FTE calculation working group terms of reference

# Purpose

The full time equivalent (FTE) calculation working group is a subgroup convened annually with accountability to the CCDM council. The purpose of the FTE calculation working 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 occurs in a logical, organised and efficient way as per the FTE calculation road map (refer associated documents).

# Reporting structure

<Insert organisational diagram of CCDM governance>. Example:

## Key tasks/role

* Make recommendations to the CCDM council on approach/strategy for implementing the 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 |
| --- | --- |
| Executive Director Nursing and Midwifery | Co-chair, set strategy, make decisions using partnership approach, remove barriers, ensure accountability, ensure group members have required knowledge. |
| Health Union representatives i.e NZNO, PSA, MERAS organisers and professional advisers | Co-chair, represent members, make decisions using partnership approach and advise on MECA entitlements. |
| Manager HR | Advise on employment relations, link to workforce strategy, and assign resources to co-collect data as per the CCDM data request schedule. |
| Manager Communications | Develop communications, work with CCDM Site Coordinator/clinical manager to tailor key messages. |
| Business Support Manager | Co-collect data as per the CCDM data request schedule, verify data inputs, may input the data into software. |
| CNM | Co-collect data as per the CCDM data request schedule; select recommended roster in collaboration with service manager and health union; contribute to report writing. |
| Integrated Operations Centre Manager/Casual Resource Manager | Co-collect data as per the CCDM data request schedule, provide current view on afterhours resourcing. |
| Service and/or operations manager | May chair the meeting, ensure group members have required knowledge. Co-collect data as per the CCDM data request schedule, provide service/directorate perspective, select recommended roster in collaboration with CNM and health union; contribute to report writing. |
| Nursing/Midwifery Leadership | May chair the meeting, ensure group members have required knowledge. ADON/Nursing Director, 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 Site Coordinator | May chair the meeting, 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 working 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 working 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 agreed to progress 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.

# Meeting process

Meetings will be held on the <insert frequency date and day> for a maximum of <one hour>. Meeting time will be from <insert start and finish time of the meeting >.

* Agenda items will be called for by the Chair 3-5 working days prior to the scheduled 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.
* One topic will be discussed at a time.
* All members will participate in discussion and decision making.
* One person will have the floor at a time.
* Members’ remarks will be relevant to the matters under discussion.
* The chair will summarise the main points
* Actions will be followed up on.
* New assignments will be specific and clear.
* Good timing will be maintained (start, finish and duration of discussions).
* Meeting minutes will be circulated 3-5 working days after the meeting (refer Appendix).
* 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.
* Meeting process will be periodically evaluated using both verbal and written feedback methods. Quarterly, ask the following two questions or distribute the meeting evaluation form.
	+ What went well at this meeting?
	+ What needs to be changed?
* Meeting evaluation results will be fed back to the group at the next meeting.

# 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 of the decision.

# Functional relationships

Examples include (but are not limited to):

* Local data councils
* CCDM working parties
* Information technology, human resources, project management office, pay roll, business support personnel