Allied health CCDM working group terms of reference

# Purpose

The Allied Health CCDM Working Group is an operation group that is accountable to the CCDM Council. It is responsible for developing and implementing an annual CCDM workplan.

The group may become a permanent structure that monitors and improves care capacity and demand management at an allied health service level. This is achieved through:

1. Development of a workplan that is endorsed by CCDM Council.
2. Timely implementation of the CCDM programme activities.
3. Monitoring how well each service is matching demand with capacity on an ongoing basis.
4. Focusing on creating a positive workplace, delivering quality patient care and best use of health resources.

# Reporting structure

<Insert organisational diagram of CCDM governance>. Example:

Subgroups as required

# Key tasks/role

* Follow processes and practices that promote health union partnership.
* Develop a workplan for CCDM Council endorsement
* Assign roles, responsibilities and timelines for completing the work plan.
* Ensure activities unfold in a logical, organised and efficient way.
* Promote the collection of accurate, timely activity data (including clinical care, non-clinical care and staffing data)
* Support the allied health professions to implement variance response management tools and processes
* Support the allied health professions to implement core data set processes
  + Undertake a stocktake of what is currently collected by DHB against the core data set directory
  + Develop and document the processes for collecting and reporting on the core data set
* Support the work of the ward local data councils and support allied health workforces to make use of the core data set for quality improvement
* Ensure training and coaching occurs with the right people, as per the work plan
* Report after each meeting to the CCDM Council on progress against work plan

# Scope

Selected allied health workforces covered by the DHB/PSA Allied, Public Health & Technical MECAs.

Inpatient settings.

# Membership

## Permanent members

| Title | Name | Role in Council |
| --- | --- | --- |
| Chief Allied Health Professions Officer / Director of Allied Health |  | Promote CCDM across the organisation. Provide leadership and enablers so services can fully engage in CCDM |
| PSA representative (Organiser or delegate) |  | Co-chair the meeting. Promote CCDM. Represent members, work in partnership and advise on MECA entitlements. |
| Allied Health CCDM Coordinator |  | Co-chair the meeting. Scope, promote & coordinate AH CCDM programme implementation. Provide education, support & work in partnership to identify solution focused improvements & actions towards successful implementation & use of programme tools. |
| Allied Health Manager and Team Leaders |  | Promote CCDM with their team, provide leadership and enablers so their team can fully engage in CCDM. Share data & information. Engage and seek staff feedback. |
| Professional Leaders |  | Team member, promote CCDM with their discipline, identify quality improvement opportunities and solutions, take an active role in assigned activities. |
| Identified Data Champions |  | Team member, promote CCDM with peers, identify quality improvement opportunities and solutions, take an active role in assigned activities.  N.B. Some champions are also a union member and will assist union delegate to represent members, work in partnership and advise on MECA entitlements. |
| TAS Programme Consultant, Allied Health Safe Staffing Healthy Workplaces (SSHW) |  | Provide expertise, support and resources on CCDM components and process, provide training as needed. |
| Service Directors, Allied Health & Operations |  | Promote CCDM across the services and within the organisation. Share data/information. Engage and seek staff feedback. Provide leadership. |

Other members may be co-opted to the working groupas and when required to provide expert advice. Membership will be reviewed annually.

## Co-opted members

|  |  |  |
| --- | --- | --- |
| Name/title | Name | Role in council |
| Information Services (digital enablement) |  | Provide expertise, support to source, analyse and display data |
| Human Resource Advisor |  | Advise on employment relations, link to workforce strategy, assign resources |
| Business Intelligence Decision Support |  | Provide expertise, support and assist with reporting systems |
| Care Capacity Demand Programme Manager |  | Coordinate CCDM programme implementation. Provide CCDM education and support use of programme tools. |
| Data collection tools/systems Manager |  | Provide support to Allied Health in the implementation of TrendCare. |

# Responsibilities

* Group members are expected to be familiar with the CCDM programme enablers, components and tools applicable to the allied health services.
* Group members are expected to attend and participate in all meetings.
* Abide by the decisions of the Allied Health Working Group and CCDM council.
* Ensure confidentiality of information provided to the Working Group and CCDM council.
* Disseminate, discuss and collaborate across wards/services/settings as required to undertake the work plan.
* Read and provide feedback on all documents received within the agreed timeframes.
* 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 relevant 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 proxy will / 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 3-5 working days after the meeting (refer Appendix).
* Meeting minutes will be confirmed as ‘final’ at the next meeting. Copies will be retained as part of the local data council programme 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 union representation. *This needs to be determined*
* 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): CCDM council, CCDM working groups, Quality unit, information technology, human resources, project management office and business support.