Rostering Masterclass – Safe and Effective Rostering

**Evaluation**

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| Designation: |  | Date: |  | Venue: |  |

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| *Dear colleague**Thank you for participating in today’s Rostering Masterclass. In order to ensure that the content of the sessions meet staff learning/ development needs we would be grateful if you could reflect on your experience and take 5-10minutes to complete this evaluation.**Many thanks in advance for your participation.* *Rostering Masterclass Facilitators*  |
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| Please consider the **content of the sessions** facilitated today and **rate each session in terms of its usefulness/ relevance** to developing safe and effective rostering practice. Circle the number that best represents your evaluation of usefulness/ relevance for each session shown below  |
|  | Session | Evaluation Rating  |
| *Not useful* | *Useful* | *Very* *useful* |
|  |  | *1* | *2* | *3* |
| Welcome/ Introduction *(service manager)* |  |  |  |
| Nursing Workforce – Planning & Monitoring  |  |  |  |
| How do we know there are problems with rostering?  |  |  |  |
| Predicted Absence Allowance (PAA)  |  |  |  |
| Monitoring and Escalating Guidance *– roles & responsibilities* |  |  |  |
| What supports/ resources are available? *)* |  |  |  |
| Human Resources – Policies  |  |  |  |
| Rostering Policy and Rostering Rules |  |  |  |
| SSTS & BOXI *– practical demonstration* |  |  |  |
| Financial Governance and Local Monitoring  |  |  |  |
| Next Steps – *action planning* |  |  |  |
| Please provide any additional comments/ suggestions (ie would you like follow-up sessions ie SSTS tutorial / constructing a roster workshop etc )  |
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