

Terms of Reference

Name:	Care Capacity Demand Management Council		
Author:	CCDM Council	Date:	03/02/17
Tenure:	TBA		Reviewed 21/03/18

Title

Care Capacity Demand Management (CCDM) Council

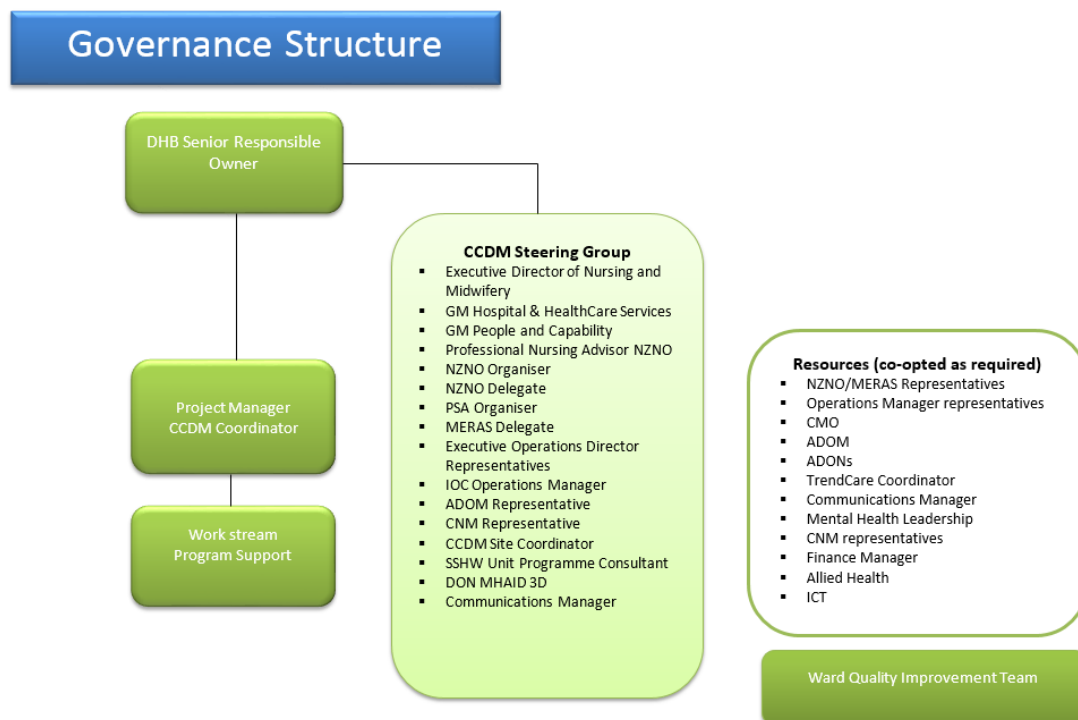
Objectives

The CCDM Council is a permanent structure that governs organisation wide decision making for care capacity and demand management. The Council ensures safe staffing and healthy workplaces by:

1. Overseeing the implementation of the CCDM programme in a timely manner.
2. Ongoing monitoring of how well the DHB is performing at matching demand with capacity in the moment and over time.

Reporting Structure

CAPITAL & COAST DISTRICT HEALTH BOARD CARE CAPACITY DEMAND MANAGEMENT (CCDM) COUNCIL Schedule A



Key Tasks/Role

- Develop a work plan for programme implementation.
- Assign roles, responsibilities and timelines for implementation.
- Monitor and evaluate the progress of the CCDM work programme
- Provide resources and remove barriers to programme implementation.
- Deploy effective change management processes in accordance with MECA agreements.
- Support and develop internal expertise in care capacity demand management all levels of the organisation.
- Ensure partnership processes and practices are managed effectively.
- Support the Site Coordinator to be effective and successful in their role by taking responsibility and accountability for programme direction and decision making.
- Report to Chief Executive on programme implementation progress and care capacity demand management outcomes.
- Communicate with all key stakeholders on progress.
- Establish local data councils and reporting framework.
- Establish and monitor core data set reporting.
- Act on findings from staffing methodology.
- Make decisions in a timely manner to ensure effective care capacity demand management.

Membership (Schedule A)

Name	Role
Chris Lowry	General Manager Hospital and Health Services
Andrea McCance	Executive Director Nursing and Midwifery
Andrew Wilson	General Manager People and Capability
Suzanne Rolls	Professional Nursing Advisor NZNO
Jo Coffey (interim)	NZNO Organiser
Alex Ward	PSA Organiser
Briege Young	MERAS Representative
Annie McCabe	NZNO Delegate
Carey Virtue / Delwyn Hunter	Executive Operations Director representatives
Leanne Samuel	IOC Director
Carolyn Coles	Associate Director of Midwifery (ADOM)
Toni Dal Din	Director of Nursing MHAID 3D
Lisa MacDonald	CNM representative
Emma Williams	CCDM Site Coordinator
Stuart Port	SSHU Unit Programme Consultant
Anna Chalmers (interim)	Communications Manager

Responsibilities

- Group members are expected to attend and participate in all meetings.
- Where members are unable to attend a meeting proxy will not be accepted (to be reviewed March 2019).
- Members are to inform the Chairperson by apology if not attending a meeting.
- Other members may be co-opted to the CCDM Council as and when required to provide expert advice.
- Members shall inform the Council of any changes in contact details.
- Abide by the decisions of the Council.
- Ensure confidentiality of information provided to the Council.
- Discuss and disseminate information and liaise with the people/groups the Committee Member is representing.
- Communicate relevant issues to the Chair for the agenda, prior to the agenda closing date.
- Provide feedback on all documents received and ensure that monthly action sheet requirements are followed through and reported on in the time frame agreed to.

Meeting Process

Meetings will be held on a monthly basis - the 3rd Wednesday of each month from 2.00 – 4.00pm.

A quorum for a meeting is represented by a 50 percent attendance of the group plus the chair. This must include union representation. Should the quorum not be present, items passed will be held for ratification until the next meeting.

- Agenda items will be called for by the CCDM Council Chair or co-chairs preferably 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 1 week before meetings.
- Minutes of meetings in summary form including action points and recommendations will be recorded and circulated by seven days after the meeting as a record of meeting and action points or tasks to be undertaken.
- Members of the group who attended the meeting will be provided with five working days to comment back on the minutes requesting additions or amendments.
- Minutes shall then be distributed to members but have no status until confirmed at next scheduled meeting/teleconference. They may be amended before confirmation. Copies will be retained as part of the CCDM Council - Programme documents.
- Members will be requested to feedback and comment on key programme documents and will be provided with five working days to do so.
- Should a member write to the Chairperson and request to resign, consultation shall occur within the Council prior to the election of another member.

Decision Making

- 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 Operation Centre * *Add consensus guidelines*

Quality Committees/ICT

Medical teams/MDT

Communications

Associated Documents

SSHW Unit Decision Making Framework

SSHW Unit Decision Making Record