Core Data Set working group TOR

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. Develop a roll out strategy for CCDM council endorsement.
2. Facilitate core data set use as business as usual with the following groups:
   - Local data councils
   - Clinical managers
   - Directorates/services
   - CCDM council
3. Ensure activity unfolds in a logical, organised and efficient way.

Reporting structure
<Insert organisational diagram of CCDM governance>, Example:
Key tasks/role

- Undertake a stock take of what is currently collected by the DHB against the core data set directory.
- Determine what is in and out of scope.
- Establish underlying principles for core data set development e.g.
  - Readily accessible
  - User friendly
  - Measure trended overtime
  - Data is accurate/trustworthy
  - Assists decision making
- Develop a roll out strategy for CCDM council endorsement.
- Document a workplan for roll out across the organisation, include communications.
- Develop and document the processes for collecting and distributing the core data set for the following groups:
  - Local data council
  - Clinical managers
  - Directorate/service
  - CCDM council
- Prepare layout options i.e. heat maps, run charts, control charts, dials etc.
- Assign roles, responsibilities and timelines for completing the workplan.
- Drive development of data repository and reports in line with agreed principles.
- Ensure training and coaching occurs with the right people, as per the workplan.
- Monitor and evaluate the progress against work plan.
- Report monthly to the CCDM council on progress against workplan.
- Ensure the core data set is implemented in partnership.
- Communicate with key people on progress.
- Receive information from and feedback to the pilot groups.
- Champion the core data set.

Membership

<table>
<thead>
<tr>
<th>Name/title</th>
<th>Role in council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Operating Officer</td>
<td>Co-chair, set strategy, make decisions, remove barriers, ensure accountability.</td>
</tr>
<tr>
<td>Executive Director Nursing and Midwifery</td>
<td>Co-chair, set strategy, make decisions, remove barriers, ensure accountability, ensure group members have required knowledge and work in partnership. Provide organisational perspective to establish a pilot of the core data set for the hospital.</td>
</tr>
<tr>
<td>Name/title</td>
<td>Role in council</td>
</tr>
<tr>
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</tr>
<tr>
<td>Health union representatives i.e. NZNO, PSA, MERAS Organisers and professional advisers</td>
<td>Co-chair, ensure group members have required knowledge, represent members and work in partnership.</td>
</tr>
<tr>
<td>Nursing/midwifery leaders</td>
<td>May chair, ensure group members have required knowledge. Provides professional advice in line with workforce strategy/service goals and work in partnership. Provide organisational perspective to establish a pilot of the core data set for the hospital.</td>
</tr>
<tr>
<td>Service and/or operations manager</td>
<td>May chair, ensure group members have required knowledge. Provide service/directorate perspective to establish pilot core data set for the directorate/service.</td>
</tr>
<tr>
<td>Clinical manager</td>
<td>Provide a ward/unit perspective to establish pilot core data set for the local data council.</td>
</tr>
<tr>
<td>TrendCare Coordinator</td>
<td>Provide acuity data, check data accuracy and integrity, explain plausible reasons for variance.</td>
</tr>
<tr>
<td>CCDM Site Coordinator</td>
<td>May chair, ensure group members have required knowledge. Facilitate stocktake, develop work plan for roll out, prepare layout options, coordinate pilot and coach teams to implement.</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, may input the data into the template, create/manage data warehouse or visualisation tool.</td>
</tr>
<tr>
<td>Quality manager</td>
<td>May chair, ensure group members have required knowledge. Provides professional advice in line with workforce strategy/service goals and work in partnership. Provide organisational perspective to establish a pilot of the core data set for the hospital.</td>
</tr>
<tr>
<td>Allied health leaders</td>
<td>May chair the meeting and ensure group members have required knowledge. Provides professional advice in line with workforce strategy/service goals and work in partnership.</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 stock take, develop work plan for roll out, prepare layout options, coordinate pilot and coach teams to implement.</td>
</tr>
</tbody>
</table>
Other members may be co-opted to the working group as and when required to provide expert advice.

Once the CCDM core data set has been established the working group will be disbanded. The working group will formally review the CCDM core data set process, template and data on behalf of the CCDM and local data councils on an annual basis.

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 <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 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.
- 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 health union 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.