# Canterbury DHB CCDM Governance Council

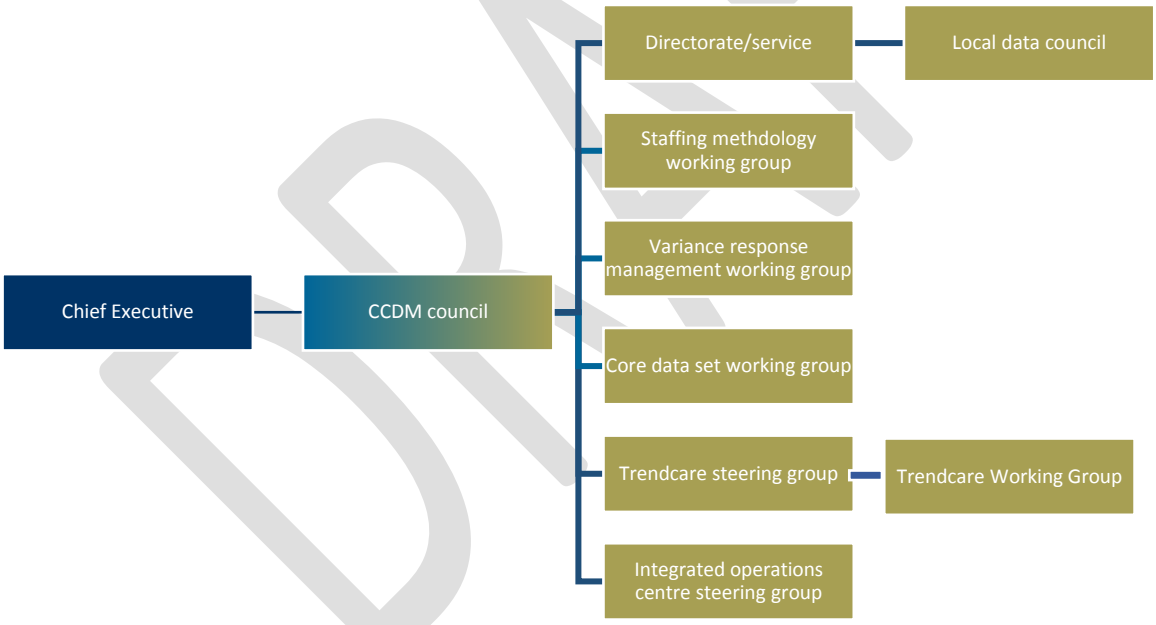
## Terms of reference

### Purpose

The CCDM Governance Council is a permanent structure that governs care capacity and demand management for Canterbury DHB. 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 Canterbury DHB is matching demand with capacity on an on-going basis.
3. Ensuring CCDM activities unfold in a logical, organised and efficient way.

### CCDM reporting structure



## Our key tasks:

- Develop a strategy for implementing CCDM consistent with Canterbury DHB goals and priorities.
- Complete annual assessment against the CCDM programme standards to contribute to informing the annual work plan.
- Endorse work plans for programme implementation.
- Assign roles, responsibilities and timelines for implementation of all components.
- 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 within the annual plan.
- Report monthly to Chief Executive on programme implementation progress and care capacity demand management outcomes
- Report monthly to staff on programme implementation progress and MECA requirements.
- 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 (inclusive of FTE calculation)
- 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.

## Responsibilities

- Group members are 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, or send an appropriate delegate
- Abide by the decisions of the CCDM council.
- Ensure confidentiality of information provided to the CCDM council.
- Disseminate and discuss information with the people/groups as necessary.
- Where appropriate, seek feedback from the relevant groups the working group member is representing.
- Read and provide feedback on all documents received.
- Ensure meeting actions are followed through and reported on.

## Meeting process

Meetings will be held 4 weekly Wednesdays following on from EMT meeting

*The meeting time one hour*.

- Agenda items will be called for by the Nursing Director on behalf of the CCDM Council Chair or Co-Chairs 2 *weeks* prior to the scheduled meeting.
- 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 or Co-chairs if not attending.
- Where members are unable to attend a meeting proxy will be accepted and have a mandate to make a decision
- All members will participate in discussion and decision making.
- Meeting minutes will be circulated *five working days* after the meeting.
- Meeting minutes will be confirmed as final at the next meeting. Copies will be retained as part of the CCDM council programme documents.
- 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, as necessary.

## Decision making

- A quorum for a meeting is represented by a 50 percent attendance of the group plus the chair.
- The quorum must include 50% DHB and 50% 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.
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CCDM
Care Capacity
Demand Management
*Safe staffing, healthy workplaces*

## Membership

| Name/title | Role in council |
|---|---|
| Chief Executive<br>**David Meates** | Set strategy, make decisions, remove barriers, ensure accountability |
| Executive Director of Nursing<br>**Mary Gordon** | Chair/co-chair, set strategy, make decisions, remove barriers, ensure accountability |
| Health Union representatives (NZNO, PSA, MERAS organisers, professional advisers and delegates)<br>**Brendon Harre (PSA)**<br>**Kim Tanner (PSA)**<br>**Shaun Hedley (PSA)**<br>**Lynley Mulrine (NZNO)**<br>**Gabrielle Nolan (NZNO)**<br>**Julia Anderson (NZNO)**<br>**Jane Wiese (NZNO)**<br>**Karen Gray (MERAS)** | Chair/co-chair, set strategy, make decisions, remove barriers, ensure accountability, represent members, work in partnership, advise on MECA entitlements |
| Chief Medical Officer<br>**Sue Nightingale** | Set strategy, make decisions, remove barriers, ensure accountability |
| Executive Director Allied Health, Scientific and Technical<br>**Jacqui Lundy Johnstone** | Provide professional advice in line with workforce strategy/service goals |
| Chief Digital Officer<br>**Stella Ward** | Assign resources, remove barriers, prioritise CCDM as per work plan |
| Chief People Officer<br>**Michael Frampton** | Advise on employment relations, link to workforce strategy, assign resources |
| Executive Director Communications<br>**Karalyn Van Deursen** | Develop communication strategy, assign resources |
| Executive Director Finance & Corporate Services<br>**Justine White** | Assign resources, make decisions, remove barriers, ensure accountability |
| Executive Director Planning, Funding & Decision Support<br>**Carolyn Gullery** | Assign resources, make decisions, remove barriers, ensure accountability |
| Executive Director of Maori & Pacific Health<br>**Hector Matthews** | Provide professional advice in line with workforce strategy/service goals |
| General Manager Community & Public Health<br>**Evon Currie** | Provides professional advice in line with service goals |
| Clinical Manager representative*<br>**Patrick McAllister** | Represent views of clinical nurse or midwife manager group |
| Integrated operations center representative* (e.g. Manager, Nursing Director, Duty Nurse Manager)<br>**Nicky Topp** | Provide an organisational view of care capacity and patient demand |
| Service and/or Operations Manager representatives*<br>**Dan Coward** | Provide service/directorate perspective, prioritise working group activities, and remove barriers |
| Nursing Leadership (e.g. ADON, Nursing Director)<br>**Heather Gray** | Provide professional advice in line with workforce strategy/service goals |

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| CCDM Coordinator | Report on TrendCare acuity data, data accuracy and integrity |
| Director of Midwifery<br>**Norma Campbell** | Provide professional advice in line with workforce strategy/service goals |
| Mental Health Leadership<br>**Joan Taylor** | Provide professional advice in line with workforce strategy/service goals |
| CCDM Nurse Director<br>**Janette Dallas** | Report on work plans, agenda and documents |
| SSHW Unit Programme Consultant<br>**Tania Forrest Colette Breton** | 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 council as and when required to provide expert advice.