**NHS GG&C Roster Masterclass**

**Roster Self Assessment**

All attendees must complete this self assessment questionnaire 7 days prior to attending the Roster Masterclass.

**Roster Creation**

1. I always, or most often, complete the roster for my ward/area. Y / N
2. I do not always complete the roster for my ward/area however I always review and approve it before it is displayed Y / N
3. List all the roster rules you or the roster creator must apply in your ward/dept.
4. Rules to ensure the roster is safe (e.g. correct skill mix)
5. Rules to ensure the roster is efficient (e.g. annual leave planned throughout the year)
6. Rules to ensure the roster is consistent & fair (e.g. review previous requests for annual leave)
7. Any other rules

4. In my view, I am a confident roster creator and this is evidenced by the following reasons;

(please provide a minimum of 3 examples).

**Staffing**

5a. I know what the agreed or funded establishment, as a whole time equivalent is Y / N.

The funded WTE establishment for my ward is: \_\_\_\_ WTE.

5b. The funded staffing establishment for my ward is appropriate. Y / N / don’t know.

5c. The outcome from the most recent run of the National Nursing & Midwifery Workforce

and Workload tools indicated the following for my ward;

5d. Recommended workforce tool establishment is \_\_\_\_\_\_ WTE / don’t know.

5e. Professional judgment establishment is \_\_\_\_\_\_ WTE / don’t know.

**Skill mix**

6a.The agreed % skill mix split of registered to unregistered nurses in my ward is

(e.g. 60:40) \_\_\_\_\_\_\_ / don’t know

6b. I believe the agreed % skill mix split of registered to unregistered nurses in my ward is

appropriate. Y / N / don’t know

6c. If your answer to 6b is No, please note the impact on patient care delivery.

6d. In the last month I have been able to staff my ward to the agreed levels and skill mix on

every shift. Y / N / don’t know

6e. If your answer to 6a is No, please give details of how often this has happened, the issues

you have experienced and how you managed them.

**Predicted Absence Allowance / Time out**

7a. The total agreed % predicted absence allowance (PAA) for each shift is:

\_\_\_\_\_\_\_\_ % / don’t know

7b. The % PAA which I apply equates to a WTE of (i.e. the number of staff who can be off at

any one time for any reason): \_\_\_\_ WTE / don’t know

7c. The total % PAA is divided into 3 main parts; % annual leave, % sickness and %

maternity/ study/ special leave. When creating the roster, I apply the following for each category:

7d. PAA for annual leave is: \_\_% which equates to \_\_.\_\_ WTE / don’t know

7e. PAA for sick leave is: \_\_% which equates to \_\_.\_\_ WTE / don’t know

7f. PAA for training/study/special is: \_\_% which equates to \_\_.\_\_ WTE / don’t know

7g. I am able to calculate these percentages Y / N. Please detail what you do.

**Supplementary Staffing**

9. When creating the roster, I take the following steps, in order of priority, to cover identified

gaps in the rota:

10. If I require supplementary staff after the roster has been approved, I take the following

steps, in order of priority.

11a. My supplementary staff use over the 4 weeks was;

Excess hours \_\_\_\_\_\_ /\_\_\_\_\_\_WTE

Nurse bank \_\_\_\_\_\_\_/\_\_\_\_\_\_\_WTE

Agency \_\_\_\_\_\_\_/\_\_\_\_\_\_\_WTE

Premium rate agency \_\_\_\_\_/\_\_\_WTE

Overtime \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_WTE

Don’t know

11b. I am kept informed about the cost of supplementary staffing in my ward Y / N.

Please provide details of how this is done and by whom;

12a. I am aware of the European Working Time Directive (EWTD) regarding safe working

practice and understand it to mean that the average maximum number of hours per

week is \_\_\_\_\_\_ worked over a \_\_\_\_\_ week long period / don’t know.

12b. It is the responsibility of the SCN to ensure that staff work within the EWTD and to

ensure this; I take the following steps;

13a. I use BOXI Y / N.

13b. Please detail what you use it for;

14. Please note any particular areas of rostering or workforce planning which you would like

discussed during the Roster Master class.

**Name: Designation / title: Ward/dept name / location:**

**Thank you for completing this questionnaire. Remember to keep a copy for your own reference and bring along to the session.**