally reviewed annually.

13. Definitions

- 13.1. **Roster:** a planned schedule informing staff of when they are required to work.
- 13.2. **Electronic rostering (or e-rostering):** an electronic way of fairly and efficiently managing allocated staff resources.
- 13.3. **R-Roster:** staff access account for requesting of shifts (working / non-working) and monitoring of attendance (known as Self Roster)
- 13.4. **Non-effective days:** days that staff are not available for the roster i.e. planned and unplanned non-attendance such as annual leave, study days, management days, sickness, paternity leave, maternity, carers leave etc.
- 13.5. **Unit:** Ward, Team or Department.
- 13.6. **Long Day:** Shifts of 11.5 to 12.5 hours
- 13.7. **Management days:** Administration days for clinical staff; usually unit managers and deputies.
- 13.8. **Whole time equivalent (WTE):** measure used to define a workers contracted hours e.g. 1.0 WTE is a worker on a full time contract (37.5hrs), while 0.5 WTE is a worker on a half time contract (18.75hrs).
- 13.9. **Planned roster / Off Duty:** Roster produced 8 weeks prior to date of shift, signed off and approved by the Modern Matron or Equivalent Line Manager.
- 13.10. **Headroom Allowance:** The % built into the budgeted establishment to cover planned absence (Section 6.0).
- 13.11. **Study leave:** Mandatory training and educational study days.
- 13.12. **Modern Matron or Equivalent Line Manager:** the person with designated responsibility for roster management for a particular team or area (a roster patch)

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13.13. **EWTD:** [European Working Time Directive](#)

13.14. **Actuals:** Retrospective confirmation of the working shifts and absences that actually happened.

14. Associated and Related Procedural Documents

14.1. [Agenda for change terms and conditions of employment](#)

14.2. [Managing Attendance and Absence Policy](#)

14.3. [Special Leave Policy](#)

14.4. [Working Time Regulations Policy](#)

14.5. [Electronic Rostering documentation and guidance](#)

14.6. [Dignity at Work Policy](#)

14.7. [Flexible Working Policy](#)

14.8. [Annual Leave Policy](#)

14.9. [Guidance for managers and staff: Working additional hours](#)

15. References

15.1. NHS Employers. (2012) e-Rostering.
<http://www.nhsemployers.org/PlanningYourWorkforce/Flexible-workforce/AgencyWorkers/ReducingAgencySpend/e-Rostering/Pages/e-Rostering.aspx> [1 July 2013]

15.2. Royal College of Nursing. (2012). A shift in the right direction.

15.3. London Procurement Programme. (2010). Best Practice Roster Policy Guidelines and Workforce Efficiency Levers.

15.4. HSE. (2009) Managing shiftwork.

15.5. National Audit Office. (2006). Good Practice in Managing the Use of Temporary Nursing Staff.

15.6. NHS Employers. (2010). Briefing 72. Flexible Workforce: Strategic planning to reduce costs and improve quality.

15.7. NHS Employers. (2007). Electronic rostering: helping to improve workforce productivity. A guide to implementing electronic rostering in your workplace.

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Appendix 1 – Agency Booking Process

Agency cover will only be considered as a last resort and will require Director approval.

Mon – Fri 0900-1700

Manager to contact Locality Director to request agency cover

Out of Hours

Local Manager on-call to contact Senior Manager on-call to request agency cover

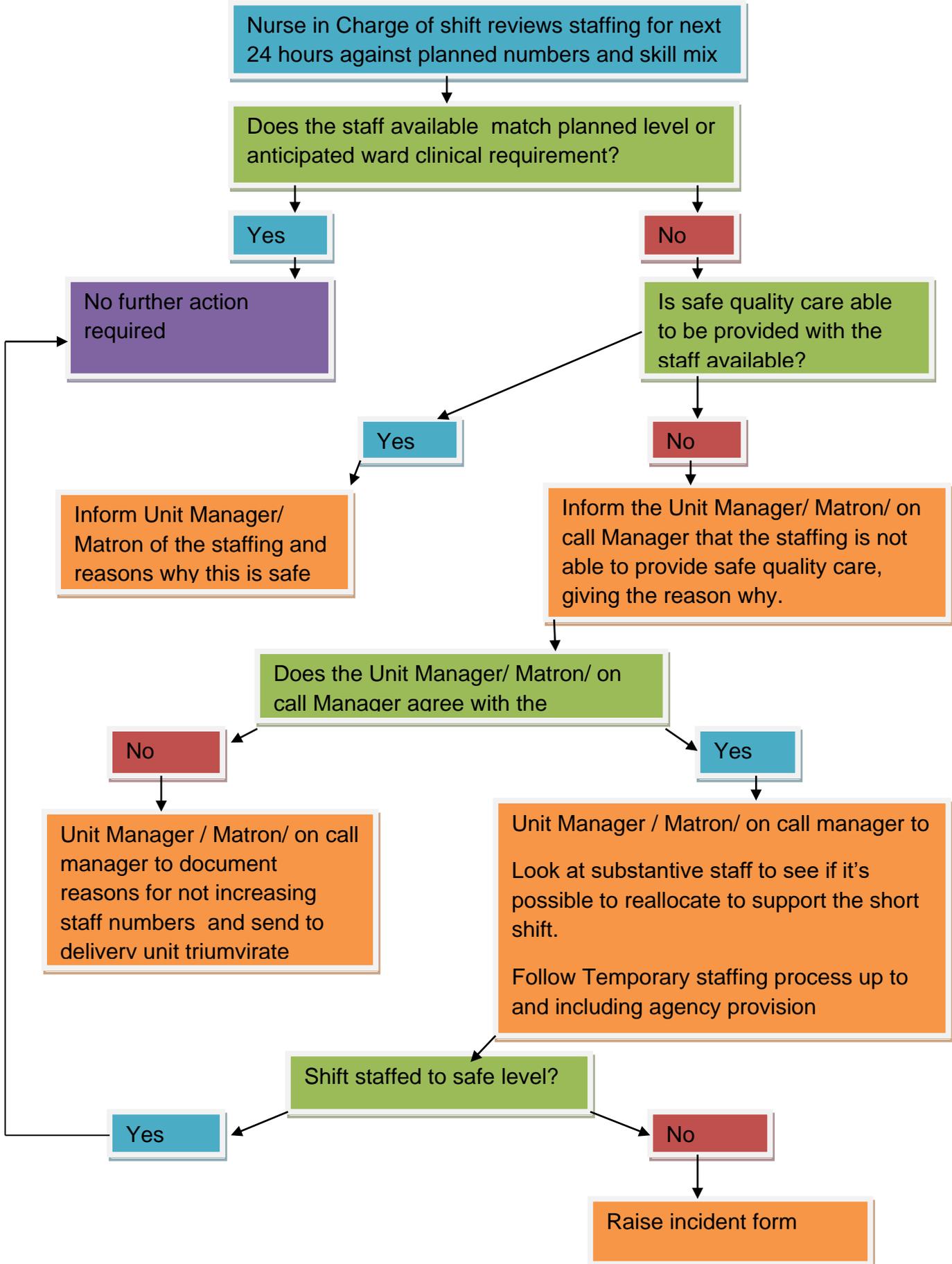
Bank team will only accept agency bookings once authorisation has been confirmed. All requests and bookings will be confirmed by email, which will be sent to the person making the request, senior manager authorizing the request and relevant Locality Managing Director.

Appendix 2 - Bank and Agency Authorisation Procedure

[The procedure can be found here](#)

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Appendix 3 – Escalation process



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