CCDM council terms of reference

# Purpose

The CCDM council is a permanent structure that governs care capacity and demand management for the organisation. The council ensures quality work environments, quality patient care and best use of resources by meeting the CCDM programme standards. This is achieved in partnership with the health unions through:

1. Overseeing the timely implementation of the CCDM programme.
2. Monitoring how well the DHB is matching demand with capacity on an ongoing basis.
3. Ensuring CCDM activities unfold in a logical, organised and efficient way.

# Reporting structure

<Insert organisational diagram of CCDM governance> Example:

# Key tasks/role

* Develop a strategy for implementing CCDM consistent with DHB goals and priorities.
* Complete annual assessment against the CCDM programme standards to inform the annual work plan.
* Endorse work plans for programme implementation.
* Assign roles, responsibilities and timelines for implementation.
* Monitor and evaluate the progress of the CCDM work plan.
* Provide resources and remove barriers to programme implementation.
* Deploy effective change management processes in accordance with MECA agreements.
* Ensure partnership processes and practices are managed effectively.
* Make timely decisions and hold staff to account.
* Develop a communication strategy with all key stakeholders.
* Report monthly to Chief Executive on programme implementation progress and care capacity demand management outcomes.
* Endorse the quarterly report to the SSHW Governance Group.
* Ensure local data councils are set up and reporting framework established.
* Endorse and monitor core data set reporting.
* Review and feedback on progress reports from local data council and working groups.
* Ensure the software standard operating procedures are adhered to.
* Action findings from the staffing methodology.
* Develop internal expertise in care capacity demand management at all levels of the organisation.
* Identify projects that intersect with care capacity demand management and programme implementation.

# Membership

| Name/title | Role in council |
| --- | --- |
| Chief Operating Officer | Chair/co-chair, set strategy, make decisions, remove barriers, ensure accountability |
| Executive Director Nursing and Midwifery | Chair/co-chair, set strategy, make decisions, remove barriers, ensure accountability |
| Health Union representatives (NZNO, PSA, MERAS organisers, professional advisers and delegates) | Chair/co-chair, set strategy, make decisions, remove barriers, ensure accountability, represent members, work in partnership, advise on MECA entitlements |
| Chief Medical Officer | Set strategy, make decisions, remove barriers, ensure accountability |
| Allied health leadership | Provide professional advice in line with workforce strategy/service goals |
| Manager IT | Assign resources, remove barriers, prioritise CCDM as per work plan |
| Manager HR | Advise on employment relations, link to workforce strategy, assign resources |
| Manager communications | Develop communication strategy, assign resources |
| Clinical manager representative\* | Represent views of clinical nurse or midwife manager group |
| Integrated operations centre representative\* (e.g. Manager, Duty Nurse Manager) | Provide an organisational view of care capacity and patient demand |
| Service and/or operations manager representatives\* | Provide service/directorate perspective, prioritise working group activities, remove barriers, write business cases |
| Nursing Leadership (e.g. ADON, Nursing Director) | Provide professional advice in line with workforce strategy/service goals |
| TrendCare Coordinator  | Report on acuity data, data accuracy and integrity |
| Midwifery leadership (e.g. ADOM, Midwifery Director) | Provide professional advice in line with workforce strategy/service goals |
| Mental health leadership | Provide professional advice in line with workforce strategy/service goals |
| CCDM Site Coordinator  | Report on work plans, agenda and documents |
| SSHW Unit Programme Consultant | Provide expertise on CCDM components and process |
| \*Representative are to be elected by peers and tenure reviewed annually. |

Other members may be co-opted to the CCDM councilas and when required to provide expert advice.

# Responsibilities

* Group members are expected to be familiar with the CCDM programme goals, enablers and components.
* Promote the benefits of CCDM programme within the organisation.
* Group members are expected to attend and participate in all meetings.
* Abide by the decisions of the council.
* Ensure confidentiality of information provided to the council.
* Disseminate and discuss information with the people/groups the working group member is representing.
* Where appropriate, seek feedback from the people/groups the working group member is representing.
* 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 CCDM council Chair or co-chairs 2 weeks prior to scheduled meeting/teleconference.
* Additional agenda items may be taken by the chair/co-chairs at the meeting or prior to teleconference commencing.
* An agenda and papers will be circulated by the CCDM council chair/co-chairs or designated other (such as a Personal Assistant) at least five working days before meetings.
* Members are to inform the Chairperson 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 five working days after the meeting.
* Amendments to the meeting minutes must be provided within five working days.
* Meeting minutes will be confirmed as final at the next meeting. Copies will be retained as part of the CCDM council programme documents.
* Members shall inform the council of any changes in contact details.
* Should a member write to the Chairperson and request to resign, consultation shall occur within the council prior to the election of another member.
* 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 DHB and union representation.
* Should the quorum not be present, items passed will be held for ratification until the next meeting or ratified via email.
* 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), Integrated Operations Centre, local data councils, CCDM working groups, information technology, human resources, project management office, pay roll, and business support.