Purpose

The core data set working group is a subgroup and accountable to the CCDM council. The purpose of the working group is to:

1. Identify areas of improvement and measure success through the core data set.
2. Feedback to local data and CCDM Councils.
3. Facilitate core data set use as business as usual with the following groups:
   - Local data councils
   - Clinical managers
   - Directorates/services
   - CCDM council
4. Ensure activity unfolds in a logical, organised and efficient way.
5. CCDM triangle CDS
6. Oversight of LDCs

Reporting structure

Key tasks/role

- Refine, maintain and monitor the core data set for
  - Local data council
  - Clinical managers
  - Directorate/service
  - CCDM council
- Report monthly to the CCDM council on the core data set metrics.
Ensure the core data set is used in partnership.
Communicate with key people on progress of use of core data set through local data councils and the overarching CCDM programme.
Champion the core data set.
Recommendations to Council
Maintain quality of data – feedback to wards

### Membership

<table>
<thead>
<tr>
<th>Name/title</th>
<th>Role in council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing/midwifery leaders</td>
<td>Ensure group members have required knowledge. Remove barriers, ensure accountability. Provide professional advice in line with workforce strategy/service goals and work in partnership. Provide organisational perspective of the core data set for the hospital.</td>
</tr>
<tr>
<td>Health union representatives i.e. NZNO, PSA, MERAS organisers, professional advisers, delegates</td>
<td>May co-chair, ensure group members have required knowledge, represent members and work in partnership.</td>
</tr>
<tr>
<td>Service and/or operations manager</td>
<td>Ensure group members have required knowledge. Provide service/directorate perspective of the core data set for the directorate/service.</td>
</tr>
<tr>
<td>Clinical manager</td>
<td>Provide a ward/unit perspective of core data set for the local data council.</td>
</tr>
<tr>
<td>TrendCare Coordinators</td>
<td>Provide acuity data, check data accuracy and integrity, explain plausible reasons for variance.</td>
</tr>
<tr>
<td>CCDM programme managers/coordinators</td>
<td>May chair, ensure group members have required knowledge. Lead data literacy project for charge nurse/midwife managers and local data councils. Feedback information to the local data councils and the CCDM Council. Subject matter experts. Champion the core data set.</td>
</tr>
<tr>
<td>Business support manager/data analyst/information services</td>
<td>Lead data collection as per the CCDM core data set, verify data inputs, expand the core data set through the data warehouse as required.</td>
</tr>
<tr>
<td>Quality manager</td>
<td>Ensure group members have required knowledge. Provides professional advice in line with workforce strategy/service goals and work in partnership. Provide organisational perspective of the core data set for the hospital.</td>
</tr>
<tr>
<td>Administration support</td>
<td>Schedules meetings, records actions and decisions.</td>
</tr>
<tr>
<td>SSHW Unit Programme Consultant</td>
<td>Provide expertise on CCDM core data set directory and process. Provide training and coaching as needed. Facilitate implementation into practice as business as usual. Facilitate</td>
</tr>
</tbody>
</table>
Other members may be co-opted to the working group as and when required to provide expert advice. Co-opt members as required.

The working group will formally review the CCDM core data set process, dashboard and data on behalf of the CCDM and local data councils on a monthly basis, providing feedback to both groups.

**Responsibilities**

- Group members are expected to have good knowledge of the core data set measures, descriptions, rationale and interpretations.
- 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 implement and embed the core data set.
- Ensure meeting actions are followed through and reported on within the agreed timeframes.

**Meeting process**

Meetings will be held on the 1st Thursday of each month for a maximum of one hour. Meeting time will be from 09.45 to 10.45 am.

- 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 a proxy will not be accepted.
- The meeting will be run in accordance with the CCDHB CCDM partnership charter and framework.
- 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).
- The meeting record will be circulated 3-5 working days after the meeting (refer Appendix).
- The meeting record will be confirmed as ‘final’ at the next meeting. Copies will be retained as part of the core data set working group 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 NZNO, PSA and DHB 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 on the decision making record.

**Functional relationships**

Examples include (but are not limited to) local data councils, CCDM working groups, information technology, human resources, project management office, pay roll and business support.