



## Mental Health Management Committee

### Terms of Reference

<b>DATE:</b>	1	<b>February 2011</b>
<b>ROLE:</b>	2	<p>The purpose of the Mental Health Management Committee is to within Mental Health Care Services ("the Service):</p> <ul style="list-style-type: none"> <li>• Assess, monitor and enhance the provision of clinical care using Evidence Based Practice.</li> <li>• Use National Mental Health Standards and EQUiP framework for the delivery of the continuum of care.</li> <li>• Monitor incidents and risks identified, ensuring that preventative, minimisation and reduction measures are implemented and monitored.</li> <li>• Oversee development and implementation of multidisciplinary policies, procedures SOPs, guidelines and patient information brochures.</li> <li>• Review the financial position and performance of the Service in the current and forward years.</li> <li>• Ensure that all financial and organisational performance improvement processes are coordinated and effective, and lead to the achievement of Calvary's operational priorities and MHACT..</li> <li>• Oversee progress against critical budget management objectives and ensure appropriate action is taken to support improvements where necessary.</li> <li>• Lead the necessary change in a performance reporting culture.</li> </ul>
<b>REPORTS TO:</b>	3	<p>Patient Safety Committee Resource Committee CPIQ</p>
<b>FUNCTIONS:</b>	4	<p>The Executive Management Group will determine what comprises the Mental Health Care Services</p> <p>To contribute to the management and delivery of Calvary's and MHACT Strategic &amp; Operational Plans, the Committee undertakes the following in relation to Mental Health Services:</p> <ul style="list-style-type: none"> <li>• Develop the financial and clinical strategy</li> <li>• Oversight the implementation of the approved financial strategies, including review of an annual budget with the Executive Director and CFO.</li> </ul>

		<ul style="list-style-type: none"> <li>• Oversight and provide focussed direction in the development of coordinated performance and financial information and decision support systems to underpin performance monitoring, analysis and reporting.</li> <li>• Engage Divisions/Business Units in performance, risk and quality improvement development and reporting. Contribute to the development of the following: <ul style="list-style-type: none"> <li>○ Capital Expenditure Plan, within agreed budget.</li> <li>○ Budget and Activity framework.</li> <li>○ Mental Health KPIs</li> </ul> </li> <li>• Monitor variances to the outcomes of the agreed budget &amp; activity targets, including review of significant variances to approved budgets, and make decisions to rectify variances to financial strategy.</li> <li>• Analyse material requests for variation to the approved Division budgets and make decisions on their financial viability.</li> </ul>
<b>MEMBERSHIP:</b>	5	<p>Membership eligibility is determined by the Chief Executive Officer.</p> <p><b>Chair:</b></p> <ul style="list-style-type: none"> <li>▪ Team Leader Mental Health- Carmel Ronning</li> </ul> <p><b>Secretariat</b></p> <ul style="list-style-type: none"> <li>▪ The Chair will arrange the Secretariat and advise the Members. The secretary is not a Member. – Jessica Leeming</li> </ul> <p><b>Members:</b></p> <ul style="list-style-type: none"> <li>▪ CNC Ward 2N – Kelly Howard</li> <li>▪ CNC Older Persons Mental Health Inpatient Unit-Christine Baxter</li> <li>▪ Clinical Operations Manager (Surgical, Maternity and Mental Health) -</li> <li>▪ Delegates from (as required?)</li> <li>▪ Nutrition-</li> <li>▪ Physiotherapy- Stefanie Pearce</li> <li>▪ Infection control-</li> <li>▪ Pharmacy- Anne Hanley</li> <li>▪ Social work - Jenni Boon</li> <li>▪ QSR.Rep- Natalie Smith</li> <li>▪ CNC Mental Health (Private) – Michele Garner</li> <li>▪ Others as recommended by the Service:</li> <li>▪ Consumer Rep-TBA</li> <li>▪ Carer representatives- Denise Allen</li> <li>▪ Psychiatrist-</li> <li>▪ Program Directors MHACT (acute and community/rehab and OPMH)</li> <li>▪ Operational Director of Adult Community Teams and Older Persons Mental Health- Judith O'Donnell</li> <li>▪ Operational Director Access and Acute Mental Health Service- Christine Waller</li> <li>▪ Clinical Director Access and Acute Mental Health Service- Dr Len Lambeth</li> <li>▪ Nurse Practitioner- Robert Davies</li> </ul> <p><b>Observers:</b></p>

		<ul style="list-style-type: none"> <li>▪ Executive Sponsor –Sue Minter</li> </ul> <p><b>Proxies:</b></p> <ul style="list-style-type: none"> <li>▪ If member is unable to attend then they are to provide a proxy.</li> <li>▪ It is up to the Member to advise the Secretariat who the proxy is.</li> <li>▪ The Chair may nominate a proxy from among the Members.</li> <li>▪ It is up to the Member to forward relevant documentation to the proxy and ensure they are suitably briefed prior to the meeting.</li> </ul>
<p><b>REPORTING RESPONSIBILITIES</b></p>	<p>6</p>	<p>The Committee will be provided with the following reports as a part of the Agenda papers:</p> <ul style="list-style-type: none"> <li>▪ Finance,</li> <li>▪ Activity and</li> <li>▪ KPI reports</li> <li>▪ NMHS?</li> <li>▪ EQulP?</li> <li>▪ Riskman reports?</li> <li>▪ Patient Satisfaction action plan? (March 2011 Results)</li> <li>▪ Staff satisfaction action plan? (March 2011 Results)</li> </ul> <p>The Committee is required to develop and work towards achieving an Annual Plan of activity.</p> <p>Approved Minutes of the Committee will be provided to Resources Committee &amp; Patient Safety Committee and made available to staff via "I" Drive/ Committees and MHACT CPIQ?</p> <p><b>Issue Escalation</b></p> <p>Issues that are unable to be resolved are escalated to the Resource Committee or Patient Safety Committee as relevant.</p>
<p><b>AUTHORISATION &amp; SUB COMMITTEE</b></p>	<p>7</p>	<p>The Committee functions under the authority of the Executive Management Group and they will formally delegate matters to the Committee</p> <p>The Committee is a decision making committee for items within delegation and scope.</p> <p>The Committee provides advice and recommendations to the Executive Management Team through the Chair, Resources Committee or Patient, Safety Committee.</p> <p>The Committee receives reports from the:</p> <ul style="list-style-type: none"> <li>• Infrastructure Planning Committee,</li> <li>• Clinical Commodities Committee,</li> <li>• Division/Business Unit Resource.</li> <li>• Areas of Preventable Harm working groups</li> </ul> <p>Decision Making:</p>

		<ul style="list-style-type: none"> <li>• Committee recommendations are made by robust discussion with the final decision to be made through collective agreement.</li> </ul> <p>These Terms of Reference may be altered following committee consultation and endorsement by the Chief Executive Officer</p> <p>The Committee may develop sub Committees from the Membership:</p>
<b>QUORUM:</b>	8	The quorum for committee meetings will be half of members plus 1 and must include the Chair or their proxy (5)
<b>AGENDA:</b>	9	<p>Where practicable, the agenda, together with reports and documents that relate to it, will be forwarded to members in sufficient time (ideally at least one week prior to the meeting) to enable consideration prior to meetings.</p> <p>The Agenda and papers will be distributed by email link</p> <p>The Agenda is to include the following standard items:</p> <ul style="list-style-type: none"> <li>• Finance &amp; Revenue</li> <li>• Activity &amp; Operating performance</li> <li>• Achievement of KPIs</li> <li>• Capital</li> <li>• NMHS?</li> <li>• EQulP?</li> <li>• Riskman reports?</li> <li>• Consumer report?</li> <li>• Carer report?</li> <li>• Patient Satisfaction action plan?</li> <li>• Staff satisfaction action plan?</li> </ul> <p>All new business needs to be submitted a week prior to the meeting.</p>
<b>PROCEEDINGS:</b>	10	<p>The committee will meet at least 11 times per calendar year.</p> <ul style="list-style-type: none"> <li>• Monthly</li> <li>• –Third Monday of the Month</li> <li>• Time 2pm</li> <li>• All new and general business items will be submitted to meeting Secretariat</li> <li>• The minutes will be distributed to all Members of the Committee within a week of the Committee Meeting.</li> <li>• The original files and records of the Committee will be held with the Secretariat.</li> </ul>

<b>KEY PERFORMANCE INDICATORS</b>	11	<p>The Mental Health Management Committee will be evaluated in terms of its performance against the approved Terms of Reference, Annual Work plan, budget and key performance indicators through an annual self-assessment.</p> <p>Should the Committee and / or its Chair identify the need, it may determine a process for additional external evaluation. The self-assessment criteria are provided in the Resource Committee and Patient Care, Safety and Quality Committee.</p> <p><i>Consider all KPIs in relation to scope of the committee eg Review what governs committee as above.</i></p>
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## MENTAL HEALTH MANAGEMENT COMMITTEE

**Date:**

Domain	Performance Indicator	Assessment/Reporting Timeframe	Audit Arrangements
Key Performance Indicators & Business Rules	1. Balanced Operating Financial Result (Target=Compliance)		
	2. Achievement of Activity target +/- 2%		
	3. Achievement of average cost weight per weighted activity unit of \$???		
	4. Asset Management: Number of condition assessments completed versus total buildings.		
	5. Workforce: Funds spent on external labour - <5%		
Financial Management	Satisfactory (unqualified) audit result for Annual Financial Statement and Operational Audits.		
Clinical Management	Satisfactory audit results against ACHS criteria and areas of preventable harm	Report against ACHS criteria	
	Satisfactory audit results against NMHS	Report against NMHS	
Risk Management	<i>All Risks</i> are reviewed, recommendations considered and implemented in accordance with risk management framework.	Report on trended Risks	