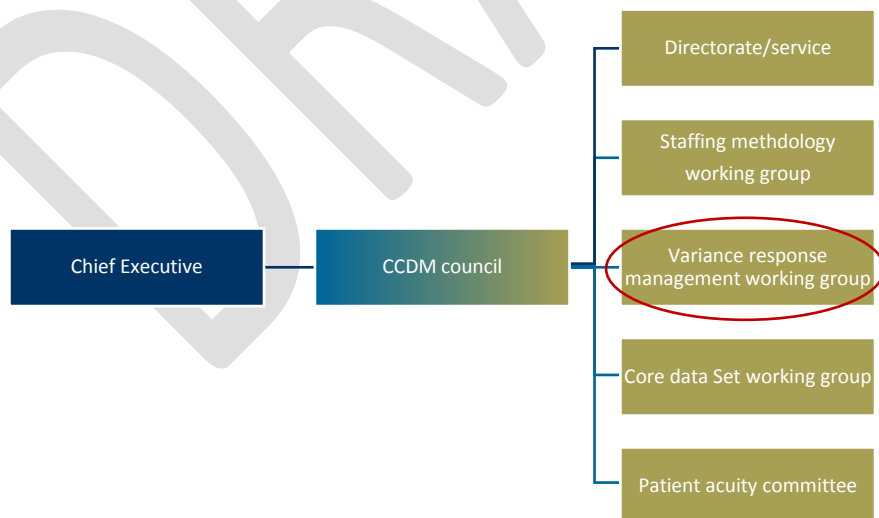# Variance Response Management terms of reference

Purpose

The variance response management working group is a subgroup and accountable to the CCDM council. The purpose of the variance response management working group is to:

1. Facilitate variance response management implementation as business as usual with the following groups:
    - Ward clinical staff
    - Clinical managers
    - Integrated operations center/manager
    - Directorates/services
    - CCDM council
    - Other meetings/groups involved in daily capacity and demand management
2. Ensure activity occurs in a logical, organised and efficient way as per the variance response management road map.

Reporting structure

<Insert organisational diagram of CCDM governance>. Example:

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Key tasks/role

- Undertake a stocktake of the variance response management tools and processes currently utilised by the DHB.
- Establish the variance response roll out strategy for CCDM council endorsement.
- Document a workplan of roll out across the organisation, include communications.
- Review the CCDM programme variance response management tools and processes
- Document how the tools and processes should be customised and used by the following groups:
  - Wards
  - Hospital Operations center/Duty Nurse managers
  - Directorate/service
  - CCDM council
- Assign roles, responsibilities and timelines for completing the workplan.
- Ensure training and coaching occurs with the right people, as per the workplan.
- Monitor and evaluate the progress against workplan.
- Report monthly to the CCDM council on progress against workplan.
- Ensure a partnership approach to develop and implement the work.
- Communicate with key people on progress and barriers.
- Receive information from and feedback to any pilot groups.

Membership

Name/title	Role in council
Executive Director Nursing and Midwifery	Co-chair the meeting, set strategy, and make decisions using partnership approach. Remove barriers, ensure accountability, and ensure group members have required knowledge. Provide organisational perspective to establish variance response management tools and processes for the hospital.
Health union representatives i.e. NZNO, PSA, MERAS Organisers and professional nurse advisors	Co-chair the meeting, make decisions using partnership approach and ensure group members have required knowledge, represent members and advise on any MECA requirements.

Name/title	Role in council
Nursing/midwifery leaders	May chair the meeting, 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 variance response management tools and processes for the hospital.
Integrated operations centre manager/ Duty Nurse Manager	May chair the meeting, ensure group members have required knowledge. Provides operational information. Provide hospital wide perspective to establish variance response management tools and processes for the hospital.
Clinical manager	Provide a ward/unit perspective to establish variance response management tools and processes for effective ward level response.
TrendCare Coordinator	Provide acuity data, check data accuracy and integrity, explain plausible reasons for variance.
CCDM Site Coordinator	May chair the meeting, ensure group members have required knowledge. Facilitate stocktake, develop draft workplan for roll out, prepare layout options, coordinate pilot and coach teams to implement as business as usual.
Quality manager	May chair the meeting, 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.
IT manager	Provide expertise on DHB IT systems capability and tools in relation to the variance response management tools and processes that will require electronic application.
Allied health leaders	May chair the meeting, ensure group members have required knowledge. Provides professional advice in line with workforce strategy/service goals and work in partnership.

Name/title	Role in council
Administration support	Schedules meetings, records actions and decisions, circulates required documentation.
SSHW Unit Programme Consultant	Provide expertise on CCDM variance response management tools and processes. Provide training and coaching as needed. Facilitate implementation into practice as business as usual. Facilitate stocktake, facilitate development of workplan for roll out, prepare layout options, facilitate coordination of pilot and coach teams to implement.

Other members may be co-opted to the working group as and when required to provide expert advice.

Once the CCDM variance response management tools and processes have been established the working group will be disbanded.

Responsibilities

- Group members are expected to have good knowledge of the variance response management tools, processes, descriptions, rationale and use.
- 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 they are representing (as required) to implement and embed the variance response management system.
  - 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.

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- 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 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.

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- 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.

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