CCDHB Staffing Methodology Steering Group terms of reference

# Purpose

The Staffing Methodology steering (SMS) group is a subgroup convened with accountability to the CCDM Council. The purpose of the SMS group is to:

1. Develop an FTE calculation strategy and communications for CCDM Council endorsement.
2. Establish and verify the FTE calculation data inputs and outputs for CCDM Council endorsement.
3. Ensure activity unfolds in a logical, organised and efficient way as per the FTE calculation road map (refer associated documents). The staffing methodology outcomes are implemented in a timely manner (no greater than 3 months).

# Reporting structure

# Key tasks/role

* Make recommendations to the CCDM council on approach/strategy for implementing the Staffing Methodology and FTE calculation (refer associated documents FTE calculation implementation options).
* Develop detailed work plan/s for conducting the FTE calculation as per the FTE calculation road map.
* Assign roles, responsibilities and timelines for completing the work plan.
* Review FTE data quality checks and make recommendations to the CCDM council to proceed or not.
* Validate the FTE calculation data inputs (data request schedule).
* Complete ward/unit context assessment (data request schedule).
* Review FTE calculation checklist (see associated documents).
* Assign designated person to write/compile FTE calculation report.
* Endorse FTE calculation report and recommendations for submission to the CCDM council.
* Make timely decisions and hold staff to account for undertaking actions within the agreed timeframes.
* Monitor and evaluate the progress against work plan.
* Report monthly to the CCDM council on progress against work plan.
* Ensure partnership processes and practices are managed effectively.
* Communicate with all key stakeholders on progress as per communication plan/strategy.
* Receive information from and feedback to the local data councils.
* Provide opportunities to develop internal expertise in care capacity demand management.

# Membership

| Name/Title | Role in Council |
| --- | --- |
| Integrated Operations Centre Director | Chair, set strategy, provide data as per Data Request Schedule, provide current view on staffing resourcing 24/7. |
| Executive Director Nursing and Midwifery | Drive strategy, make decisions, remove barriers, ensure accountability, and ensure group members have required knowledge. Deputy Chair. |
| Executive Directors of Operations | Drive strategy, make decisions, remove barriers, ensure accountability and ensure group members have required knowledge. |
| Manager HR | Advise on employment relations, link to workforce strategy, and assign resources. |
| Business Support Manager | Collect data as per the Data Request Schedule, verify data inputs, may input the data into software. |
| Health Union representatives | NZNO and/or PSA and/or MERAS organisers and professional advisers. Represent members, work in partnership, advise on MECA entitlements. Include NZNO, PSA, MERAS delegate. Contribute to report writing. |
| Service and/or operations manager | Ensure group members have required knowledge. Provide data as per Data Request Schedule, provide service/directorate perspective, select recommended roster in collaboration with CNM and health union; contribute to report writing, |
| Nursing/Midwifery Leadership | Ensure group members have required knowledge. ADON/ADOM to provide professional advice in line with workforce strategy/service goals. May be involved in roster selection, report writing. |
| TrendCare Coordinator | Provide acuity data, check data accuracy and integrity, explain plausible reasons for variance. |
| CCDM Programme Manager | Ensure group members have required knowledge. Coordinate data collection, input data into software, coordinate roster selection meeting/s, and coordinate report writing. |
| SSHW Unit Programme Consultant | Provide expertise on CCDM components and process, provide training as needed. |

Other members may be co-opted to the steering groupas and when required to provide expert advice. Membership will be reviewed annually.

# Responsibilities

* Group members are expected to have good knowledge of the FTE calculation methodology.
* Group members are expected to attend and participate in all meetings.
* Abide by the decisions of the steering group and CCDM council.
* Ensure confidentiality of information provided to the working group and CCDM council.
* Disseminate and discuss information with the people/groups as required to undertake the FTE calculation work plan.
* Read and provide feedback on all documents received within the agreed timeframes.
* Ensure meeting actions are followed through and reported on within the agreed timeframes.
* Work in partnership as per partnership framework and charter.

# Meeting process

Meetings will be held monthly on for a maximum of one hour. Meeting time will be from 1500 – 1600 hours on the 2nd Wednesday of each month. CCDHB will facilitate the participation of the union.

* Agenda items will be called for by the Chair 3-5 working days prior to schedule meeting.
* Additional agenda items may be taken by the Chair at the meeting or prior to commencing.
* An agenda and papers will be circulated by the Chair before the meeting.
* Members are to inform the Chair if not attending a meeting at least 48 hours prior.
* Where members are unable to attend a meeting proxy will not be accepted.
* Meeting minutes will be circulated 3-5 working days after the meeting.
* Meeting minutes will be confirmed as ‘final’ at the next meeting. Copies will be retained as part of the FTE Calculation Working Group programme documents.

# Decision making

* A quorum for a meeting is represented by a 50 percent attendance of the group plus the chair.
* The quorum must include union representation.
* Should the quorum not be present, items passed will be held for ratification until the next meeting.
* Where possible, decisions will be made by consensus.
* If group consensus cannot be reached a summary of views will be documented, distributed and held within the group document file.
* Where decisions are contentious and/or complex, a decision making framework will be used and separate detailed documentation made on the Decision Making Record.

# Functional relationships

Examples include (but are not limited to):

CCDM Council

Local data councils

CCDM working groups

Information technology, human resources, project management office, pay roll, business support

# Associated documents

FTE calculation options paper

FTE calculation – an introduction (PPT)

FTE calculation step by step guide (PPT)

FTE calculation PDSA process

Software administration business rules

FTE calculation data request schedule

FTE calculation software user guide

FTE calculation software detailed user guide

Decision making flow chat

Decision making record

CCDM programme standards

DHB reporting framework

CCDM core data set