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Waitematā
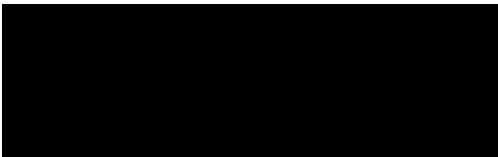District Health Board

Best Care for Everyone

17 January 2020

Dear ▮▮▮▮▮▮

Re: OIA request – Bullying and harassment & Capacity Demand Management Programme

Thank you for your Official Information Act request received 20 November seeking information about Bullying and harassment and Capacity Demand Management Programme from Waitematā District Health Board (DHB).

On this date you made the following request for:

> *Any and all correspondence between the DHB and the NZ Nurses Organisation– about bullying/ harassment and nurse staffing numbers - including but not limited to, emails [excluding admin, but including attachments] texts, minutes, meetings and agendas. RNZ requests the above information for the last five financial years, and for the information to be provided in a fully searchable document.*
>
> *If information isn't held in this manner, please provide it in whichever manner is available.*

TAS (Techinical Advisory Services) Workforce Group sought clarification from you about the scope of the request.

On 29 November you provided the clarification requested. In response to your request, we are able to provide the following information:

1. **Reports, meetings, agendas and letters that have been shared between DHB senior leadership and NZNO on bullying and harassment in the 2018/19 financial year:**

Waitematā DHB holds correspondence and documentation about two complaints of bullying in the 2018/19 financial year in which the New Zealand Nurses Organisation (NZNO) was involved.

We have decided not to release copies of all documents relating to those complaints in order to protect the privacy of the complainants and other individuals involved and the confidentiality of the employment relationship. In our view, the public interest in making the information available is outweighed by the need to protect the privacy of those involved in the complaints and the confidentiality of the employer-employee relationship.

This information is withheld under:

- Section 9(2)(a) of the OIA on the basis that withholding it is necessary to protect the privacy of the complainants, the individuals complained against and others involved in some way in the complaints.
- Section 9(2)(ba)(i) of the OIA on the basis that the information is subject to an obligation of employer-employee confidentiality. It is in the public interest that the employer-employee confidentiality is protected and that staff feel able to raise concerns about bullying. Making the information available is likely to deter staff from raising such concerns.

If you wish to seek an independent review of this decision, you have the right to contact the Office of the Ombudsman via www.ombudsman.parliament.nz

We recognise, however, that there may be public interest in making some information about bullying and harassment issues available. Therefore, please see summaries of information about the two bullying complaints involving NZNO in the 2018/19 financial year as follows:

Complaint 1
In July 2019 concerns were raised about a manager's management style and behaviour that the complainant considered to be intimidating, belittling, humiliating and causing stress for team members. Concerns included the manager's:
- lack of support
- personalisation of issues
- unwarranted questioning of clinical practice
- focus on blame rather than constructive resolution of issues
- obstructive and controlling management style.

One allegation of inappropriate behaviour was substantiated and the other partially. An offer of mediation was declined as it was felt that there were already improvements in the relationship.

Complaint 2
A staff member complained about bullying and uncooperative behaviour by other staff in their department in 2018 and 2019. The complaint was investigated. The complainant's allegations and the findings in relation to them are set out below:
- it was alleged that a staff member had conducted a sustained and targeted campaign of bullying behaviour including demeaning language, isolation and exclusion of the staff member and had not taken sufficient action to prevent others from bullying them. This allegation was not sustained
- it was alleged that another staff member had engaged in a pattern of criticising the complainant. This allegation was not sustained, however, it was recommended that the two staff members undertake some development activities to improve their self-management and behaviour
- it was alleged that a third staff member had engaged in a campaign of bullying and aggressive behaviour and had been discourteous, disrespectful and disparaging towards the complainant, leaving them feeling isolated and stressed. It was found that there was no evidence that the complainant was the victim of a campaign of bullying however there were some low-level examples of behaviour which were inappropriate

and inconsistent with Waitematā DHB values on the part of both parties and evidence of a poor relationship between the complainant and the third staff member
- it was alleged that a fourth staff member had engaged in a campaign of bullying behaviour towards the complainant and others. The allegation of a campaign of bullying behaviour was not sustained, however, it was found that there had been inappropriate behaviour and a poor relationship between the complainant and the fourth staff member.

2. **Reports/minutes/agendas and letters that have been shared between the DHB senior leadership and NZNO on nurse staffing numbers including those relating to the Safe Staffing/Care Capacity Demand Management programme in the 2018/19 financial year.**

Please note the working groups were established in late 2018. Therefore, there are no minutes for the Working Groups for the period of July-October 2018. Attached to this response are:

1. **Copies of minutes of meetings for the Care Capacity and Demand Management (CCDM). The minutes are for all meetings held in the 2018/19 financial year:**

Please note there are no minutes for November 2018.

- 21 August 2018
- 18 September 2018
- 16 October 2018
- 18 December 2018
- 22 January 2019
- 19 February 2019
- 19 March 2019
- 16 April 2019
- 21 May 2019
- 18 June 2019

2. **Copies of minutes of meetings for CCDM Variance Response Management (VRM) Working Group. The minutes are for all meetings held in the 2018/19 financial year:**

- 13 November 2018
- 11 December 2018
- 14 May 2019
- 11 June 2019

3. **Copies of minutes of meetings for CCDM FTE Calculation (FTE) Working Group. The minutes are for all meetings held in the 2018/19 financial year:**

- 27 November 2018
- 29 January 2019
- 26 February 2019
- 26 March 2019
- 30 April 2019
- 28 May 2019

4. Copies of minutes of meetings for Core Dataset (CDS) Working Group. The minutes are for all meetings held in the 2018/19 financial year:
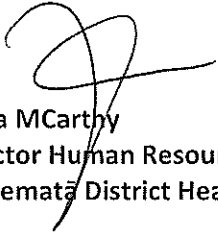
- 6 November 2019
- 4 December 2019
- 5 February 2019
- 5 March 2019
- 2 April 2019
- 7 May 2019
- 25 June 2019

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely

Fiona MCarthy
Director Human Resources
Waitematā District Health Board

CCDM - Council

Meeting Notes: Care Capacity Demand Management [CCDM] Council

Date	Tuesday 21 August 2018
Invited	Cath Cronin, Debbie Eastwood, Alex Boersma, Kate Gilmour, Katrina Holland, Mark Lennox, Simon Watts/ Guy Francis, Jocelyn Peach, Sarah Barker, Andy Hipkiss, Deshni Naidu, Stuart Port, Kate Weston
Apologies	Lucy Adams

Item	Item	Action
1	**Membership** Cath asked that Vanessa Aplin be included Add Communications Team member • Sarah asked that Geraldine Kirkwood to be included • Other names suggested - advised that this needs to be formally submitted • Alex Boersma will be member. Debbie Eastwood will be alternate	Add Commas Advisor, Vanessa and Geraldine to meetings
2	**Standard 1 - Governance**	
2.1	**3 year work plan** - high level - submitted to SSHW Had been circulated prior to submission date. No comments.	Dale signed it off in time to be submitted
2.2	**Annual work plan** 2018/19 [standard item] • Estimated timetable included. • SSHW sending out templates to be completed	Stuart and Deshni to work on new work plan and circulate for the Sept meeting
2.3	**Local Data Councils [LDC]** Currently exist for: Medicine NSH, Medicine WTH, CWF, SAS. Meet monthly. Plan to have the HoDN/CND lead the meetings according to clear agenda. Trendcare team to attend with data only.	Discuss with HODN and CND regarding expectations and flow on to ward team communications
2.4	**Planned sessions to educate groups about CCDM** • Staff Education - general processes – Stuart/SSHW • Partnership workshop for [Facilitator]. Stuart to ask recommended facilitator to contact Jos and Deshni. Need to have CCDM Council attend and agree a charter	Multiple sessions form October November date.
2.5	**CCDM Coordinator Report – Standard item** Taken as read	No questions
2.6	**Reports already submitted** • Partnership survey – DHB attached. NZNO has sent theirs to Stuart who has collated • Quarterly report to SSHW [Q4]	See submitted documents on G drive
3	**Standard 2 – Validated Patient Acuity**	
3.1	**Trendcare Improvement/work plan post SSHW review**. Rebecca [SSHW] completed review of Trendcare practices. Recommendations outlined	Deshni will work on improvements and report on achievements
3.2	**Trendcare data quality checks**. Information reviewed monthly and taken to data council meetings	Routine
3.3	**Trendcare Advisory Group** - plan to re-establish. New 0.6 fte Trendcare Coordinator being recruited. Will be more once $ available from the MoH	Deshni to set up

4	**Standard 3 – Core Dataset [CDS]**	
4.1	**CDS Update** Standard datasheet presented. Data as presented is collated manually. Deshni has been asking for assistance from the Institute. No progress to date. Stuart advised that Capital & Coast DHB have indicators automated using Qliksense.	Cath agreed to ask Penny Andrew to get this prioritised by the Institute.
5	**Standard 4 – Staffing Methodology**	
5.1	**FTE methodology timeline plan** Discussion about process as far as it is known to date MoH to provide initial funding Stuart and Deshni will prepare a plan for FTE review [2019-2020] for discussion in September 2018	Plan to be provided for September meeting
6	**Standard 5 – Variance Response Management**	
6.1	**VRM work stream** Project team to be set up to review CAAG criteria, VRM escalation and response process.	Set up VRM working group
7	**Standing Matters**	
7.1	**Communications with wider DHB** Need to have wider staff understanding of the programme and DHB commitment to progress. Matt Rogers has been asked to allocate a Communications Advisor	Plan to get communications prepared prior to meeting and signed off by CCDM Council from Sept
7.2	**Board update** Put in HAC report as regular item	Jos and Cath to discuss
7.3	**SSHW CCDM newsletter** Will be circulated to CCDM Council members	
7.4	**Partnership Check in** - standard item All CCDM Council members asked if they had any further meeting	

Meeting dates for 2018 : CCDM Meeting

Sept	18	Nov	20
Oct	16	Dec	18

Meeting Notes: Care Capacity Demand Management [CCDM] Council

Date	Tuesday 18 September 2018
Invited	Cath Cronin, Marianne Cameron, Alex Boersma, Kate Gilmour, Katrina Holland, Mark Lennox, Simon Watts/ Guy Francis, Jocelyn Peach, Sarah Barker, Andy Hipkiss, Deshni Naidu, Stuart Port, Kate Weston, Geraldine Kirkwood, Rebecca Emery, Vanessa Aplin, Maree Jones, Nicola Grant
Apologies	Lucy Adams, Cath Cronin, Simon Watts, Guy Francis, Sarah Barker, Kate Weston, Vanessa Aplin

Item	Item	Action
1	**Minutes/Apologies** Many non-attendees and apologies. Some notes that meeting request was not in their calendars. • Introduction to new member. • Maree Jones attended as a NZNO rep in the absence of Kate And Sarah	Meeting request to be re-sent to all confirmed attendees
2	**Standard 1 - Governance**	
2.1	**Annual work plan** 2018/19 • Council need more time to review Annual Work plan • Feedback required by 1st October. If no feedback is received by 1st October then this shall be taken as approved.	Annual Plan to be submitted to SSHW Governance by 5th Oct.
2.2	**Annual Plan September review** [standard item] Currently no delays to activities tasked for completion in August and September	As per plan
2.3	**Local Data Councils [LDC]** Currently still only reviewing Trendcare Data Sets. Plan to transition LDC meeting to HODN and CND.	Discuss with HODN and CND regarding expectations and flow on to ward team communications
2.4	**Planned sessions to educate groups about CCDM** • Staff Education - general processes – Stuart/SSHW • Partnership workshop for [Facilitator]. Attendance is compulsory for all council members. If members are on leave then a representative will need to attend. Facilitator requesting a teleconference with a few council members to understand the current relationship amongst the group.	Multiple sessions from October November date. Teleconference to be set up with individual or small groups
2.5	**CCDM Coordinator Report – Standard item** Taken as read	No questions
2.6	**Reports already submitted** • Partnership survey – received by council members, Stuart to collate results. • Quarterly report Q1 Jan to March sent	Stuart to report on result at next council meeting
3	**Standard 2 – Validated Patient Acuity**	
3.1	**Trendcare Improvement/work plan post SSHW review.** Improvement plan attached.	Deshni will work on improvements and report on achievements
3.2	**Trendcare data quality checks.** This is currently in progress and will be available for review at next council meeting.	In progress for review at next council.
3.3	**Trendcare Advisory Group** - plan to re-establish. Nicola Grant has been recruited as 0.6FTE Trendcare Coordinator	Deshni to set up

4	**Standard 3 – Core Dataset [CDS]**	
4.1	**CDS Update** Data is still being collated manually. Plan for a Core Data set working group to be set up in October. There are 23 measures that need automation which will require some time to complete.	Core Data Set Working group to be set up.
5	**Standard 4 – Staffing Methodology**	
5.1	**FTE methodology timeline plan** FTE calculation to commence in February 2019. Deshni and Stuart are in progress with Data Quality Check s which will assistance in deciding order of wards/ services.	Plan to be provided for October meeting.
6	**Standard 5 – Variance Response Management**	
6.1	**VRM work stream** VRM ToR reviewed and signed off. Andy and Katrina to provide names of representative from NZNO and Waitemata Central.	Set up VRM working group
7	**Standing Matters**	
7.1	**Communications with wider DHB** Rebecca Emery will be Communications Advisor for all CCDM communication to wider DHB. Council will agree on message at council meeting, Rebecca to write up message, Jos to approve communication prior to publication. Communications strategy was discussed and signed off.	Ongoing item. Monthly communications.
7.2	**Partnership Workshop** Council has reviewed and signed off on Partner workshop proposal on the 20th November	Workshop scheduled for 20th November.
7.3	**SSHW CCDM update** Stuart provided CCDM education to all council members as new members were nominated.	Standard Item
7.4	Partnership Check in - standard item	No questions.

Meeting dates for 2018: CCDM Meeting

Sept	18	Nov	20
Oct	16	Dec	18

Care Capacity Demand Management [CCDM] Meeting

Date	Tuesday 16 October 2018	
Invited	Jocelyn Peach - DoNM	Stuart Port – SSHW Consultant
	Alex Boersma – GM Acute & Emergency Medicine	Kate Weston - NZNO
	Frances Scheirlinck (for Kate Gilmour) – Surg HoD	Mark Lennox – HR Rep
	Katrina Holland – CND Waitemata Central	Vanessa Aplin – Recruitment Manager
	Marianne Cameron – HoD Child Health	Sarah Barker - NZNO
	Deshni Naidu – CCDM Site Coordinator	Geraldine Kirkwood - NZNO
	Lucy Adams – ADoN	Cath Cronin – Director of Hosp Services
	Mary-Lou Hoskins – CCDM Prog Manager	Nicola & Ashleigh – Trendcare Coordinators
Apologies	Kate Gilmour – Surg HoD	Simon Watts – Deputy CFO
	Andy Hipkiss - NZNO	
Chair	Jocelyn Peach	

NOTE: November meeting is replaced by ALL DAY Partnership Workshop on 20-Nov

Item	Item	Decisions & Actions
1	**Matters arising**	
1.1	Record of September meeting	No changes. Approved
2	**Standard 1 - Governance**	
	Allocation of Funds – • It was noted that the plan for allocation of funds (3.5m) prepared by Jos had been circulated, reviewed and approved. This has been submitted for consideration. • Kate W queried allocation of CCDM funding. Jos advised this is intended to cover TC coordination, CCDM Prog Management, and Business Analysis. She will provide a diagram.	Plan for allocation of 3.5m additional funding approved. **Jos** to issue details on planned use of the CCDM funding allocation.
2.2	Annual work plan 18/19 – was noted that it is important to have very clear forward plan of SSHW reporting requirements to ensure we meet these dates. Stuart advised that a clear schedule has been requested of the SSHW Governance Group.	**Mary-Lou** to liaise with **Stuart to achieve clear and complete schedule of SSHW reporting requirements.**
2.4	**Planned meetings** **Staff Education – general** • 45 min rolling sessions open to all staff planned for 26-Oct, to be run by Stuart. Will be videoed & posted for others. Further dates to be scheduled over coming months. **Partnership workshop** • Stuart summarised findings of Partnership survey. Many responses in the neutral column, however comments more negative than positive. Recommend re-do survey in 6 months. Noted that timing of survey would have been impacted by industrial activity. • It was noted that the partnership workshop is all day, replacing the monthly meeting, and all-day attendance is compulsory for all Governance Group members.	**Mary-Lou to confirm venue details for partnership workshop on 20-Nov.** **All to ensure they are booked to attend the partnership workshop for the full day – 8:30-4:30 on 20 Nov.**
3	**Standard 2 – Validated Patient Acuity**	
3.2	**Trendcare quarterly data quality Audit result** • Stuart overviewed the findings of the quarterly audit. Some positive news, with more than 80% within acuity benchmarks. Concerns are IRR compliance, and Other Productive HPPD. Noted that: "No RR, no FTE calc". Wards have until end of the year to	

	complete their IRR. Was further noted that typically additional staff are rostered on to cover when IRR testing occurring.	
4	**Standard 3 – Core Dataset [CDS]**	
	• Stuart noted that CCDHB have recently set up a "web mash" view of their core dataset, which may be of interest to WDHB.	Katrina to provide Jos and Mary-Lou with contact(s) at CCDHB for CDS "web mash"
5	**Standard 4 – Staffing Methodology**	
5.1	**FTE timeline plan** • Establishment of Staffing Methodology group a priority, as this group will report back to Governance with recommendation of wards to include in first FTE Calc tranches (which are due to start Feb 2019).	Mary-Lou to progress establishment of the Staffing Methodology group.
6	**Standard 5 – Variance Response Management**	
6.1	**VRM work stream** • Inaugural meeting is 13-Nov. Jos noted that this group would have two streams – one focusing on the variance indicators and the CAAG, and the other focusing on responses guidelines and processes. • Membership of this group was reviewed. It was agreed that Sarah Barker and Alex Boersma should be on this group.	Mary-Lou to add Sarah and Alex to VRM working group.
7	**Communications**	
7.1	**26-Oct Staff Education comms**	Deshni to update comms for 26-Oct staff education to state that further sessions will be available in coming months.
8	**Additional Business**	
8.1	• **Staff Changes** – Jos advised that Deshni has resigned, with her final day being 09-Nov. She introduced Nicola and Ashleigh to the group, both of whom have started in parttime TC coordination roles recently.	
8.2	• **Mental Health / PSA and Maternity / MERAS Prog Involvement** – It was acknowledged that whilst active participation in the CCDM programme for these groups is some way off, it would be useful to engage with them now so that they have an understanding of the programme and the partnership model.	Mark to assist Jos to engage with PSA and MERAS with a view to involving an organiser from each union in the upcoming partnership workshop.
	Meeting closed at 1310, with subgroup remaining for teleconference with Partnership Workshop external facilitator, Lesley Fraser.	

Meeting dates: CCDM Meeting

Nov	20
Dec	18

CCDM
Care Capacity Demand Management

Meeting Notes

Care Capacity Demand Management [CCDM] Council Meeting

Date	Tuesday 18 December 2018	
Time	1200 - 1300	
Venue	GMHODS meeting room, LGF, NSH	
Attended	Cath Cronin – Dir of Hosp Services	Simon Watts – Deputy CFO
	Jocelyn Peach - DoN	Mark Lennox – HR Rep
	Alex Boersma – GM Acute & Emergency Med	Kate Weston – NZNO Advisor
	Lucy Adams – ADoN Medicine	Sarah Barker – NZNO Organiser
	Katrina Holland – CND Waitemata Central	Geraldine Kirkwood – NZNO National Delegate
	Marianne Cameron – HoD Child Health	Ashleigh Youngman – TC Coordinator
	Kate Gilmour – HoD Surgery	Stuart Port – SSHW Prog Consultant
	Mary-Lou Hoskins – CCDM Site Coord	
Apologies	Marianne Cameron – HoD Child Health	Mark Lennox – HR Rep
Absent		
Chair	Jocelyn Peach	

Item	Item
1	**Matters arising**
1.1	Record of October meeting approved without change.
1.2	Record of Partnership meeting was noted to be insufficient for purpose of identifying where further work is required (e.g. identifying champions). New action raised to progress this prior to the next Council meeting.
1.3	Open actions reviewed (refer table below)
2	**Governance**
2.1	Site Coordinators report reviewed.
2.2	Terms of References (x4): • **It was agreed that the ToR's would be adjusted according to the changes suggested by Kate W and were ratified for publication with status of Interim.** As names are to be removed from the Membership section (therefore referencing only roles), the table of named members for each committee will be attached as an appendix. New action raised to complete this task.
3	**Core Dataset**
	• Noted that majority of the 23 data elements are captured somewhere already. • Stuart advised that typically the Staff and Patient Satisfaction items are the most difficult to collect. • It was agreed that Lucy would overview the Nursing Scorecard at the next Council meeting, which contains around 14 of the 23 elements, with an emphasis on how the elements combine to tell a story.
4	**Staffing Methodology**
	• General discussion on potential for model to utilise inaccurate values for key elements such as annual leave average. Stuart stressed that all values used by the tool will be assessed in the FTE Assumptions Workshop scheduled for 29 January. • **The recommendation from the FTE Working Group to include wards 5, 8, 10, and Muriwai in Tranche 1 was ratified.** • The sequencing of the wards into subsequent tranches is an action for the FTE Working Group to prepare for submission to the Council.
5	**Variance Response**
	• Katrina reported that the outstanding work for the Escalation Processes is for the Executive layer, with this expected to be progressed in January. Progress will be reported to SSHW in the Quarterly Report to be issued late January. • It was noted that an Education and Communications strategy will be needed to disseminate the processes across the hospitals. • Concern regarding accurate capturing of HCA activity (staff allocation screen in Trendcare) was raised by Lucy. Lucy to work with Ashleigh on this.

Waitemata District Health Board
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6	Communications
	• New programme logo was highlighted. This will be used moving forward.
	• Consensus was reached that the draft comms issued for ratification should be cut back to the first sentence or two of each section. On this basis it was **approved for issue prior to Christmas.**
7	Any Other Business
	• During the meeting it was noted that the Chair of each workstream would be expected to provide a report to the Council each month and speak to it.
	• NZNO offices will be closed over Christmas until 14 January.

Future Meeting dates:

Jan	22	Feb	19
Mar	19	Apr	16

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
201118-01	Council	Develop a draft process for decision making for this Council	Cath Cronin	18/12: Jos and Cath to progress this over coming month.	WIP
201118-02	Council	Update TOR re quorum composition, etiquette, purpose and compelling why; Work with Geraldine, Kate W and Jocelyn.	Mary-Lou Hoskins	06/12: Issued revised ToR's to Jos, KateW, and Geraldine for their review & set up meeting to discuss together. All accepted. 12/12: Mary-Lou & Jos met, Kate & Geraldine did not attend. 18/12: Ratified for classification as Interim with all suggested changes supplied by Kate W.	Complete
201118-03	Council	Seek advice from the SSHW Unit re Quorum and how that relates to PSA/MERAS	Stuart Port	18/12: Determined between union's according to relevance for each service area.	Complete
181218-01	Council	Facilitate drafting of a more useful action plan based upon the brief notes supplied from the Partnership workshop.	Mary-Lou Hoskins		Open
181218-02	Council	Adjust ToR's according to changes proposed by Kate W, with attachment of named committee membership, and arrange for these to be published with status of Interim	Mary-Lou Hoskins		Open
181218-03	Council	Present overview of the Nursing Scorecard to the January Council meeting.	Lucy Adams		Open
181218-04	Council	Progress with Lucy the concern raised re HCA activity accuracy captured in Trendcare.	Ashleigh Youngman		Open

Care Capacity Demand Management [CCDM] Council Meeting

Date	Tuesday 22 January 2019	
Time	1200 - 1300	
Venue	GMHODS meeting room, LGF, NSH	
Attended	Jocelyn Peach - DoN	Simon Watts – Deputy CFO
	Alex Boersma – GM Acute & Emergency Med	Mark Lennox – HR Rep
	Katrina Holland – CND Waitemata Central	Kate Weston – NZNO PNA
	Marianne Cameron – HoD Child Health	Ashleigh Youngman – TC Coordinator
	Kate Gilmour – ADoN Surgery	Theona Wright – TC Coordinator (observer)
	Melody-Rose Mitchell – CND Med (presenter)	Rebecca Emery – Comms Advisor
	Mary-Lou Hoskins – CCDM Site Coord	
Apologies	Cath Cronin – Dir of Hosp Services	Lucy Adams – ADoN Medicine
	Sarah Barker – NZNO Organiser	Geraldine Kirkwood – NZNO National Delegate
	Stuart Port – SSHW Prog Consultant	
Absent		
Chair	Jocelyn Peach	

Item	Item
	Theona Wright was introduced to the group. Theona started yesterday as TC Coordinator, a role she has done at ADHB for the last 3 years.
1	**Matters arising**
1.1	Record of December meeting approved without change.
1.2	Open actions reviewed (refer table below)
2	**Governance**
2.1	Site Coordinators report: • **It was agreed that where a CCDM committee member cannot attend a meeting no proxy would be accepted.** On occasions where a member is unable to attend, they will ensure they are updated through meeting minutes and/or arranging a catch-up meeting with Mary-Lou. • The report was taken as read.
2.2	Quarterly report for SSHW: • Noted that the report is drawn from the Annual Plan, which has been updated recently to incorporate some additional detail worthy of monitoring. Mary-Lou advised that Stuart has indicated this revision will not require plan variance approval by the SSHW Governance Group. • **No concerns or changes were raised. Kate W confirmed she would provide NZNO sign off of the report by close of business today so this can be emailed to SSHW.**
3	**Core Dataset**

	• Summary provided by Marianne as per section in monthly report.
	• Melody provided an overview of the Nursing Scorecard presently in use. Key points noted:
	   o Based on the Austin model, it has been developed in Excel, pulling data from multiple sources.
	   o Sent in an email to CNM's of WTK Med wards, NSH Med wards, HoOP wards and Surg wards, each month. Does not presently encompass ward 12.
	   o Has been in use since Jun/Jul 2018.
	   o Financials section is yet to take into account the Virtual Ward which has budgetary impacts for MED wards.
	   o Workforce section covers PDRP levels and years of practice; annual leave balances; leavers; sick leave; filled/unfilled bureau.
	   o Quality & safety markers section.
	   o Activity section covers Admits, discharges, bed utilisation (funded beds), pt acuity ave, los, staff deployed in/out (incls virtual ward).
	   o Summary sheet based on division.
	   o Monthly exception report to CND level then ADoN level.

		o Jos requested that this scorecard be made accessible – Melody to arrange. o Generally agreed that this scorecard is a good start, covering many of the metrics required by the CCDM workstream.
4	**Staffing Methodology**	
		• Summary provided by Alex as per section in monthly report. • Assumptions workshop on 29-Jan – Alex on leave at that time, so she will meet with Mary-Lou upon her return (04 Feb) to understand outcomes of that. • Education day on 18-Feb – will be in the region of 25-30 attending, including CNM's and delegates of wards in first tranche (5, 8, 10, Muriwai). Colette Breton from SSHW will deliver this workshop.
5	**Variance Response**	
		• Summary provided by Katrina as per section in monthly report. • Noted that a re-education initiative of the escalation procedures to DNM's will be critical. Katrina advised that there is a workshop of NSH DNM's next week, which will be an opportunity to begin that process.
6	**Communications**	
		• The following process was agreed: o Mary-Lou will liaise with each stream lead prior to each future council meeting to capture the content of the comms for that stream for that month. o She will then draft the newsletter, using the format designed in December by Jos, and submit this with the Council papers for review and ratification at the Council meeting.
7	**Any Other Business**	
		• Noted that agenda needs to be amended to include a report back on Trendcare activity, such as the upgrade. • Kate W advised that she is orientating a new NZNO PNA, who may attend meetings as an observer. She also noted that there will be a new lead organiser taking over from Andy.

Future Meeting dates:

Feb	19	Mar	19
Apr	16	May	21

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
201118-01	Council	Develop a draft process for decision making for this Council	Cath Cronin	18/12: Jos and Cath to progress this over coming month. 22/01: Initial draft being prepared.	WIP
181218-01	Council	Facilitate drafting of a more useful action plan based upon the brief notes supplied from the Partnership workshop.	Mary-Lou Hoskins	22/01: Jos, Kate W, and Mary-Lou meeting later this week to progress.	WIP
181218-02	Council	Adjust ToR's according to changes proposed by Kate W, with attachment of named committee membership, and arrange for these to be published with status of Interim	Mary-Lou Hoskins	22/01: Completed	Closed
181218-03	Council	Present overview of the Nursing Scorecard to the January Council meeting.	Lucy Adams	22/01: Completed by Melody-Rose	Closed
181218-04	Council	Progress with Lucy the concern raised re HCA activity accuracy captured in Trendcare.	Ashleigh Youngman	22/01: Carried forward.	Open
220119-01	Council	Provide NZNO signoff of the Oct-Dec 2018 Quarterly report to Mary-Lou by COB 22Jan.	Kate Weston		Open
220119-02	Council	Place monthly Nursing Scorecard in central location and advise Council on where and how to access it.	Melody Mitchell / Lucy Adams		Open
220119-03	Council	Ensure there is a standing agenda item for future meetings to cover Trendcare activity.	Mary-Lou Hoskins		Open

Care Capacity Demand Management [CCDM] Council Meeting

Date	Tuesday 19 February 2019	
Time	1200 - 1315	
Venue	GMHODS meeting room, LGF, NSH	
Attended	Jocelyn Peach - DoN	Kate Weston – NZNO PNA
	Alex Boersma – GM Acute & Emergency Med	Sarah Barker – NZNO Organiser
	Katrina Holland – CND Waitemata Central	Theona Wright – TC Coordinator
	Marianne Cameron – HoD Child Health	Lucy Adams – ADoN A&E Medicine
	Kate Gilmour – ADoN Surgery	Catherine Lamb – NZNO PNA (Observer)
	Geraldine Kirkwood – NZNO National Delegate	Sharleen Rapoto – NZNO Organiser (Observer)
	Mary-Lou Hoskins – CCDM Site Coord	Stuart Port – SSHW Prog Consultant
Apologies	Cath Cronin – Dir of Hosp Services	Ashleigh Youngman – TC Coordinator
	Simon Watts – Deputy CFO	Mark Lennox – HR Industrial Relations
Chair	Jocelyn Peach	

Item	Item
	Introductions
	• Catherine Lamb joined NZNO this week. She and Kate Weston will both be covering WDHB and ADHB CCDM Programmes during her induction period.
	• Stuart advised that he is reducing his DHB quota and will be covering WDHB and CCDHB only.
	• Kate Weston advised that Craig Muir is a new CCDM resource at NZNO who may pick up the Council NZNO Organiser role on the Council from Sarah.
1	**Matters arising**
1.1	Record of January meeting approved, with noted change: Nursing Scorecard is based on Royal Albert model, not Austin.
1.2	Open actions reviewed (refer table below)
2	**Governance**
2.1	Site Coordinators report:
	• The report was taken as read.
	• Mary-Lou highlighted increasing workload, particularly for the CCDM BA with additional demands identified for the FTE Business Case template, which will need to include detailed analysis for any recommended FTE increase. She noted that the CDS Qlik work may need to be delayed in order for that template to be prepared. Jos stated that resource from the i3 team had been anticipated for the CDS work, but to date this has not been available. She advised that admin resource is to be recruited to support both the Trendcare and the CCDM programmes.
3	**Trendcare**
3.1	Summary provided by Theona.
	• Stocktake to be done of Trendcare data to help determine how best to manage support across the 42 wards/units.
	• IRR testing getting underway with 2 or 3 well-attended workshops conducted.
	• Upgrade to 3.6 on radar but not yet scheduled. Understood that for Mental Health and Maternity units, 12 months of good data collection post-upgrade will be required prior to CCDM FTE Analysis.
	• Stressed importance of increasing staff knowledge of the CCDM Programme and the significance of quality Trendcare data within that.
	• Alex expressed concern regarding the quality of the Trendcare data collected, what cross-checks are preformed to validate it, and extent of "subjectivity". It was clarified that nurses capture activities, not acuities, with activities determining acuity. Kate W noted that national experience indicates if anything the activities/acuities recorded are under-representative of actual workload, and how important it is to ensure staff are well trained on the diversity of the available pt types etc within Trendcare.

Waitemata

Meeting Notes

		• Kate W queried education programme for Trendcare – "refresher" and "advanced". Theona confirmed that training options will be reviewed and improved.
3	**Core Dataset**	

		• Summary provided by Marianne as per section in monthly report.
		   o Two delegates are on the workstream and both are very engaged.
		   o Optimistic that good progress can be made, albeit there may be some delay unless additional BA resource can be found.

4	**Staffing Methodology**	

		• Summary provided by Alex as per section in monthly report.
		   o Education day yesterday went very well.
		   o Need to ensure any FTE requirement is well supported with detailed analysis and clear articulation of any data variability. Mary-Lou noted that she and Stuart met with David Dodds earlier today and have captured the analysis he believes will be essential to include in any CCDM business case.

5	**Variance Response**	

		• Summary provided by Katrina as per section in monthly report.
		   o The Escalation procedures, ratified by the VRM Working Group last week, were tabled for agreement. These will be supplied to the Council members with the minutes. It was agreed that for consistency the colour labels used should align with the procedures flip-chart produced by ADHB. A WDHB version of that document will be prepared to supply to all wards. Jos asked that formal agreement be sought from ADHB to copy their design.
		   o The VIB trial has been extended by 2 weeks in order to gather better data on the usefulness of the SSHW-recommended model – to ensure it works better than the present VIB and to understand where any tweaks may be needed for specific wards/units.
		   o Jos noted that a third stream is outstanding – to work with DNM's to understand what is required to enable them to respond effectively to capacity-demand issues once these have been raised by the wards.

6	**Communications**	

		• February newsletter was approved for distribution.
		• Content of Infographic template supplied by SSHW (reflecting the DHB MECA Terms of Settlement reporting framework) was discussed:
		   o Noted that work will be needed to gather the data required, and that this work is of lower priority than core programme work.
		   o Jos understands that Bridget from SSHW is open to feedback on the design.

7	**Any Other Business**	

		• Jos summarised the Accord Funding allocation (3.5m, which has been built into budgets on-going):
		   o Additional positions in ICU to reduce workload at front end (ED & ADU)
		   o Extend Critical Care Outreach team to 24x7
		   o District Nursing
		   o Maternity
		   o 1-9pn Shift Coordinators, existing roles but becoming supernumerary
		   o More HCA's to help with care after hours.

Future Meeting dates:

Mar	19	Apr	16
May	21	Jun	18

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
201118-01	Council	Develop a draft process for decision making for this Council	Cath Cronin	18/12: Jos and Cath to progress this over coming month. 22/01: Initial draft being prepared. 19/02: Carried forward.	WIP
181218-01	Council	Facilitate drafting of a more useful action plan based upon the brief notes supplied from the Partnership workshop.	Mary-Lou Hoskins	22/01: Jos, Kate W, and Mary-Lou meeting later this week to progress. 19/02: Meeting held. Jos to prepare output for discussion at next Council meeting.	Closed
181218-04	Council	Progress with Lucy the concern raised re HCA activity accuracy captured in Trendcare.	Ashleigh Youngman	22/01: Carried forward. 19/02: Theona to progress outside this forum.	Closed
220119-02	Council	Place monthly Nursing Scorecard in central location and advise Council on where and how to access it.	Melody Mitchell / Lucy Adams	19/02: Katrina to arrange for Ritu to put spreadsheets in central location.	Closed
190219-01	Council	Issue the Escalation Procedure documents (already ratified by the VRM Working Group) to the Council with the meeting minutes.	Mary-Lou Hoskins		
190219-02	Council	Review Escalation Procedure document prior to the March Council meeting, and bring your feedback to the meeting.	All		

Care Capacity Demand Management [CCDM] Council Meeting

Date	Tuesday 19 March 2019	
Time	1200 - 1300	
Venue	GMHODS meeting room, LGF, NSH	
Attended	Jocelyn Peach - DoN	Kate Weston – NZNO PNA
	Alex Boersma – GM Acute & Emergency Med	Mark Lennox – HR Industrial Relations
	Katrina Holland – CND Waitemata Central	Simon Watts – Deputy CFO
	Lucy Adams – ADoN A&E Medicine	Ashleigh Youngman – TC Coordinator
	Mary-Lou Hoskins – CCDM Site Coord	Stuart Port – SSHW Prog Consultant
Apologies	Cath Cronin – Dir of Hosp Services	Marianne Cameron – HoD Child Health
	Geraldine Kirkwood – NZNO National Delegate	Craig Muir – NZNO Organiser
	Sarah Barker – NZNO Organiser	Kate Gilmour – ADoN Surgery
	Theona Wright – TC Coordinator	
Chair	Kate Weston	

Item	Item
1	**Matters arising**
1.1	Record of February meeting approved with no changes.
1.2	Open actions reviewed (refer table below)
2	**Governance**
	Site Coordinators report:
	• The report was taken as read.
	• New CCDM website on staffnet overviewed. Mary-Lou to investigate promoting its existence through the WDHB Screensaver, in addition to Waitemata Weekly.
3	**Trendcare**
	Summary provided by Ashleigh as per section in monthly report.
	• Noted that Patient Types for AT&R wards will change following the 3.6 upgrade. Stuart queried whether IRR testing for these wards should be deferred until then.
	• Stuart advised that CapCoast DHB are undertaking a timing study with Trendcare for their maternity wards, as the data (v3.5.1) did not support widely held view that busy-ness levels are the same day and night. Trendcare are recruiting other hospitals across Australasia to participate.
4	**Core Dataset**
	• Summary provided by Mary-Lou, in Marianne's absence, as per section in monthly report.
5	**Staffing Methodology**
5.1	FTE Calc Standard Operating Procedure:
	• Alex stressed that there must be capacity within the process for recommended FTE figures coming from the methodology to be challenged – that the make-up of any gap must be provided. Lucy highlighted that for wards serviced by the Virtual Ward, this would need to be overlaid. Alex and Lucy to meet with Mary-Lou, Ricky and Stuart, to ensure that the current FTE in the medical matches the numbers provided to CCDM by finance.
	• Mark identified that submission of any Council-recommended FTE changes should be referred to ELT earlier in the process than is shown on the SOP flow-charts.
	• All to provide their feedback on the SOP to Mary-Lou by 5pm next Monday, so that the revised draft can be discussed at next Tuesday's FTE Working Group.
5.2	FTE Ward Sequence & Timing
	• Following discussion, agreement was reached that the remaining Medicine wards at NSH should be the next Group to complete the FTE calc process, rather than the Surgery wards. This decision is contingent on Stuart providing SSHW assurance that the data quality for these Medicine wards (2, 3, 6, 11, 14, & 15) is sufficiently reliable. Stuart noted that he will require input from the WDHB Trendcare team on any data quality concerns they have for these wards.
	• The current grouping (5, 10, 8, and Muriwai) are all still in progress, though the

		Muriwai study has been paused pending a revised data period, and initial concerns re data quality for the Ward 8 study are still being worked through.
6	**Variance Response**	
6.1	Escalation Procedure: • An extension was agreed for provision of feedback on these charts. Mary-Lou to email them to everyone, and all to reply to her with any feedback no later than 5pm this Friday. No reply will be interpreted as approval.	

6.2	• Summary provided by Katrina as per section in monthly report.
	   o Noted that it is critical that wards are complying with the Trendcare business rules, which need to be realistic / implement-able. Stuart stressed the importance of establishing KPI's to reinforce their importance.
	   o Attendance of all CNM's at the Daily Ops meeting was discussed. Katrina to work with Alex to find way to able Medicine CNM's to attend.
	   o Kate W asked for visibility of the Variance Response model as early as possible.	

7	**Communications**	
	• Newsletter 3 was approved for distribution. • Jos noted that building the data feeds to support the new Infographic has not yet been progressed due to higher priority work (CDS and FTE Calcs).	
8	**Any Other Business**	
8.1	• Additional Actions from Partnership workshop (Jos) – deferred	
8.2	• DHB IT Capability (Stuart) - deferred	

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
201118-01	Council	Develop a draft process for decision making for this Council	Cath Cronin	18/12: Jos and Cath to progress this over coming month. 22/01: Initial draft being prepared. 19/02: Carried forward. 19/03: Superseded by SoP for FTE Calc, under review.	Closed
190219-02	Council	Review Escalation Procedure document prior to the March Council meeting, and bring your feedback to the meeting.	All	19/03: Extension given until 5pm Friday 22 March.	Open
190319-01	Council	Look to promote CCDM website through the WDHB Screensaver and through Waitemata Weekly.	Mary-Lou Hoskins		Open
190319-02	Council	Arrange meeting for Alex and Lucy to meet with Mary-Lou, Ricky and Stuart, to ensure that the current FTE in the medical matches the numbers provided to CCDM by finance.	Mary-Lou Hoskins		Open
190319-03	Council	Review the FTE Calc SoP and provide your feedback to Mary-Lou by 5pm Monday 25 March.	All		Open

CCDM
Care Capacity Demand Management

Waitemata District Health Board

Care Capacity Demand Management [CCDM] Council Meeting

Date	Tuesday 16 April 2019	
Time	1200 - 1300	
Venue	GMHODS meeting room, LGF, NSH	
Attended	Jocelyn Peach - DoN	Kate Weston – NZNO PNA
	Cath Cronin – Dir of Hosp Services	Marianne Cameron – HoD Child Health
	Alex Boersma – GM Acute & Emergency Med	Mark Lennox – HR Industrial Relations
	Sarah Barker – NZNO Organiser	Simon Watts – Deputy CFO
	Melody-Rose Mitchell – ADoN A&E Medicine	Theona Wright – TC Coordinator
	Stuart Port – SSHW Prog Consultant	Katie Watabe – NZNO Organiser (Guest)
	Mary-Lou Hoskins – CCDM Site Coord	
Apologies	Katrina Holland – CND Waitemata Central	Kate Gilmour – ADoN Surgery
	Geraldine Kirkwood – NZNO National Delegate	Craig Muir – NZNO Organiser
Chair	Jocelyn Peach	

Item	Item
1	**Matters arising**
1.1	Record of March meeting approved with no changes.
1.2	No open actions for review.
2	**Governance**

2.1	Site Coordinators report:
	• Sections not covered by stream leads reviewed. Points noted:
	    ○ Noted would be good to monitor traffic to CCDM site, in particular to the short intro videos, once those are loaded.
	    ○ Was agreed that Council & Working Group membership should be reviewed. To be added to agenda for next meeting.

2.2	SSHW Quarterly Report (Jan-Mar 2019) • Report reviewed and approved by the Council subject to correction of typos (including ensuring WDHB is expanded) and improving the commentary on Staffing Methodology delay to be clearer. Stuart to provide improved wording for this to Mary-Lou, who will then issue to Kate W for NZNO approval, prior to sending to SSHW Governance (Bridget).
3	**Trendcare**

3.1	Progress Update:
	• Summary provided by Theona as per section in monthly report. Points noted:
	    ○ IRR on track to be finished by the end of April (excludes Mental Health).
	    ○ V3.6 rollout planned for the end of May. Are subtle differences and some new Pt Types, particularly for AT&R, and cohort watching.
	    ○ New Trendcare coordinator starting in a few weeks.

4	**Core Dataset**
4.1	Progress Update: • Summary provided by Marianne, as per section in monthly report. Agreed that Delwyn would be invited to the next Council meeting to demo the tool.
5	**Staffing Methodology**
5.1	FTE Calc Standard Operating Procedure Ratification: • Item not covered. To be included on the May agenda.

5.2	Progress Update:
	• Summary provided by Alex as per section in monthly report. Points noted:
	    ○ Confirmed that NSH Med wards, excluding ward 11, will form the second group to complete the FTE Calc. Education day booked for 13 May.
	    ○ The dynamic nature of the wards is not easily catered for by the Staffing Methodology – tool expects period used to be representative of future.
	    ○ Has been discussion regarding Virtual Ward, which will continue over coming week, with presentation to FTE Working Group on 30 April. VW allows dynamic responsiveness to changing needs.

6	**Variance Response**

6.1	Progress Update:
	• Summary provided by Kate W (in Katrina's absence) as per section in monthly report. Points noted:
	   ○ SSHW VIB Model approved as per recommendation. Work to progress to plan the implementation:
	      ▪ Training sessions should involve the Trendcare team and the Nurse Educators (Nursing Development Service).
	      ▪ Jos to present at the delegates meeting on 24 April – Sarah to arrange.
	      ▪ Sarah noted need to secure paid release time for delegates to participate on the CCDM programme.
	      ▪ Investigation of possible (smaller) screens on wards for CaaG to proceed.

7	**Communications**
	• The infographic to be developed as per Accord can be used to report the additional staffing approved with the $3.6m funding provision. • Newsletter 4 was approved for distribution, with adjustment of logo to include MERAS.
8	**Any Other Business**
8.1	• Additional Actions from Partnership workshop (Jos) – deferred. Jos to discuss with Kate W.

8.2	• PSA & MERAS engagement
	   ○ Both unions have now signed up to CCDM.
	   ○ Plan is to hold a workshop with these agencies who presently have little understanding of the CCDM programme. Intend to develop a plan to deliver their programme in parallel with current work, merging down the track.

8.3	• Alex noted that do not want to lose sight of ED. Trendcare viewed to be too labour intensive and would like an electronic method of swiping activities that are common for ED patients. Agreed should understand the optimisation work done (by Stefan) in ED.

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
190219-02	Council	Review Escalation Procedure document prior to the March Council meeting, and bring your feedback to the meeting.	All	19/03: Extension given until 5pm Friday 22 March.	Closed
190319-01	Council	Look to promote CCDM website through the WDHB Screensaver and through Waitemata Weekly.	Mary-Lou Hoskins	10/04: Screensaver not an option, but PostIt Note feature on StaffNet is being used.	Closed
190319-02	Council	Arrange meeting for Alex and Lucy to meet with Mary-Lou, Ricky and Stuart, to ensure that the current FTE in the medical matches the numbers provided to CCDM by finance.	Mary-Lou Hoskins	10/04: Meetings held.	Closed
190319-03	Council	Review the FTE Calc SoP and provide your feedback to Mary-Lou by 5pm Monday 25 March.	All	10/04: No additional feedback received.	Closed
160419-01	Council	Add committee membership review to agenda for May meeting.	Mary-Lou	16/04: Done	Closed
160419-02	Council	Invite Delwyn to attend the May meeting to demo the QlikSense CDS tool.	Mary-Lou	16/04: Done.	Closed
160419-03	Council	Discuss any additional actions required as a result of last Novembers Partnership workshop with Kate W.	Jocelyn Peach		Open
160419-04	Council	Arrange for Jos to present at the Delegates Day on 24 April.	Sarah Barker		Open

Waitemata District Health Board

CCDM
Care Capacity Demand Management

Care Capacity Demand Management [CCDM] Council Meeting

Date	Tuesday 21 May 2019	
Time	1200 - 1315	
Venue	GMHODS meeting room, LGF, NSH	
Attended	Jocelyn Peach - DoN	Kate Weston – NZNO PNA
	Katrina Holland – CND Waitemata Central	Marianne Cameron – HoD Child Health
	Alex Boersma – GM Acute & Emergency Med	Geraldine Kirkwood – NZNO National Delegate
	Sarah Barker – NZNO Organiser	Melody-Rose Mitchell – ADoN A&E Medicine
	Kate Gilmour – ADoN Surgery	Theona Wright – TC Coordinator
	Stuart Port – SSHW Prog Consultant	Daniel Hunter – i3 Analyst
	Mary-Lou Hoskins – CCDM Site Coord	
Apologies	Mark Lennox – HR Industrial Relations	Cath Cronin – Dir of Hosp Services
	Simon Watts – Deputy CFO	Craig Muir – NZNO Organiser
Chair	Jocelyn Peach	

Item	Item
1	**Matters arising**
1.1	Record of April meeting approved with no changes.
1.2	No open actions for review.
2	**Governance**
2.1	Site Coordinators report taken as read.
2.2	Standards Assessment & Annual Plan: Both documents were ratified without change, to be issued to SSHW. Stuart confirmed that SSHW are happy with the progress being made on the programme. CCDM standards July 2019 June 2020 assessment Apr'19 C Annual Plan Council E
3	**Validated Patient Acuity**
3.1	Progress Update provided by Theona: • Upgrade testing time consuming and a few issues identified, but not expected to delay the upgrade. • New 0.6 FTE has started, who will look after the Medicine wards at NSH. • IRR process has gone very well, with only 1 ward of some concern (WTK Mat). Larger wards are assigned more testers. • Noted that will need to focus on Mental Health and Maternity in particular, post upgrade, in order to achieve 12 months of quality data to support the CCDM process mid 2020. Also Allied Health. • Alex will meet with Stuart and Kate W (after Stuarts leave) to discuss an approach for ED, which may be of interest at other DHB's.
4	**Core Dataset**
4.1 & 4.2	Progress Update (Marianne) & QlikSense Demo (Danny): • Approx 10 CDS measures now available through the model, split into the 3 CCDM categories (Quality Pt Care, Quality Work Env, Best Use of Resources). • Jos questioned whether the dataset would meet Cath's needs (Alfred Scorecard & the Roster Gaps tool). This is not yet clear. • Noted that training will be needed in use of the tool & in data literacy: "what's this telling me?". Marianne to put this on the agenda at the CDS WG meeting upon her return.
5	**Staffing Methodology**
5.1 WDHB CCDM FTE calculations SoP v2.1	FTE Calc Standard Operating Procedure was ratified by the Council with one change noted by Kate W: correction to appendix 2 flow-chart where "increase" used when should be "decrease". Change made to version attached at left.

Waitemata

5.2	Progress Update (Alex):
	• Noted that the delay in completion of the process for wards 5 & 10 has been partly due to the additional analytics required for Finance, and partly to consider the Virtual Ward model.
6	**Variance Response**
6.1 & 6.2	Progress Update & Escalation Flipchart:
Escalation FlipChart FINAL Ratified 21051	• The Escalation Flipchart was ratified by the Council. It was confirmed that this document supersedes previous "swim-lane"-style versions.
	A coordinated roll-out with the new VIB and the Trendcare upgrade is highly desirable, with the date for the upgrade to occur in early June.
	• Melody-Rose and Alex will work on an ED version – Kate W to investigate whether ADHB have developed a version of theirs for ED.
	• Marianne to develop a Child Health version.
7	**Communications**
CCDM Newsletter May 2019.pdf	• May newsletter (#5) to be revised by Jos to include an update on the Accord Funding, prior to issue. (Revised version attached left.)
	Newsletter to be issued to NZNO (Hilary Graham-Smith & Kate Weston), in lieu of the Infographic, who will distribute to their delegates.
8	**Any Other Business**
8.1	• Accord funding:
	○ Jos noted that there is a shortage of HCA's regionally.
	○ There have been only 114 applications for 74 New Grad positions.
	○ Noted that the Accord also required Retention Strategies to be reported.
	○ Not yet clear how the PSA and MERAS are to be accommodated, as these areas are not part of the Accord funding.

Actions Register

Meeting Notes

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
160419-03	Council	Discuss any additional actions required as a result of last Novembers Partnership workshop with Kate W.	Jocelyn Peach	21/05: Carried forward.	Open
160419-04	Council	Arrange for Jos to present at the Delegates Day on 24 April.	Sarah Barker	21/05: Sarah didn't let Jos know the details for the meeting. Jos noted that she is happy to attend future meetings if these dates are supplied.	Closed
210519-01	Council	Provide Jos with dates, times and locations for any planned delegate days that NZNO would like her to participate in.	Sarah Barker		Open
210519-02	Council	Alex to meet with Stuart & Kate W when Stuart is back to progress desire to introduce workload assessment tool in ED.	Alex Boersma		Open

CCDM standards assessment form

CCDM council: Waitemata DHB

CCDM start date: 2015 Re-signed 2017

Assessment date: **April 2019**

Purpose

This document provides a tool for a partnership assessment against the CCDM Programme standards. Completing the assessment will provide evidence of the degree to which the standards have been attained from; not attained (NA), partially attained (PA), and fully attained (FA) to business as usual (BAU). The degree of attainment can in turn be used to develop the CCDM workplan.

The assessment can be completed prior to engaging with the CCDM Programme, during the programme or as an assessment for completion of the programme (or anytime in between to assess progress with implementation). Completed assessments will be reviewed by the CCDM council, Safe Staffing Healthy Workplaces Unit and the SSHW Governance Group.

Instructions

- Use the assessment tool in conjunction with the CCDM Programme standards. Complete the assessment as an individual, team or group e.g. CCDM council.
- Start at the beginning and work your way through each standard and each of the criterion.
  Note: CCDM Programme terminology is used throughout the document. CCDM councils may not use the same terminology but should have an equivalent e.g. local data council may be called another name.
- For each criterion, describe how the DHB meets the criteria (and the overall standard).
- Provide examples of evidence from each level of the organisation – executive, directorate (or services) and ward/unit. Examples of evidence should include what people have said, what is written in documents (e.g. meeting minutes, TOR, action plans, policies & procedures, standard operating procedures) and what is observed in practice (i.e. processes followed).
- Collate all respondents' evidence into one document. Respondents must include DHB and health union partners. The SSHW Unit Programme Consultant can support evidence collection and/or collation of information.
- Submit the completed document for discussion at the CCDM council.
- Note the staffing methodology standard is for in-patient only areas.

Signed by

Date: / / 2019

CEO Dale Bramley

DON Jocelyn Peach

Health union partner (1) Kate Weston

Health union partner (2) Sarah Barker

Health union partner (3)

SSHW Unit Programme Consultant Stuart Port

Assessment contributors

Mary-Lou Hoskins	CCDM Site Coordinator	Kate Weston	PNA NENO
Theona Wright	Trendcare Team Lead	Sarah Barker	NENO Organiser
Stuart Port	SSHW Programme Consultant	Name	Role
Name	Role	Name	Role

Assessment attainment levels

Attainment level	Definition
CI = Continuous improvement	The DHB can in addition to demonstrating full attainment show a process of continuous improvement through evaluation and review of implementation. Actions taken are evaluated and there is evidence of improvement at a ward, service and hospital level.
FA = Fully attained	The DHB can demonstrate implementation. This includes practice evidence, reporting and visual evidence of CCDM processes and systems that meet the criterion
PA = Partially attained	The DHB can demonstrate: 1. Evidence of process implementation (systems / procedure / guideline) without supporting structures. OR 2. Documented processes / systems or structure is evident but unable to demonstrate this at all levels of the organisation ward – directorate – DHB where required

Attainment level	Definition
UN = unattained	DHB unable to demonstrate appropriate processes, systems, structures to meet the criterion

DHB areas of commendation: summarise the indicators of success

Council and working group meetings well run and generally well attended. Good rhythm in place with each key committee meeting each month – rotating Tuesdays. New Trendcare team are quickly ramping up and establishing good relationships with the wards – working with them to improve their data quality. Great org-wide Data Visualisation tool being used to build the CDS (QlikSense) and good progress being made. DHB's Finance team is engaged with the Staffing Methodology stream and CCDM-BA came out of that finance group. Central operations centre is well run with dedicated oversight to manage capacity issues. Agreement reached to replace Variance Indicator Board with SSHW-recommended VIB.

DHB areas for improvement opportunities: summarise the improvement opportunities

Local Data Councils need to be re-architected, which will occur with the roll-out of the Core Dataset tool. Increased delegate participation on the programme if possible. Trendcare governance group in process of being re-established; this will be important to have oversight of system and data quality concerns. Improved detailed schedule for Staffing Methodology stream to support improved participation. Overlaying acuity data to the daily ops meetings to better gauge workload demand.

Standard 1.0 – CCDM governance

Standard 1.0

The CCDM governance councils (organisation and ward/unit) ensure that care capacity demand management is planned, coordinated and appropriate for staff and patients.

Criteria	Evidence (use standards guidance) expectation is to see evidence at Executive / directorate/service and ward level
1.1 The purpose, values, scope and direction of the organisation's CCDM council and ward/unit local data councils is clearly identified and regularly reviewed	• The terms of reference for the CCDM council was reviewed in December 2018 to ensure fit for purpose. Membership was also reviewed. • The annual plan for the 2018/19 period has been revised to ensure it is reflective of the work plan. The 2019/20 plan will be prepared in April/May, along with a revision of the 3-year plan if appropriate. • Local Data Councils (LDC's) are in place by service. Until the Core Dataset is in place, the value of these councils is limited. As the CDS becomes available, the composition and responsibilities of these forums should be re-assessed to ensure there is appropriate ward-level participation and opportunity to contribute to continuous improvement initiatives, and structured reporting against agreed KPI's back through services to the Council. These meetings currently have no agreed TOR agendas or minutes • The Partnership working day was held on 20 Nov 2018. An assessment of how well the partnership model is functioning is outstanding. A partnership evaluation was completed prior to partnership training taking place.
1.2. Permanent governance for CCDM is established for the organisation and for each ward/unit	• The CCDM council is operating effectively, with monthly meetings and reporting through to the ELT. Meeting process is working well, with papers issued prior to meetings, and minutes prepared and issued within a few days of the meeting. Actions are captured and reviewed at the next meeting. Minutes are published on the CCDM Staffnet Sharepoint site, accessible to all staff. • There are working groups in place to establish the Core Data set, Staffing methodology and Variance response management. Each group has a documented TOR. All meetings have a standard agenda which is prepared in advance. Meeting minutes are circulated in a timely fashion. • As noted above, service-level Local Data Councils are in place, but are not yet functioning as required for the programme long-term.

Criteria	Evidence (use standards guidance) expectation is to see evidence at Executive/ directorate/service and ward level
1.3 Permanent governance for CCDM is effective and operational for a. CCDM council and a. local data councils	• There are regular monthly meetings for the CCDM council which are diarised. Attendance is monitored and documented and to date a quorum has been achieved at all meetings. There is an action register that is monitored at each meeting to ensure that time lines for implementation are being met. Any variances to workplan or risks are highlighted and a note taken in the minutes. • The operational management of CCDM implementation is being over seen by the 3 main working groups for CDS, VRM and staffing methodology where progress is documented and discussed at the CCDM council. • The CCDM council is expected to report on progress to ELT. • Whilst there are LDC meetings, as noted above, the structure, membership, and purpose of these meetings requires review. There is no current link from the LDC's to the Council.
1.4 The CCDM council and ward/unit local data councils establish, monitor and act on CCDM data for continuous quality improvement.	• The Council do not yet review operational data. There is no link between the LDC's and the Council. The Core Data Set (CDS) is currently under construction. • The TrendCare team are working closely with the CNM's and Shift Coordinators to identify and address data quality issues.

Standard overall attainment

☐ NA – Not attained	☒ PA – Partially attained	☐ FA – Fully attained	☐ CI – Continuous improvement

Areas of commendation: **Council meetings are generally well attended and well run.**

Areas for improvement opportunities: **Improving the structure and composition of the Local Data Councils and the connection through to the Council.**

Standard 2.0 – Validated patient acuity tool

Standard 2.0
The validated patient acuity tool underpins care capacity demand management for service delivery.

Criteria	Evidence (use standards guidance) expectation is to see evidence at Executive / directorate/service and ward level
2.1 There is a Validated Patient Acuity Committee that is effective and operational.	• The TrendCare steering group is not presently meeting regularly, but is expected to from May/June '19. The Terms of Reference and membership of this group is presently being reviewed and revised, incorporating feedback received from SSHW.
2.2 There is dedicated coordinator FTE for managing the validated patient acuity system.	• There is a team of 3 people (soon to be 4), 2.2 FTE, in place to support the patient acuity system (Trendcare) and to extend and improve its usage across the DHB. Each of the TrendCare coordinators has a dedicated portfolio of clinical responsibility for TrendCare improvement.
2.3 The patient acuity system is supported and prioritised as a Tier 1 IT critical 'service delivery' IT system.	• Following the scheduled upgrade to TrendCare v3.6 (occurring May/June), this system will be a Tier 1 IT system.
2.4 There are processes in place to ensure the validated patient acuity system is used accurately and consistently.	• There are good processes in place to report against the Gold Standards monthly for each service (not yet extending to Mental Health and Maternity), and this is driving a re-education programme to improve consistency and accuracy. • IRR results are very good across all inpatient wards.
2.5 Business Rules are clearly defined and in use to ensure consistent use of the system.	• While the business rules are defined, these are due to be revised in line with the TrendCare upgrade to 3.6. This revision will enable improved data accuracy and compliance.
.6 Validated patient acuity data is utilised in daily operational and annual planning activities.	• The bed balancing meeting with CNM's at 10.15 is presently Surgery service only. The use of TrendCare data at this meeting is minimal, but improving. (Predictions are not always completed by 09.30hrs as per the business rule.) In the near future, a TrendCare coordinator will attend these meetings. • The Staffing Methodology is beginning to be introduced for the setting of annual rosters and budgets, using validated patient acuity data from Trendcare. • TrendCare data will be incorporated into the CDS reporting framework and trended over time.

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Standard overall attainment

☐ NA – Not attained	☒ PA – Partially attained	☐ FA – Fully attained	☐ CI – Continuous improvement

Areas of commendation: New TrendCare team who are quickly establishing tools and methods for identifying and rectifying system and data related issues. **A very good standard of achievement shown in the IRR testing.**

Areas for improvement opportunities: **Training and communication tools and methods. Early establishment of TrendCare governance to monitor and action data quality issues and maintenance of the system. KPI's need to be introduced to ensure on-going maintenance of accurate acuity data and reporting.**

Standard 3.0 – Core data set

Standard 3.0

The organisation uses a balanced set of CCDM measures (core data set) to evaluate the effectiveness of care capacity and demand management over time and to make improvements.

Criteria	Evidence (use standards guidance) expectation is to see evidence at Executive / directorate/service and ward level
3.1 The council has the authority, accountability and responsibility for setting, implementing and monitoring the Core Data Set.	• The Core Dataset working group has been established and meets monthly, with strong processes around meetings – agendas and papers issued, meetings have minutes and actions captured and reviewed. • The CDS Chair reports in to the Council at each monthly meeting. • The CCDM council does not currently review the Core Data set as the metrics are not readily available to view. (CDS under development in QlikSense and over seen by CDS working group)
3.2 The Core Data Set is used to evaluate the effectiveness of care capacity demand management in the DHB and make improvements.	• A subset of the CDS is operational across Medicine wards. This is called the Nursing Scorecard (This is a monthly view and not trended over time). However, at present this is not reviewed at the Local Data Council meetings. • Development of the CDS is now underway utilising the DHB's preferred tool, QlikSense.
3.3 The Core Data Set is monitored, reported and actioned at ward/unit, directorate and hospital wide level.	• TrendCare data quality indicators are reviewed only at the monthly service-level Local Data Councils. There is currently no reporting from these meetings to the CCDM council.
3.4 The organisation annually reviews the relevance, frequency and effectiveness of the Core Data Set. Reporting on progress with quality improvement.	• Core data set not currently reviewed annually as still in development.

Standard overall attainment

☐ NA – Not attained	☒ PA – Partially attained	☐ FA – Fully attained	☐ CI – Continuous improvement

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Areas of commendation: **Good progress has been made in a short space of time with developing the CDS in an easily accessible format within QlikSense that will be able to be trended over time.**

Areas for improvement opportunites: **Improve the functionality of the local data councils to be better placed to review data to drive improved service delivery. Shift the focus of the service local data councils away from reviewing TrendCare data only.**

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Standard 4.0 – Staffing methodology

Standard 4.0

A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix for to ensure the provision of timely, appropriate and safe services.

Note: This standard excludes Allied Health and community

Criteria	Evidence (use standards guidance) expectation is to see evidence at Executive / directorate and ward level
4.1 The organisation has staffing budget setting procedures in place that are reviewed annually by the CCDM council.	• There is an annual budget setting process in place that currently sits outside of the CCDM programme. • The Standard Operating Procedure for the FTE Methodology has been documented by the FTE Working Group and is awaiting endorsement by the Council. This is based upon the methodology provided by SSHW. It has been customised to incorporate the BAU approval processes of the DHB.
4.2 The organisation uses the CCDM staffing methodology to establish staffing numbers, staff and skill mix for each ward/unit that uses a validated patient acuity system.	• Work is in progress to inform the DHB of the CCDM methodology. • There is good engagement with the Finance service. • The Council, the FTE Working Group, and the first set of wards to undertake the FTE Calculation, have all completed the SSHW Education Day. A schedule has been prepared to complete the FTE calculation process, using 12 months of Trendcare data, with Medicine and Surgery wards to be completed first. This is contingent on the data quality checks and the Trendcare team's assessment of the validity of the data collection for each ward. • It is intended that all inpatient wards will undertake the FTE Calculation annually prior to budget planning. This will be the cycle once all wards have completed the FTE Calculation process once.
4.3 Budget holders are involved annually in setting the roster model, FTE and budget.	• Ward managers, Nursing directors and management accountants are all involved in the FTE Calculation process. A partnership approach with the health unions is in place to ensure good process is maintained.
4.4 The roster model provides the best match of staffing to patient demand.	• At present the roster model is not based upon patient demand levels indicated from the wards Trendcare data. As the wards complete the FTE Calculation over the coming year, they will transition to a roster model that does reflect their patient demand.

Criteria	Evidence (use standards guidance) expectation is to see evidence at Executive / directorate and ward level
4.5 The organisation regularly evaluates the adequacy of staffing levels/mix and acts on the findings.	• It is intended that all inpatient wards will undertake the FTE Calculation annually prior to budget planning. This will be the cycle once all wards have completed the FTE Calculation process once. • Monitoring of the proposed staffing models will be assisted by using key metrics from the CDS which is currently under development.

Standard overall attainment

☐ NA – Not attained	☒ PA – Partially attained	☐ FA – Fully attained	☐ CI – Continuous improvement

Areas of commendation: **Good engagement with the DHB's Finance service. Excellent BA has developed methods to streamline the exercise.**

Areas for improvement opportunities: **Better forward scheduling of key meetings would help ensure all partnership parties can attend.**

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Standard 5.0 – Variance response management

Standard 5.0

The DHB uses a variance response management system to provide the right staff numbers, mix and skills at all times for effective patient care delivery.

Criteria	Evidence (use standards guidance) expectation is to see evidence at Executive / directorate / service and ward level
5.1 There is an integrated operations centre where hospital-wide care capacity and patient demand is visible in real time 24/7.	• Waitemata Central has excellent overall visibility of daily hospital operations. CapPlan and CaaG screens are used in tandem to make data driven decisions for patient flow. • Waitemata Central undertakes this function for general acute services. • TrendCare variances are visible on the CaaG screens and is live data, however there is variability across the wards with regards timeliness and accuracy of Trendcare updates which makes acuity based staffing problematic – there is work in progress to address this and is a mandate for the VRM working group.
5.2 There is a suitably qualified and/or experienced person with authority, accountability and responsibility for managing staffing and patient flow 24/7.	• A dedicated Clinical Nursing Director and 3 Operations managers cover both the North Shore and Waitakere hospitals. • After hours there is support from Duty Managers and Clinical managers, with escalation to the On-call Executive. • Robust standard operating procedures have been developed for the operations centre in hours and after hours. Their also standard operating procedures in place for the executive on call.
5.3 The organisation consistently matches staffing resource with patient demand on a shift by shift basis.	• Partially matches staffing to patient demand. (See 5.1) • Acuity based staffing is not currently incorporated into the daily operational meetings. • The general bureau and casual pool are managed by Waitemata Central. • There is a virtual ward for the medical directorate that allows wards to flex above bed census which is not acuity based. • The bed balancing meeting with CNM's at 10.15 is presently Surgery service only. The use of TrendCare data at this meeting is minimal, but improving. (Predictions are not always completed by 09.30hrs as per the business rule.) • There is a 16.00hrs meeting to discuss patient flow issues going into the hospital at night. • Variance indicator scoring is in use and visualised on the CaaG. The variance indicators are presently being reviewed with a proposal to move to the SSHW unit recommended variance indicator scoring system...

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Standard overall attainment		
☐ NA – Not attained	☒ PA – Partially attained	☐ FA – Fully attained	☐ CI – Continuous improvement

Areas of commendation: **The operations centre is well run with dedicated oversight to manage capacity issues. There is currently 3 meetings that occur daily these being to review the previous 24 hours, a mid morning bed balancing meeting and a late afternoon meeting to address any issues for the hospital moving into the out of hours period. There is good executive attendance at these meetings.**

Areas for improvement opportunities: **Improve acuity based staffing through strategies developed as part of the Variance response management working group.**

CCDM Programme Annual Plan: 19/20

Last Updated: 16-May-19 By: Mary-Lou

What	This worksheet is a template for documenting the annual plan for implementing CCDM. It is taken from the master plan.
Who	The SSHW Programme Consultant completes worksheet in collaboration with the CCDM Site Coordinator and Co-chairs.
How	Rename worksheet Annual plan 20YY-20YY. For subsequent years create a new worksheet.
	Complete the table below using the key colour and text.
	Take the selected year from the Overall plan and document it in more detail below.
	Use these documents for planning - CCDM programme standards, road maps, FTE for programme implementation.
	Hide inactive rows i.e. rows where there is no activity in the current year.
	Consider sequencing i.e. some things needs to come before others e.g. TrendCare upgrades and FTE calculations, variance response management when there is no long term plan to respond etc.
	Factor in time to establish standard operating procedures for business as usual.
	Check the 'FTE req.' tab to establish the resource implications. Adjust scheduling as needed.
	Discuss the draft with Co-chairs. Submit to CCDM council for endorsement.
	Report on progress against the plan to CCDM council/working group as required.
When	Complete as per the road map. This is a live document. Update progress against plan at least monthly.

Key:

P	IP	C	<30	30-60	>60
Planned	In progress	Completed	Less than 30 days over	30-60 days over	greater than 60 days over

Standard	No.	Main steps	Resource required	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1. Governance	1	Review membership	Site Coord (SC)		P										
1. Governance	2	Review partnership for the council	SSHW Prog Con (PC)		P						P	P	P		
1. Governance	3	Complete standards assessment	SC, PC, NZNO, Council											P	
1. Governance	4	Write and agree annual plan	SC, PC, Council												P
1. Governance	5	Monitor & report against workplan/s	SC	P	P	P	P	P	P	P	P	P	P	P	P
1. Governance	6	Establish a reporting mechanism for LDC's to the CCDM Council	SC, PC, Council								P	P	P	P	P
1. Governance	7	Complete quartley report	SC	P		P				P			P		
2. Validated patient acuity tool	11	Re-establish the TrendCare Steering Group	Trendcare Lead (TL)		P										
2. Validated patient acuity tool	12	Revise Business Rules post 3.6 Upgrade	TL, Steering Group (SG)		P	P									
2. Validated patient acuity tool	13	Conduct Gap Analysis on T/C Education Programme	TL				P	P	P						
2. Validated patient acuity tool	14	Automate Core T/C Data Quality Reports using QlikSense	TL, i3	P	P	P									
2. Validated patient acuity tool	15	T/C Data Quality Improvement Programme - Medicine	Trendcare Admin (TA)	P	P	P									
2. Validated patient acuity tool	16	T/C Data Quality Improvement Programme - Surgery	TA	P	P	P									
2. Validated patient acuity tool	17	T/C CCDM-Readiness Programme - Mental Health	TA	P	P	P	P	P	P	P	P	P	P	P	P
2. Validated patient acuity tool	18	T/C CCDM-Readiness Programme - Maternity	TA	P	P	P	P	P	P	P	P	P	P	P	P
2. Validated patient acuity tool	19	T/C CCDM-Readiness Programme - Allied Health	TA	P	P	P	P	P	P	P	P	P	P	P	P
3. Core data set	21	Set plan for CDS trial in a specific service	SC, CDS-WG	P											
3. Core data set	22	CDS trial service LDC(s) [re]established			P										
3. Core data set	23	Agree schedule for full implementation of CDS (aim to converge reporting tools for managers)	CDS-WG			P									
3. Core data set	24	LDC's Operationally using CDS							P						
3. Core data set	25	Identify CDS changes/improvements	CCDM BA, i3,								P				
3. Core data set	26	Document and approve process for CDS/LDC's business as usual	CCDM BA, SC, CDS-WG									P	P		
3. Core data set	27	CDS working group review - Assess Function & Membership	SC												P
4. FTE calculation	31	Confirm Composition of Next Tranche	FTE-WG		P					P				P	
4. FTE calculation	32	Write & agree detailed workplan for Tranche	SC, PC, FTE-WG			P					P				P
4. FTE calculation	33	Conduct Education Workshop	PC			P					P				
4. FTE calculation	34	Collect & collate data inputs for wards in Tranche	CCDM BA, PC, SC	P	P						P			P	P
4. FTE calculation	35	Complete roster testing for ward in Tranche	PC, SC			P	P				P	P			P
4. FTE calculation	36	Table report(s) and agree course of action for recommendations	SC, FTE-WG					P					P		
4. FTE calculation	37	FTE working group review - Assess Function & Membership	SC												P
5. Var response management	41	Variance Indicator Board re-launch completed			P										
5. Var response management	42	VIB Usage - Active Monitoring/Feedback Loop	SC, CCDM BA, TA's		P	P	P								
5. Var response management	43	Revise Daily Ops meetings to incorporate acuity based staffing	VRM-WG	P	P										
5. Var response management	44	Review Operational Success of Variance Reponse Processes	SC					P	P						
5. Var response management	45	Build Workplan for VRM Improvements Identified	SC, PC, VRM-WG								P				
5. Var response management	46	VRM working group review - Assess Function & Membership	SC												P

SoP for FTE calculations – Waitemata DHB

Purpose

- Table 1 outlines the standard operating procedure for conducting annual FTE calculations.
- Review and agree the process annually with the FTE Working Group.

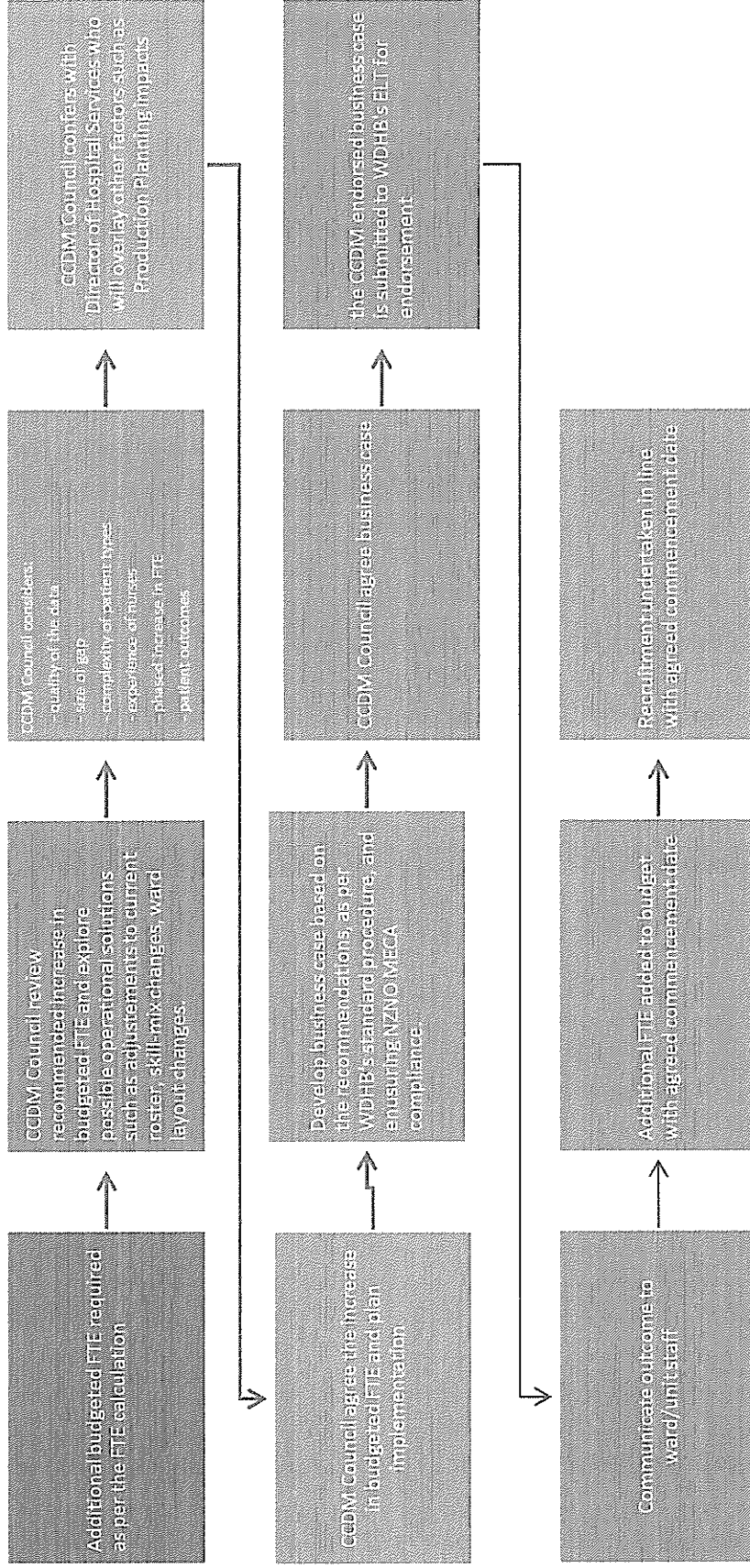Table 1 - Standard operating procedures for annual FTE calculations

Item	Procedure
Budget setting	The FTE result informs budget setting for the upcoming financial year. The FTE to employ and the FTE to budget is identified in each calculation. The FTE to employ is allocated against each role type under personnel costs. The FTE for unplanned leave and patient 1:1 care (of 8 hours or more) is allocated to 'bureau' (or equivalent) under personnel costs.
CCDM programme standards	FTE calculations are completed annually in accordance with the CCDM programme standards and software standard operating procedures.
Communication	A no surprises approach is used. Regular catch-ups with the co-chairs will be held on an ad hoc basis as needed. Process for regular communication with staff is scheduled and implemented. The process for change to rosters or FTE (if any) is clearly outlined.
FTE Report	Where multiple studies are run concurrently the multiward report template is used, supplemented by printouts from the software.
Monitoring measures	Indicators from the core data set are selected and agreed to monitor outcomes from changes (if any) to the FTE or roster.
One on one care	Excluded from the base roster except where one on one care is core business (part of that wards model of care) e.g. ICU. The need for including one on one care in the base roster is considered for services where one on one care hours are high (e.g. exceeding 8,000 hours per annum). In this instance two studies are run in the software to compare one on one care excluded and included in the base roster. One on one care FTE is included in the budget whether it is in the base roster or not. The holder of the budget for one on care is determined by the CFO.
Other productive hours	Default value of 0.40 HPPD (as recommended by SSHW) to be used until such time as the Staff Allocation data captured in TrendCare is deemed reliable. Then, where any other productive HPPD for a ward is considered to be high by the working party (e.g. > 30% of total productive hours) this will be alerted to the Working Group &/or CCDM Council.
Process for changes to FTE	The process for sign off of the final FTE results and authorisation of any changes to FTE is agreed and documented. See appendix 1 and 2.

Item	Procedure
Responsibilities	The CCDM council is responsible for ensuring that FTE calculations are completed annually. The FTE working group agrees the methods for calculating the data inputs. The CCDM Site Coordinator collates the pre-requisite data and assesses the quality of the data in collaboration with the TrendCare Coordinator. Clinical managers and their management accountant supply ward specific data (roster, ward context & budgeted FTE). Roster testing is carried out with clinical managers and their line manager. The CCDM Site Coordinator completes the FTE calculation checklists with the budget holder/s and drafts the FTE calculation reports. Results are checked and recommendations (for CCDM council) are agreed by the working group.
Roster model	The roster model is implemented with the start of the financial year, or when operationally makes sense, based on recommendations from the CCDM Council and reviewed and confirmed by the Director of Hospital Services who considers wider winter planning needs and production plans. The CCDM endorsed business case will be submitted to ELT. Any variance of the posted roster against the model is monitored and actioned.
Roster selection	Selection of the recommended roster aims to achieve AM 80% resourced, PM 85% resourced, N 90% resourced. (SSHW Recommended percentages were: AM 70%, PM 80%, N 90%.) Resourced means shifts that are 'ok' and 'surplus' as identified in the 'What if' charts in the software. This guide applies to general medical, surgical and rehabilitation areas only. The decision making is adjusted to context e.g. ICU may be 90% resourced for all three shifts. There may also be other reasons to select a different resourcing level e.g. practical/best practice/MECA rostering requirements, patient outcome measures. Any changes to the resourced roster level are communicated to the CCDM Council as soon as possible.
Seasonal workload variation	Summer and winter roster patterns can be informed by loading and comparing six-month summer and winter studies (of two or more time periods) in the software. The method of calculating the total FTE would then be documented and agreed (e.g. run the 12 month study in the software using summer roster and add additional FTE for winter months) ensuring this complies with the DHB's approval process[1] for any new budget request.
Shift coordination	As per DHB/TrendCare business rules, or for specialty areas in accordance with national/international standards e.g. ICU.
Staff available/ productive hours	Staff available hours are calculated for each ward/unit. Values are not applied across multiple wards or units. Values are calculated for each role and level of experience (except where it is not possible/practical to do so e.g. sick leave by level of experience).
TrendCare quality checks	Quality checks are used to inform the decision to proceed with the FTE calculation. The risk of not proceeding is also assessed. Quality checks

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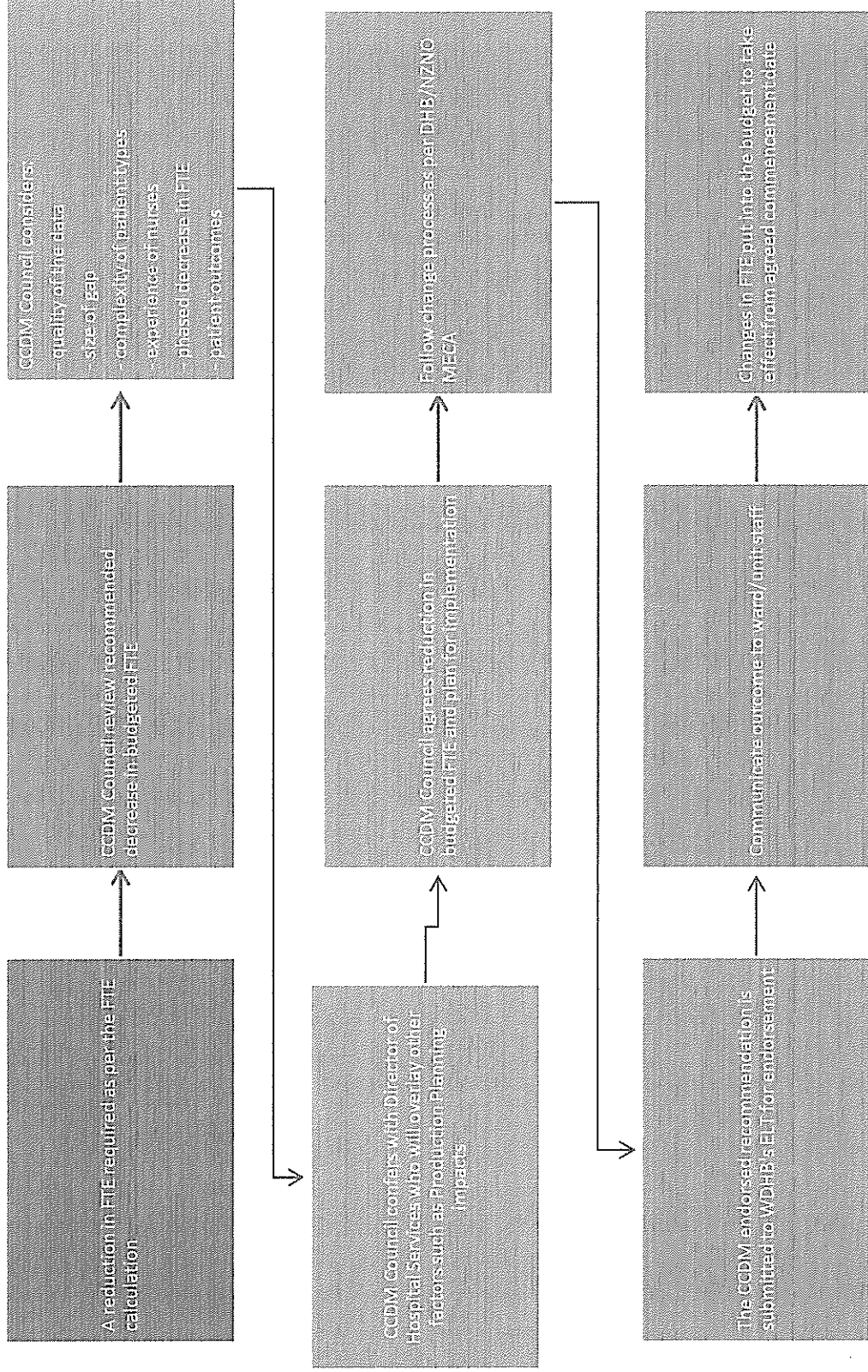[1] WDHB Approval Process overviewed in appendix.

Item	Procedure
	outside of target are alerted to the CCDM Council for arbitration.

![CCDM logo] Care Capacity Demand Management

Waitemata District Health Board

Appendix 1 – Process for sign off of an increase in budgeted FTE

The following diagram provides the process in the case of a recommendation to increase the budgeted FTE.
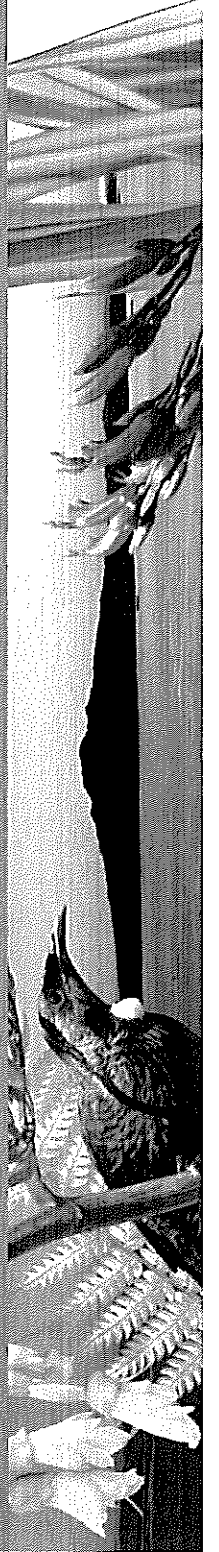

Flowchart boxes:

- Additional budgeted FTE required as per the FTE calculation
- CCDM Council review recommended increase in budgeted FTE and explore possible operational solutions such as adjustments to current roster, skill-mix changes, ward layout changes.
- CCDM Council consider:
  - quality of the data
  - size of gap
  - complexity of patient types
  - experience of nurses
  - phased increase in FTE
  - patient outcomes
- CCDM Council confers with Director of Hospital Services who will overlay other factors such as Production Planning impacts
- CCDM Council agree the increase in budgeted FTE and plan implementation
- Develop business case based on the recommendations as per WDHB's standard procedure and ensuring NZNO MECA compliance
- CCDM Council agree business case
- the CCDM endorsed business case is submitted to WDHB's ELT for endorsement.
- Communicate outcome to ward/unit staff
- Additional FTE added to budget with agreed commencement date
- Recruitment undertaken in line with agreed commencement date

CCDM
Waitematā District Health Board
Care Capacity Demand Management

Appendix 2 – Process for sign off of a decrease in budgeted FTE

The following diagram provides the process in the case of a recommendation to decrease the budgeted FTE.

A reduction in FTE required as per the FTE calculation

CCDM Council review / recommended decrease in budgeted FTE

CCDM Council considers:
- quality of the data
- size of gap
- complexity of patient types
- experience of nurses
- phased decrease in FTE
- patient outcomes

CCDM Council confers with Director of Hospital Services who will overlay other factors such as Production Planning impacts

CCDM Council agrees reduction in budgeted FTE and plan for implementation

Follow change processes per DHB/NZNO MECA

The CCDM endorse recommendation is submitted to WDHB's ELT for endorsement

Communicate outcome to ward/unit staff

Changes in FTE put into the budget to take effect from agreed commencement date

Variance Response Management

Standard Operating Responses to Variance & Minimum Care Package Guidelines (Adult)

CCDM
Waitemata District Health Board
Care Capacity Demand Management

Waitemata
District Health Board
Best Care for Everyone

Excess Capacity

Shift Co-ordinator / Charge Nurse Manager

- Complete TrendCare data input/workload allocation
- Complete/update Variance Indicator Board for current shift
- Review and update expected admissions and estimated discharges
- Review staffing forecast for shift in TrendCare
- Admit patients from same division wards/units who need assistance with capacity and retain any existing outliers
- Redeploy staff as per policy when requested by Waitemata Central or Divisional Clinical Nurse Director
- Consider staff short term leave following discussions with Waitemata Central and Divisional Clinical Nurse Director
- Consider quality improvement activities

Divisional Clinical Nurse Director

- Review Divisions section of Capacity-at-a-Glance with Waitemata Central
- Review expected admissions and discharges
- Assist with transfer/retrieval of high need outliers
- Reallocate staff within Division
- Inform Waitemata Central of excess capacity
- Offer short notice study leave
- Offer short notice annual leave following discussion with Waitemata Central

EXCESS CAPACITY

Excess Capacity

Waitemata Central Team

- Review whole hospital Capacity-at-a-Glance to assess areas of need
- Flex beds as appropriate
- Commence redeployment plan as per policy
- Cancel external bureau in first instance
- Cancel Waitemata Central Staffing Team casual staff if appropriate
- Inform manager of Waitemata Central Staffing Team of any Resource Team surplus
- If appropriate offer Resource Team short notice annual leave

Executive Team

Executive On Call – normal working hours

- Oversight as required

Executive On Call – after hours

- Full on-call responsibilities from 17:00 – 07:00
- Check in with Waitemata Central at 21:00 (by phone)
- Receive routine Waitemata Central notifications (by text)
- Phone in to gauge/review incidents severity as appropriate

EXCESS CAPACITY

Standard Operating

Shift Co-ordinator / Charge Nurse Managers

- Complete TrendCare data input/workload allocation
- Complete/update Variance Indicator Board for current shift
- Review and update expected admissions and estimated discharges
- Review staffing forecast for shift in TrendCare
- Direct Clinical Nurse Educator & Clinical Coach to staff /training needs
- Routine liaison with Medical Teams
- Ensure work breaks are allocated

Divisional Clinical Nurse Director

- Review Division's Capacity-at-a-Glance with Charge Nurse Manager's
- Monitor ward Variance Indicator Board's
- Review expected admissions and discharges
- Assist with transfer/retrieval of high need outliers
- Reallocate staff within Division as required
- Routine liaison with Charge Nurse Manager's

Standard Operating

Waitemata Central Team

- Review whole hospital Capacity-at-a-Glance to assess areas of need
- Flex beds as appropriate
- Review shift-by- shift external Bureau and internal Waitemata Central Staffing Team usage
- Review staffing plan for next 24 hours
- Routine liaison with Waitemata Central Staffing Team
- Routine liaison with Clinical Nurse Director's re staff deployment
- Routine liaison with Charge Nurses/ ward/unit coordinators
- Routine overview Elective flow
- Routine liaison with ED/ADU
- After-hours provide clinical support to wards/units as required

Executive Team

Executive On Call – normal working hours

- Oversight as required

Executive On Call – after hours

- Full on-call responsibilities from 17:00 – 07:00
- Check in with Waitemata Central at 21:00 (by phone)
- Receive routine Waitemata Central notifications (by text)
- Phone in to gauge/review incidents severity as appropriate

STANDARD OPERATING

Stretch Plan

Shift Co-ordinator / Charge Nurse Manager

- Hold group huddle
- Check/update Trendcare to reflect capacity and demand
- Complete/update Variance Indicator Board for current shift (regularly)
- Accelerate patient discharges as able
- Assess outliers for transfers as required
- Identify patients who can be moved to Discharge lounge
- Review/redistribute workloads and re-prioritise patient cares
- Stagger admissions if possible in discussion with Waitemata Central
- Make Divisional Clinical Nurse Director aware
- Assess need for additional part/full shifts
- Ask Clinical Nurse Director / Waitemata Central about resource availability
- Prepare for re-deployed staff arrival e.g Short Term Assistance sheets

Division Clinical Nurse Director

- Review Division's Capacity-at-a-Glance with Charge Nurse Manager's
- Discuss with Charge Nurse Manager's if able to supply short term tasking help
- Co-ordinate short term taskers
- Approve part/full extra shifts

Stretch Plan

Waitemata Central Team

- Review whole hospital Capacity-at-a-Glance to assess areas of need
- Liaise with Waitemata Central Staffing Team about available staff
- Assist Charge Nurse Manager/Ward Coord. with any available resource
- Discuss situation with Divisional Clinical Nurse Director and Waitemata Central Clinical Nurse Director In-hours
- After-hours, Duty Nurse Manager liaises with Executive On Call as required
- After-hours provide clinical support to wards/units as required

Executive Team

Executive On Call – normal working hours

- Monitor Division's ability to manage by attending 0815 access and 1600 ED/ADU meeting.

Executive On Call – after hours

- Liaise with Duty Nurse Manager as appropriate to monitor situation
- Respond to Duty Nurse Manager request for further advice/guidance
- Update Director Hospital Services as required

High Risk

Shift Co-ordinator / Charge Nurse Manager

- All actions from Stretch plan completed
- Check/update Trendcare to reflect capacity and demand
- Following group huddle review and update ward/unit Variance Indicator Board for shift
- Re-allocate non-assigned nurses to clinical tasks
- Consider minimum care package and if implementing discuss in-hours with divisional Clinical Nurse Director and after-hours with Duty Nurse Manager
- Request Waitemata Central for staggered or delayed admissions
- Charge Nurse Manager to remain on the ward/unit tasking or coordinating
- Escalate to Divisional Clinical Nurse Director / Waitemata Central Operations manager in –hours, Duty Nurse Manager after-hours
- Assess need to complete Riskpro regarding situation

Divisional Clinical Nurse Director

- All actions from stretch plan completed
- Review Division's Capacity-at-a-Glance with Charge Nurse Manager's
- Review acute/elective admissions and discharges for Division
- Liaise with Charge Nurse Manager & Waitemata Central to assess events and actions needed
- Arrange for accelerated discharges
- Discuss with other Clinical Nurse Director's the clinical use of Clinical Nurse Specialist, Clinical Nurse Educator and Clinical Coach's
- Approve requests from Charge Nurse Manager's for part/full and overtime shifts
- Cancel non-essential meetings
- Walk round your affected areas
- Inform Divisional Assistant Director of Nursing of actions taken

Waitemata Central Team

- All actions from stretch plan completed
- Review hospital Capacity-at-a-Glance
- Advise ICU Outreach Team of situation
- Advise Waitemata Central Clinical Nurse Director in-hours and after-hours Executive On Call
- After-hours, brief the ED/ADU Medical and Nursing team during huddles (2130, 2400 and 0500)

Executive Team

Executive On Call normal working hours

- Monitor Division's ability to manage by attending 0815 access and 1600 ED/ADU meeting

Executive On Call after-hours

- Proactively contact Waitemata Central Duty Nurse Manager for updates at mutually agreed times
- Review actions taken & resource available
- If requested, attend site in person
- Update Director Hospital Services & review situation on a regular basis
- Monitor effectiveness of management plan

➤ Executive team responsibility includes sign-off on patient diversions, temporary closure of a service to admissions, deferment of elective lists and non-essential booked admissions

Critical

Shift Co-ordinator / Charge Nurse Manager

- All actions from High risk plan completed
- Maintain clinical leadership on the ward/unit

Division Clinical Nurse Director

- All actions from High Risk Plan completed
- Escalate to (Assistant) Director of Nursing
- Maintain visibility to ward/unit staff
- Consider cancelling RN training / study days

Divisional Clinical Nurse Manager

- All actions from High Risk plan completed
- After-hours, also complete Clinical Nurse Director tasks
- Escalate to Waitemata Central Clinical Nurse Director / Executive on Call
- Participate in Incident Management Team response

Executive Team

Executive on Call – all hours

- Inform & discuss with Director Hospital Services
- Inform & discuss with WDHB Incident controller on call
- Respond to site & review situation with Waitemata Central
- Initiates Incident management Team (set-up if required)

CRITICAL

Care Capacity Demand Management (CCDM)

CCDM is a programme, developed by the Safe Staffing Healthy Workplace (SSHW) unit in partnership with the health unions and District Health Boards. CCDM is a set of tools developed to help DHB's better match the workload and demand with capacity to meet patient demand. The objective is that by getting the balance right between patient demand and staff capacity means DHBs can improve the *quality of care* for patients, the *staff working environment* and *use health resources* in the best possible way.

The programme focuses on a number of components

Care Capacity Demand Management [CCDM] Safe Staffing Accord

CCDM Council
Service / unit Core Data Councils

Validated Acuity System   Core Dataset

FTE Methodology   Variance Response Management

Safe Staffing Accord
Employment and training of new graduate nurses and midwives
Additional staffing: immediate relief
Retention and re-employment

SSHW and MoH Reporting Framework	
SSHW	Ministry of Health
Annual CCDM Plan	2 monthly reporting on immediate relief FTE
Standards Assessment	Accord work: New Grad employment,
Quarterly reports	Retention, Attraction

The Waitemata DHB CCDM implementation is well underway

Key work streams

Governance CCDM Council *Chair: Jocelyn Peach*	The CCDM Council meets monthly to monitor how the programme is progressing against agreed plan and timelines. There is good engagement and partnership. Minutes are posted on StaffNet CCDM site.
Validated Acuity System *Chair: Jocelyn Peach*	The upgrade work to v3.6 is underway and planned for late June 2019. Annual IRR Testing is complete. Data quality improvement continues. Recruitment is nearly completed for the Trendcare positions [Theona Wright, Nicola Grant, Ashleigh Youngman and Sonny Shi] and for CCDM [Mary-Lou Hoskins and Ricky Galang]
Core Dataset *Chair: Marianne Cameron* Local Data Councils	The build of the dashboard of 23 measures is underway. Training will follow initial testing so that nurse/midwife leaders, delegates and interested others can use this resource to track how they are progressing to match staffing to workload/ demand. Service-level Local Data Councils continue to meet monthly: Medicine NSH, Medicine WTH, Child Health, and Surgery.
FTE Methodology *Chair: Alex Boersma*	Review of Wards 5 and 10 is nearing completion. Recommendations will be taken to the CCDM Council. Work on the fte calculation review has started for Wards 2, 3, 6, 14 and 15.

Want to know more?
Contact Mary-Lou Hoskins [CCDM Coordinator] mary-lou.hoskins@waitematadhb.govt.nz
CCDM webpage on StaffNet:https://waitematadhb.hanz.health.nz/Pages/CCDM/CCDM.aspx

Key work streams, contd.

Variance Response Management *Chair: Katrina Holland*	A new Variance Indicator Board [VIB] will be implemented soon. Education on VIB and escalation procedures is planned for June 2019. Work stared to improve consistency of variance response.

Extension of CCDM Work

Discussions are planned with MERAS and PSA about how the CCDM components will apply and how the work can be supported.

Safe Staffing Accord Initiatives

The DHB has reported to the Ministry of Health on how the additional relief funding has been achieved. $3.538 was allocated for clinical roles i.e. 46 fte. Recruitment has been success with 10.2 fte pending, most relating to health care assistant roles.

There is national work underway in relation to: employment and training for new graduate nurses and midwives, retention of existing workforces and re-employment of those who have left [e.g. CAP/RTP]. Waitemata DHB is responding to requests for information.

Care Capacity Demand Management [CCDM] Council Meeting

Date	Tuesday 18 June 2019	
Time	1200 - 1315	
Venue	GMHODS meeting room, LGF, NSH	
Attended	Jocelyn Peach - DoN	Kate Weston – NZNO PNA
	Cath Cronin – Dir of Hosp Services	Mark Lennox – HR Industrial Relations
	Katrina Holland – CND Waitemata Central	Craig Muir – NZNO Organiser
	Sarah Barker – NZNO Organiser	Melody-Rose Mitchell – ADoN A&E Medicine
	Kate Gilmour – ADoN Surgery	Theona Wright – TC Coordinator
	Mary-Lou Hoskins – CCDM Site Coord	
Apologies	Marianne Cameron – HoD Child Health	Stuart Port – SSHW Prog Consultant
	Alex Boersma – GM Acute & Emergency Med	Geraldine Kirkwood – NZNO National Delegate
	Simon Watts – Deputy CFO	
Chair	Jocelyn Peach	

Item	Item
1	**Matters arising**
1.1	Record of May meeting approved with no changes.
1.2	Open actions reviewed (refer table below).
2	**Governance**

2.1
 	
 CCDM June 2019 monthly report.docx
	Site Coordinators report (Mary-Lou):
	 • Programme Committee structure review, points noted:
	     o Use Zoom to support Geraldine and others from WTK to participate in meetings without the overhead of travel.
	     o Mary-Lou and Stuart to review work remaining for VRM WG and discuss timeline with Katrina.
	     o Delegates:
	        ▪ Consistency of participants desirable to maximise throughput.
	        ▪ Bronnie is 2IC as National Site Delegate – potentially could be backup for Geraldine.
	        ▪ Toni Smith (w8) to join VRM working group.
	        ▪ Katrina to contact Stefanie Smith re her contributions to VRM WG to date.
	        ▪ Jacqui Lyon does not wish to be on the VRM WG.
	        ▪ Sarah/Craig to check with current nominated delegates to confirm they wish to be involved and advise Mary-Lou of any changes/additions.
	     o Mark Lennox's request to no longer participate on FTE WG was agreed.
	     o Accepted that Melissa Lee not required on the FTE WG.
	     o Confirmed that Delwyn Armstrong not required on the VRM WG.

3	**Validated Patient Acuity**
3.1	Progress Update (Theona): • Trendcare upgrade date of 17 July quite firm. Education package will be undertaken over the 2 weeks prior, and this includes the VIB education. • Business rules to be reviewed following the upgrade. • Sarah noted that feedback from members regarding the new Trendcare team has been good.
4	**Core Dataset**
4.1	Progress Update – refer site coordinators report. Points noted: • Jos requested that the Qliksense CDS tool be presented at next month's Council meeting. • Confirmed that in time components of the CDM tool will be useful to units (such as ED) who do not use Trendcare. • To date Local data councils have been vehicle for improving Trendcare data quality but now need to recalibrate. Clear terms of reference required. CNM's need to take

	their data back to their ward meetings. Delegate engagement on LDC's important. Meeting of Nursing HoDs/ADoN's with Jos and Theona to be arranged to progress this change.
5	**Staffing Methodology**
5.2	Progress Update – refer site coordinators report. Points noted: • Progress with reports for 5 and 10 slow and of concern. Jos requested that push is made to ensure these are ready for review at the next Council meeting. These must be discussed with Cath before that meeting.
6	**Variance Response**
6.1 & 6.2 VIB Indicator Hover Help.docx	Progress Update – refer site coordinators report. Points noted: • All happy with the VIB indicators and Hover Help text. Craig noted that clear guidelines on when indicators should be set was found to be very important at ADHB. Mary-Lou will review their help text when she next meets with Megan Buckley. • Noted that VIB trends are expected to be discussed at the Local Data Councils and will report through to the Council that way.
7	**Communications**

Bi-monthly update for WDHB staff - Jun:	• Bi-monthly infographic:
	    ○ Cath to provide more current Accord Funded role details (provided & updated infographic attached left).
	    ○ Craig noted that although the metrics reported on infographic are mandated, the format can be determined by each DHB. Auckland and Middlemore have each developed different reports.
	    ○ NZNO to canvas feedback on infographic from members.
	• Kate W requested that the previous text-based update continues to be produced on a less frequent cycle – perhaps quarterly.

8	**Any Other Business**

8.1	• Delegate participation & backfill:
	    ○ Sarah noted that funding was not raised by her, with the requirement clearly laid out in the MECA.
	    ○ It was agreed that CNM's of wards/units where delegates are participating in the CCDM programme must ensure that they have the necessary capacity to do so. Mary-Lou to provide them with a list of the meetings each is expected to attend.

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
160419-03	Council	Discuss any additional actions required as a result of last Novembers Partnership workshop with Kate W.	Jocelyn Peach	21/05: Carried forward.	Open
210519-01	Council	Provide Jos with dates, times and locations for any planned delegate days that NZNO would like her to participate in.	Sarah Barker	18/06: Details of delegate meetings next Tues (WTK 2-4pm) and Wed (NSH 2-4pm) provided after the meeting.	Closed
210519-02	Council	Alex to meet with Stuart & Kate W when Stuart is back to progress desire to introduce workload assessment tool in ED.	Alex Boersma	18/06: Stuart returns to work next week.	Open
180619-01	Council	Ensure Zoom facility available at meetings so that committee members based elsewhere can participate without the need for travel.	Mary-Lou Hoskins		Open
180619-02	Council	Map out remaining work for the VRM Working Group with Stuart and review that with Katrina.	Mary-Lou Hoskins		Open
180619-03	Council	Contact Jacqui Lyon re her engagement on the VRM Working Group.	Katrina Holland		Open
180619-04	Council	Review delegate involvement / interest to continue and advise Mary-Lou of any changes or additions to Working Groups.	Sarah Barker		Open
180619-05	Council	Publish revised committee membership lists once delegates are confirmed by NZNO.	Mary-Lou Hoskins		Open
180619-06	Council	Arrange meeting between Med, Surg, & CW&F Nursing ADoNs/HoDs and Jos and Theona to progress recalibration of existing Local Data Councils.	Mary-Lou Hoskins		Open
180619-07	Council	Ensure CDS Tool demo and Discussion time for FTE reports on wards 5 & 10 (reviewed first by Cath) form basis for next month's Council agenda.	Mary-Lou Hoskins		Open
180619-08	Council	Review VIB guidance on indicators usage provided at ADHB.	Mary-Lou Hoskins		Open
180619-09	Council	Canvas infographic feedback from members.	Sarah & Kate W		Open

Waitemata District Health Board

CCDM
Care Capacity Demand Management

Meeting Notes

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
180619-10	Council	Issue meeting schedule for each delegate participating in the programme to the relevant CNM's to enable them to ensure individuals are available.	Mary-Lou Hoskins		Open

CARE CAPACITY DEMAND MANAGEMENT (CCDM) OPERATIONAL MONTHLY REPORT

PERIOD: 16 May – 12 June 2019

AUTHOR: Mary-Lou Hoskins – CCDM Site Coordinator

STANDARD ONE: GOVERNANCE (JOCELYN PEACH)

Reporting
No external reporting has been required in this period.

Communications
The inaugural edition of the Accord-mandated bi-monthly infographic is ready to be issued, and will be reviewed and discussed at the Council meeting.

Committee Membership
At this end of this report is my review of the Council and Working Groups.

STANDARD TWO: VALIDATED PATIENT ACUITY – TRENDCARE (THEONA WRIGHT)

The Trendcare 3.6 upgrade is scheduled for 17 July. Work has been focused on testing the new version.

Theona will provide a more detailed update at the Council meeting.

STANDARD THREE: CORE DATA SETS (MARIANNE CAMERON)

Marianne is away on leave this month.

The early June meeting of this working group was cancelled because of a schedule change which brings forward the next meeting to 30 June. In the interim a small focus group involving Tom Brady from ward 9 are working to produce one or two ward-specific views of a small subset of the metrics – a bit of a "starter for ten": a way to get people started using the tool.

Ricky – with Danny's support – is making great progress with setting up the 23 indicators. 17 are now available to visualise in QlikSense.

STANDARD FOUR: FTE STAFFING METHODOLOGY (ALEX BOERSMA)

The first draft of the FTE reports for wards 5 and 10 were tabled and discussed at the FTE Working Group meeting at the end of May.

The analysis suggests there were a large number of on- one hours recorded over the 2018 calendar year 10,306 hours for ward 5 and 9,035 hours for ward 10. It has been recommended that these be incorporated into the roster. However at WDHB we have established a resource pool of HCAs, with Behaviours of Concern Senior Nurses to manage the resource and processes relating to patient watches. The resource pool has a separate budget for watches, which is centrally managed. There is no intention to change that model for Medicine.

Work is in progress to present the results exclusive of this one on one care (although still providing the summary of the FTE equivalent required).

The FTE split of the Virtual Ward across wards 3, 5, 6, & 10 has been confirmed at 4.5 FTE per ward.

The revised reports will be submitted to the Working Group in time for the next meeting on 02 July. The date for this meeting was delayed a week to ensure that Stuart is available to attend.

Once the methodology is agreed, this will be applied to wards 2, 3, 6, 14, 15, & Muriwai.

STANDARD FIVE: VARIANCE RESPONSE MANAGEMENT (KATRINA HOLLAND)

The new Variance Indicator Board (VIB) has been reviewed and approved by the VRM Working Group. A short demo will be provided at the Council meeting, as ratification will be sought.

An education campaign is being planned to commence wb 24 June, which is being delivered predominantly by the Trendcare team, as this will encompass the Trendcare upgrade, the VIB and the VRM Escalation Procedures (SoP). The new VIB will go live at the same time as the Trendcare upgrade on 17 July.

Progress on the Variance Response strand has been stalled due to operational demands. Jos will develop the key scenarios frequently faced by DNM's and will work with a small team on building "best practice" responses to these scenarios.

REFERENCED ATTACHMENTS

Bi-monthly update
for DHB staff - Jun19

VIB-SOP-TC
Deployment Plan v1.›

CCDM June 2019

Council & Working Group Structure Review

Council
Alignment with Scope from Terms of Reference:
- Have not yet commenced monitoring of core dataset, as not yet operational
- Have not yet commenced review of existing local data councils & associated reporting framework – suggest this is undertaken to dove-tail with deployment of core dataset
- Otherwise Council is completing the responsibilities defined in the ToR Scope.

Membership Review:

Role Incumbent	Attendance[1]
Cath Cronin	30%
Jocelyn Peach (chair)	100%
Alex Boersma	100%
Lucy Adams now Melody-Rose Mitchell	83%
Kate Gilmour	66%
Marianne Cameron	66%
Katrina Holland	83%
Simon Watts	83%
Mark Lennox	66%
Geraldine Kirkwood	50%
Sarah Barker / Craig Muir[2]	66%
Kate Weston	100%
Theona Wright	100%
Stuart Port	83%
Mary-Lou Hoskins	100%

Meeting Etiquette Review, concerns highlighted[3]:
- Members to confirm their attendance at least a week prior to the meeting and advise the CCDM Site Coordinator at least 48 hours prior if no longer able to attend.
- Where members are unable to attend a meeting proxy will not be accepted.
- Be on time for meetings.

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[1] 6 meetings from Dec-18 through May-19
[2] NZNO need to clarify who from their team is participating on the WDHB CCDM committees – this appears to be very fluid.
[3] Issues highlighted apply to all Working Groups too

- Be prepared for meetings – documents issued for the meeting will be taken as read. The Chair will talk off-line with any member who is not prepared for the meeting.
- When you enter the room, leave other business at the door.
- Cell phones to be set to silent/vibrate and to be kept off the table.
- 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
- Action your action points.
- There will be agreed communications from each meeting (NZNO to keep members informed).
- Good timing will be maintained (start, finish and duration of discussions).
- Meeting process will periodically be evaluated using both verbal and written feedback methods.

FTE Working Group

Membership Review:

Role Incumbent	Attendance[4]
Jocelyn Peach	66%
Alex Boersma	50%
Kate Gilmour	50%
Marianne Cameron	33%
Melody-Rose Mitchell	100%
Mark Lennox	50%
David Dodds	83%
Melissa Lee	66%
Kate Weston	100%
Sarah Barker / Craig Muir	16%
Angela Anderson	50%
~~Dianne James~~	0%
Theona Wright	83%
Ricky Galang	83%
Stuart Port	83%
Mary-Lou Hoskins	100%

- Chair was originally Alex Boersma, but Alex reassigned this role to Kate Weston 2-3 months ago.
- Regarding delegates:
  - Dianne James declined the nomination;
  - Angela Anderson has been attending meetings since March.

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[4] 6 meetings from Nov-18 through May-19

- Mark Lennox has questioned his on-going role on this group, which according to the ToR is: *advise on employment relations, link to workforce strategy, and assign resources to co-collect data as per the CCDM data request schedule.*
- Melissa Lee has questioned her on-going role on this group, which according to the ToR is: *co-collect data as per the CCDM data request schedule; provide current view on after hours resourcing.*

VRM Working Group
Membership Review:

Role Incumbent	Attendance[5]
Jocelyn Peach	80%
Alex Boersma	80%
Kate Gilmour	60%
Kate Weston (joined in March)	80%
Lucy | Melody | Liz Pitney	40%
Katrina Holland (chair)	80%
Frances Scheirlinck	40%
Adrienne Reed	80%
Stefanie Smith	20%
Melissa Lee	80%
Sharon Giles	60%
Delwyn Armstrong	0%
Geraldine Kirkwood	40%
Jacqui Lyon	0%
Sarah Barker	80%
Theona Wright	80%
Ricky Galang	80%
Stuart Port	80%
Mary-Lou Hoskins	100%
Toni Smith	incoming

- Regarding delegates:
    - Stefanie has not been since February;
    - Jacqui Lyon gave apologies for the first 2 meetings then stopped responding;
    - Toni Smith has been nominated by Sarah last week to join this working group, pending funding for time to participate & for backfill.
- Delwyn Armstrong has requested that she be removed from this group, whos role according to the ToR is: *provide expertise on DHB IT systems capability and tools in relation to the variance response management tools and processes that will require electronic application.*

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[5] 5 meetings from Dec-18 through May-19

CCDM June 2019

CDS Working Group

Membership Review:

Role Incumbent	Attendance[6]
Jocelyn Peach	33%
Kate Gilmour	66%
Marianne Cameron (chair)	100%
Melody-Rose Mitchell	83%
i3 (Sharon/Danny/Delwyn)	83%
~~Alys Moriarty~~	40%
Tom Brady	66%
Sarah Barker	33%
Kate Weston	33%
Theona Wright	100%
Ricky Galang	100%
Stuart Port	66%
Mary-Lou Hoskins	100%

- Regarding delegates:
  - Alys Moriarty has left;
  - Tom Brady has been very engaged since beginning to participate in February.

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[6] 6 meetings from Nov-18 through May-19

CCDM June 2019

Waitemata DHB (new) Variance Indicator Board

Submit | Close

NSH Ward 3 Variance Indicator Tuesday, 18 June – Day Shift (New variance indicator for this shift)

	Indicator		Answer	Weight	Status
1	Missed breaks ⑦	Yes	No	0	
2	Poor skill mix ⑦	Yes	No	0	
3	Poor staff mix ⑦	Yes	No	0	
4	Negative care variance ⑦ (automatically set)	Yes	No	0	
5	Positive care variance ⑦	Yes	No	0	
6	Delayed essential care ⑦	Yes	No	0	
7	Professional judgment deems it is unsafe ⑦	Yes	No	0	
Total Weighting Value				**0**	

Comments

Interventions (last 12 hours) Add New Intervention

Time	Ward Status	Intervention	Comments	User

No interventions in the last 12 hours

Waitemata DHB (new) Variance Indicator Board – Indicator Descriptions.

Missed breaks: Staff cannot take meal breaks due to patient demand

Poor skill mix: Staff on duty do not have the required skill set for their specialty e.g. Accredited Chemotherapy Nurse.

Poor staff mix: RN/RM/EN/HCA mix is not supporting the team to provide consistent high quality care. The ratio of home ward staff to casual staff is compromising the quality of care. (RN's from Virtual Ward should be considered to be Home Ward staff.) An administrator (ward clerk) is usually present but is absent and not replaced.

Negative care variance: Acuity predicted for patients (in Trendcare) is beyond the capacity threshold i.e. will exceed 40 mins (on average) for each staff member with full 8 hours in clinical in department.

Positive care variance: Professional judgment deems that the ward has capacity on this shift to assist another ward, taking into account expected admissions.

Delayed essential care: Some essential patient care is being delayed or omitted due to patient demand.

Professional judgment deems it is unsafe: This may have to do with workloads, environment, or teamwork. You must enter a comment on why you are using this indicator.

Current real vacancies

Current vacancies in FTE by role (2019)

Legend: Total EN vacancies (FTE) — Total HCA vacancies (FTE) — Total RN vacancies (FTE) — Total RM vacancies (FTE)
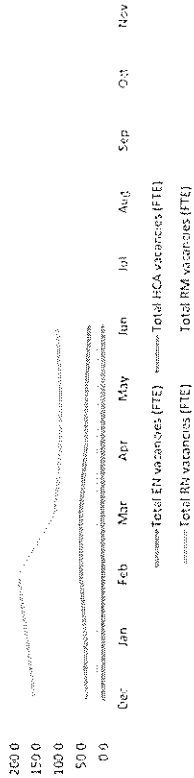
Average days to recruit by role (2019)

Legend: Average days to recruit for ENs — Average days to recruit for HCAs — Average days to recruit for RNs — Average days to recruit for RMs

CCDM council members

% CCDM council attendance (2019)

Council member	Apr	May
Dir Hospital Services		✓
Dir of Nursing & Midwifery	✓	✓
GM MED	✓	✓
ADoN MED	✓	✓
ADoN SURG		✓
HoD Nursing CWBF	✓	✓
CND Waitemata Central	✓	✓
Dep CFO	✓	
ER Manager	✓	
NZNO Nat Delegate		✓
NZNO Organiser	✓	✓
NZNO Prof Nursing Advisor	✓	✓
Trendcare Administrator	✓	✓
SSHW Programme Consultant	✓	✓
CCDM Site Administrator	✓	✓

Overall % CCDM implementation
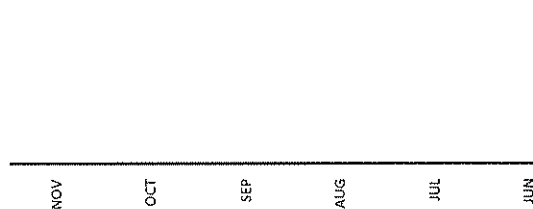
Accord Funded Roles *as at 18Jun*

Role	FTE	Filled	Outstanding	Notes
RN District Nurses	5	5	0	
Senior Nurse Critical Outreach	1.8	1.8	0	
Midwives	2.9	2.9	0	
RN Shift Coordinators MED/SURG	12	12	0	
HCA's	12.2	8.9	3.3	
ICU RN's	5.8	5.8	0	
ED RN's	2.3	2.3	0	
CCDM & TrendCare Team	4	4	0	
Totals:	46	42.7	3.3	

FTE calculations

Ward Name	Recommended FTE	Variance to budgeted FTE	Increase/ decrease/ no change	Date for implementation

FTE Calculations are in progress for NSH Medicine Wards. When the results for each ward are confirmed by the CCDM Council they will be published on this table.

Variance responses

Hours spent in variance traffic light colours orange or red (2019)

Legend: Sum of hours in Orange — Sum of hours in Red
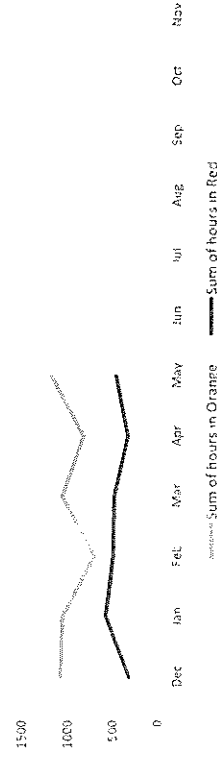
Average hours to return to green from orange and red (2019)

Legend: Average hours to return to green from orange — Average hours to return to green from red

CCDM VIB, SoP and TrendCare Rollout Plan

Version 1.0, 11 Jun 19

PROJECT TASKS	START	END
VRM WORKING GROUP MEETINGS		
COUNCIL MEETINGS		
PREPARATION	10 Jun	21 Jun
SOP Flipcard:	10 Jun	21 Jun
Min Care Package Guideline	10 Jun	13 Jun
Adjust SoP to cater for CWF	10 Jun	13 Jun
Print & laminate SoPs	14 Jun	20 Jun
CaaG-VIB "What Why When Who" Info Sheet	10 Jun	13 Jun
TrendCare Upgrade:		
EDUCATION-COMMUNICATION CAMPAIGN		
VIB & SoP Training Sessions for TC Team	17 Jun	21 Jun
Friday Focus Updates	21 Jun	5 Jul
Briefing at Ward Handover meetings	24 Jun	12 Jul
1330 Accord Shift Coordinators - 5 min brief	1 Jul	19 Jul
Balancing Meeting - 5 min brief	9 Jul	18 Jul
Waitemata Central Team incl DNM's ????		
Waitemata Weekly Article	17 Jun	22 Jul
Email to CNM's	17 Jun	22 Jul
Notice for Ward Noticeboards	24 Jun	19 Jul
VIB & Trendcare Upgrade Go-Live	17 Jul	17 Jul
POST UPGRADE SUPPORT	17 Jul	2 Aug
Monitor VIB Orange/Red's - check valid & response	18 Jul	2 Aug

ASSUMPTIONS:

CCDM - VRM

CCDM Variance Response Management (VRM) Working Group Meeting

Date	Tuesday 13 November 2018	
Invited	Katrina Holland – CND Waitemata Central	Melissa Lee – Acting Bureau Manager / DNM
	Jocelyn Peach - DoNM	Delwyn Armstrong – Head of Analytics
	Alex Boersma – GM Medicine	Jacqui Lyon – RN LCC (Delegate)
	Adrienne Reed – CNM W15	Lucy Adams - ADoN
	Ashleigh Youngman – TC Administrator	Frances Scheirlinck – CNM W8
	Sharon Giles – Ops Manager WC	Geraldine Kirkwood – CNM OP WTK (Delegate)
	Sarah Barker – NZNO Organiser	Ricky Galang – CCDM BA
	Stuart Port – SSHW Consultant	Mary-Lou Hoskins – CCDM Prog Manager
Apologies	Kate Gilmour – HOD S&AS	Stefanie Smith – CNM WTK SCBU (Delegate)
Chair	Katrina Holland	

NOTE: December meeting will be 2 hours, 1-3pm on Tues 11th, in GM HODS room, LGF.

Item	Item	Decisions & Actions
1	**Matters arising**	
1.1	N/A - First meeting	
2	**Agenda Items**	
2.1	**Terms of Reference** • Was noted that the ToR is the standard template provided by SSHW, so membership is the only WDHB customisation. • Was noted that there is no MED Ward CNM, but that Adrienne can cover this from a service perspective. • Not withstanding the above, it was stated that the group has good clinical representation. • The meaning of the "ensure confidentiality of information" responsibility was discussed: o Pertains to Patient Info in TrendCare o Also refers to need for professionalism of the groups members to be supportive of each other within and outside of the meetings. • The importance of discouraging use of proxies on the group was stressed, and noted that the ToR states that proxies will not be accepted. • It was also noted that the decision-making quorum is 50% of attendees plus chair, and include health union and DHB representation.	ToR was accepted.
2.2	**Stocktake** • The draft stocktake was tabled – this had been prepared with input from Deshni, Mary-Lou, and Katrina. • There was considerable detailed discussion on the first page of the document before it was agreed that this review should be deferred to its own timeslot. This will form the basis of the workplan. • Escalation procedure and a review of the variance indicator board are seen as more important at this time, so the review will occur down the track.	**Mary-Lou** to issue Stocktake document with minutes, for members to review and consider ahead of a 2 hour workshop to be scheduled early in the New Year.
2.3	**Initial work streams** • Jos advised that the CCDM Council must supply the DHB's agreed escalation process by 31 Dec, as detailed in the MECA settlement terms. The following team is proposed to commence this work: Katrina, Melissa, Frances, and Geraldine, with Jos,	**Katrina** to progress the Escalation Process work stream with the team members identified.

	Lucy and Kate to review and assist. This will be bought back to the working group to consider at the next meeting.	**Stuart** to supply proven VIB as Straw Man by 16-Nov.
	• Variance Indicator Board review:	
	○ How to approach the VIB review was discussed and agreement was reached that Stuart would provide the best example from another DHB to be used as the Straw Man – i.e. why would this *not* work at WDHB?	**Mary-Lou** to schedule VIB Review team session to consider the straw man, and plan approach for wider socialisation & feedback.
	○ It was agreed that the CNM's from the working group (Geraldine, Frances, Adrienne, Stefanie) would be the core team to review Stuart's straw man, and Sharon as Ops Manager / DNM. Lucy and Kate would review and facilitate for wider CNM socialisation and feedback.	

Future Meeting dates:

Dec	11	Jan	22
Feb	12	Mar	12

CCDM Variance Response Management (VRM) Working Group Meeting

Date	Tuesday 11 December 2018	
Attended	Katrina Holland – CND Waitemata Central	Melissa Lee – Acting Bureau Manager / DNM
	Jocelyn Peach - DoNM	Delwyn Armstrong – Head of Analytics
	Alex Boersma – GM Medicine	Stefanie Smith – CNM WTK SCBU (Delegate)
	Adrienne Reed – CNM W15	Lucy Adams - ADoN
	Ashleigh Youngman – TC Administrator	Frances Scheirlinck – CNM W8
	Sharon Giles – Ops Manager WC	Kate Gilmour – HOD S&AS
	Sarah Barker – NZNO Organiser	Ricky Galang – CCDM BA
	Stuart Port – SSHW Consultant	Mary-Lou Hoskins – CCDM Prog Manager
Apologies	Geraldine Kirkwood – CNM OP WTK (Delegate)	Jacqui Lyon – RN LCC (Delegate)
Absent	Delwyn Armstrong – Head of Analytics	
Chair	Katrina Holland	

Item	Item
1	**Matters arising**
1.1	Actions from first meeting were covered by agenda items.
2	**Agenda Items**
2.1	**Escalation Process – walk through** • Ward – normal hours, feedback: o "Consider" minimum care package, on amber, and "Implement" on red. o GM & DoNM to be informed (on red), not attend. • Ward – after hours, feedback: o "Consider" minimum care package, on amber, and "Implement" on red. o Remove "MDT called to assist…" (on red) o Replace "Head of Division Nursing attends…" with "Exec on call informed & attends if required, where interventions do not work" (on red) o Remove "cancel non-clinical activities…" (on red) o Consider addition of "complete incident form" on amber or red. RiskPro or SSHW template? Jos noted that incident numbers is one of the core dataset elements, so there will be greater visibility of this once that CDS is established. **Jos to consider further with help from Stuart.** • Operations – normal hours, feedback: o Amend "Ensure staggered admissions" to "Consider staggered admissions" on yellow o Remove "review situatuin hourly" on yellow o Amend "Review areas in xxx every 30 mins" to "… within 30 mins" on amber and red. o On amber amend to "Review every 2 hours if status does not improve". o On red add "Review every hour if status does not improve". o Thresholds on Red to be broken down by hospital then by division. • Operations – after hours, feedback: o Apply same changes as for normal hours, above. o Refer to Exec on Call procedures. • Executive, feedback: o Should refer to the existing 8am meeting, then when yellow or amber: decision required as to whether second meeting required; and when red: consider emergency response. o Needs to take into consideration whole of hospital situation, e.g. ICU, ED, etc. Consider adding action to review VIS (Variance Indicator System, aka VIB), following an intervention, where amber or red – to encourage de-escalation where appropriate. Agreed that revision of VIS must be owned by the ward.

	Katrina and subgroup will proceed with the drafting, with Alex to also participate. To come back to this group on 15 January, before going to Council for ratification.
2.2	**Variance Indicator System revision – walk through** • Lucy or Melody to be advised where MED wards are to be requested to participate in the VIS revision trial. • Noted that decision to update VIS following provision of additional resource must remain with ward shift coordinator / CNM, and will depend on whether resource provided has the necessary skill level for that ward. Lucy stressed that the virtual ward nurses – for the most part – return to the wards they are familiar with. • Sarah advised that there was strong feedback at the recent delegates meeting that (re)deployment policy is not followed. This was taken off-line for NZNO to discuss with ADoN's and Waitemata Central.
2.3	**Stocktake** • Agenda item was to elicit any feedback on stocktake draft issued with last minutes. None received. Reminder to all to review.
2.4	**Comms / confidentiality** • Consensus that a one-pager comms on work in progress across the programme should be issued (via CNM's and through email) before Christmas. **Mary-Lou to prepare draft for review and ratification by Council next week.**
3	**Any Other Business**
3.1	**Next Meeting** • Although not everyone is available, it was agreed that the group should meet on 15 Jan to keep the Escalation work progressing.

Future Meeting dates:

Jan	15	Feb	12
Mar	12	Apr	09

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
131118-01	VRM WG	Issue stocktake doc with minutes.	Mary-Lou Hoskins	Done	complete
131118-02	VRM WG	Progress Escalation Process work with identified team.	Katrina Holland		WIP
131118-03	VRM WG	Supply "proven" VIB as Straw-man.	Stuart Port	Done	complete
131118-04	VRM WG	Schedule VIB Review team to consider Straw-man	Mary-Lou Hoskins	Done	complete
111218-01	VRM WG	Assess use of Riskpro v SSHW tool for capturing incidents.	Jocelyn Peach		Open
111218-02	VRM WG	Prepare general comms to update staff on the various workstreams in progress for ratification by Council on 18 Dec.	Mary-Lou Hoskins		WIP

CCDM Variance Response Management (VRM) Working Group Meeting

Date	Tuesday 14 May 2019	
Attended	Katrina Holland – CND Waitemata Central	
	Geraldine Kirkwood – CNM OP WTK (Delegate)	Adrienne Reed – CNM W15
	Frances Scheirlinck – CNM W8	Jocelyn Peach - DoN
	Sarah Barker – NZNO Organiser	Kate Weston – PNA NZNO
	Ricky Galang – CCDM BA	Stuart Port – SSHW Consultant (by phone)
	Mary-Lou Hoskins – CCDM Prog Manager	Katy Wanabe – PNA NZNO
Apologies	Kate Gilmour – ADoN S&AS	Delwyn Armstrong – Head of Analytics
	Ashleigh Youngman – TC Administrator	Stefanie Smith – CNM WTK SCBU (Delegate)
	Melissa Lee – Acting Bureau Manager / DNM	Alex Boersma – GM Adult & Emergency Medicine
	Jacqui Lyon – RN LCC (Delegate)	Melody Mitchell – CND Adult & Emergency Med
	Sharon Giles – Ops Manager WC	Theona Wright – TC Administrator
Chair	Katrina Holland	

Item	Item
1	**Matters arising**
1.1	Minutes of previous meeting were accepted.
1.2	Refer actions table at end of document.
2	**Agenda Items**

2.1	**Escalation Procedures FlipChart (Katrina)**
	 • Flipchart was reviewed page by page. Key points noted:
	     o Abbreviations to be removed
	     o Ensure Redeployment references "as per policy"
	     o PAR is ICU Outreach at Waitemata
	     o SMOC is Executive On Call
	     o Remove ADHB Minimum Care Package pages except for overview page & ensure MCP is full & complete
	     o Confirmed that this does tie in with the Escalation Pathway described in the MECA
	     o Mary-Lou to revise accordingly and email for final review tomorrow
	     o To be issued for ratification by the Council at next weeks meeting
	 • It was agreed that the Flipchart would superseded/replace the "swim-lane" charts previously prepared. These therefore do not need to be revised to reflect the Flipchart.
	 • Noted that the FlipChart will be available online via the CaaG as well as there being physical copies for each ward & Waitemata Central etc.
	 • Mary-Lou to cost the publication of the FlipChart.

2.2	**Variance Response (Katrina)** • Jos noted that this stream should create some key scenarios faced by the DNM's and workshop these with intent to simplify the decision making process required. Jos and Katrina to progress with a small group (4-5 people in total).
2.3	**VIB Revision (Ricky & Mary-Lou)** • Ricky confirmed that the set up of the Test env with the new VIB form would be done in the next 2 weeks. • Mary-Lou will then schedule for the focus group to gather to review it and tweak/adjust wording and hover-over help. • Deployment still dependant on timeline for training delivery of Escalation Procedures.
3	**Any Other Business**
3.1	Working Group Membership Review – not discussed, carried forward.

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
120319-01	VRM WG	Ensure Jacqui Finch is across the Flip-card doc of escalation procedures being prepared.	Katrina Holland	09/04: Jacqui advised. Remaining open until feedback reported. 14/05: Jacqui returning to work 20May. Carried forward.	Open
120319-02	VRM WG	Draft a Variance Response process, with input from Jos.	Katrina & Melody Jos	09/04: Minimal progress. Melody replaces Lucy. Carried forward. 14/05: Carried forward. Katrina to meet with Jos to build scenarios then hold small workshop to discuss these.	Open
090419-01	VRM WG	Progress tidy-up of FlipCard resource: Waitemata-ise, seek feedback from Alex, Melody, Kate G, and Kate W, amalgamate feedback and issue to Working Group by 09 May for review at meeting on 14 May.	Katrina	14/05: Covered in meeting.	Closed
090419-02	VRM WG	Once FlipCard resource finalised, ensure Escalation Procedure charts and SoP's align.	Mary-Lou	14/05: Agreed not required.	Closed
140519-01	VRM WG	Revise and re-issue Flipchart to Working Group for their final review, then issue to Council for ratification at next weeks meeting.	Mary-Lou		Open
140519-02	VRM WG	Cost the production of the FlipCharts.	Mary-Lou		Open

Meeting Notes

CCDM Variance Response Management (VRM) Working Group Meeting

Date	Tuesday 11 June 2019	
Attended	Kate Weston – PNA NZNO	Melissa Lee – Acting Bureau Manager / DNM
	Frances Scheirlinck – CNM W8	Adrienne Reed – CNM W15
	Sarah Barker – NZNO Organiser	Jocelyn Peach - DoN
	Kate Gilmour – ADoN S&AS	Melody-Rose Mitchell – ADoN A&E Med
	Theona Wright – TC Administrator	Liz Pitney –CND A&E Med
	Mary-Lou Hoskins – CCDM Prog Manager	
Apologies	Katrina Holland – CND Waitemata Central	Delwyn Armstrong – Head of Analytics
	Stuart Port – SSHW Consultant	Stefanie Smith – CNM WTK SCBU (Delegate)
	Ricky Galang – CCDM BA	Alex Boersma – GM Adult & Emergency Medicine
	Geraldine Kirkwood – CNM OP WTK (Delegate)	Jacqui Lyon – RN LCC (Delegate)
	Sharon Giles – Ops Manager WC	
Chair	Kate Weston	

Item	Item
	• Melody introduced Liz Pitney, who has been appointed as Acting CND for Medicine. Liz will attend the VRM Working Group in Melody's place from now on. Melody will continue on the other Working Groups and the CCDM Council. • Frances confirmed that Toni Smith is wishing to participate on this working group, but rostering along with funding for time protection and backfill to be addressed. Mary-Lou to place delegate funding / backfill topic on Council meeting agenda.
1	**Matters arising**
1.1	Kate W noted that Kate Watabe's name was incorrectly spelt in the minutes, and her role is NZNO Organiser, not PNA. With those corrections, the minutes of previous meeting were accepted.
1.2	Refer actions table at end of document.
2	**Agenda Items**

2.1
 	
 📄
 WhatWhyWhen docx
	VIB Demo (Mary-Lou)
	 • Overarching feedback was very positive – Kate W requested that the developers (Ed and Ricky) be formally thanked for their work (done by Mary-Lou following the meeting).
	 • Following discussion on the Care Rationing indicator, it was agreed that this should be changed to "Delayed Essential Care" which will be more meaningful to staff. Hover help to read "some essential patient care is being delayed or omitted due to patient demand".
	 • The "What Why When Who" document was tabled. This will form part of the education pack to be distributed when the VIB upgrade occurs. It was requested that:
	    o Any images are sized large enough to be decipherable;
	    o The sample images from the VRM SoP include all stages, as this is an opportunity to reinforce the new terminology being introduced;
	    The above changes will be applied.

2.2	**VR Flipcard update (Mary-Lou)** • Noted that the flipcard has been ratified by Council and subsequently amended only slightly in order to encompass Child Health as well as Adult Inpatient wards. • Slide on Minimum Care Package still required. It was agreed that this should be a single slide, based on the existing 5 point description written some years ago by Jos. A more detailed document should be prepared to detail at a service-specific level the MCP expectations. However this is not needed for the Flipcard deployment. This topic to be added to the agenda for a future meeting to discuss and agree next steps. • *Immediately following the meeting, Jos, Melody, Kate W and Mary-Lou workshopped the content of the single slide for MCP. For completeness, this is now attached within the final Flipcard.*
2.3	**Rollout Plan (Mary-Lou)**

Meeting Notes

VIB-SOP-T(Deployment Pla|	• Noted that considerable education is required as we are introducing a set of new terms such as "stretch" and "excess capacity". • Delegate meetings are scheduled for 25/26 June. Suggested that Melody and Mary-Lou address this group, or the relevant subset of it, towards the end of the sessions. Sarah to extend invitation to the WTH and NSH meetings
2.4	**Variance Response update (Jos)** • No progress made due to operational demands on the key people. Jos noted that she will prepare the scenarios she feels need to be scripted to support staff required to deliver difficult or controversial messages via face-to-face conversations.
3	**Any Other Business**
3.1	Kate W stressed the importance of working group members ensuring they keep themselves up to date by reading minutes where they have been unable to attend meetings, as it is important that any dissent on decisions reached on those meetings is raised immediately – re-litigating these agreements is both disruptive and delaying. Kate W acknowledged that especially coming into winter, there will be competing demands, but that high engagement is necessary to succeed.

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
120319-01	VRM WG	Ensure Jacqui Finch is across the Flip-card doc of escalation procedures being prepared.	Katrina Holland	09/04: Jacqui advised. Remaining open until feedback reported. 14/05: Jacqui returning to work 20May. Carried forward.	Open
120319-02	VRM WG	Draft a Variance Response process, with input from Jos.	Katrina & Jos	09/04: Minimal progress. Melody replaces Lucy. Carried forward. 14/05: Carried forward. Katrina to meet with Jos to build scenarios then hold small workshop to discuss these. 11/06: Replaced by new action 110619-04. Jos will draft the scenarios requiring scripting – these relate to the face2face conversations that occur between DNM's and ward staff.	Closed
140519-01	VRM WG	Revise and re-issue Flipchart to Working Group for their final review, then issue to Council for ratification at next weeks meeting.	Mary-Lou	05/06: Re-issued 15/05. Ratified by Council 21/05. Comments received from Sarah Timmis 29/05 with suggested tweaks to align with CW&F.	Complete
140519-02	VRM WG	Cost the production of the FlipCharts.	Mary-Lou	29/05: Costed, budget set to print 100 copies. PO being raised.	Complete
110619-01	VRM WG	Raise topic of delegate funding / backfill with Council at next meeting.	Mary-Lou		Open
110619-02	VRM WG	Ensure agenda item covered in a coming meeting to progress development of service specific material around Min Care Package & distinguishing this from Care Rationing.	Mary-Lou		Open
110619-03	VRM WG	Extend invitations to Melody & Mary-Lou for WTK and NSH Delegate meetings.	Sarah		Open
110619-04	VRM WG	Draft the scenarios requiring scripting – these relate to the face2face conversations that occur between DNM's and ward staff.	Jos		Open

The Waitemata DHB Variance Response Toolkit – What, Why, When, Who

Waitemata DHB run a set of tools to communicate unexpected spikes in patient demand being experienced on inpatient wards and to ensure there are clear and consistent escalation procedures to respond to these spikes.

Capacity at a Glance (CaaG)

The CaaG screen provides a real-time assessment of the hospital. Each bar on the chart represents the beds in a ward/unit, how many beds are occupied, booked, flexed, or closed, and what patient types are occupying the beds.
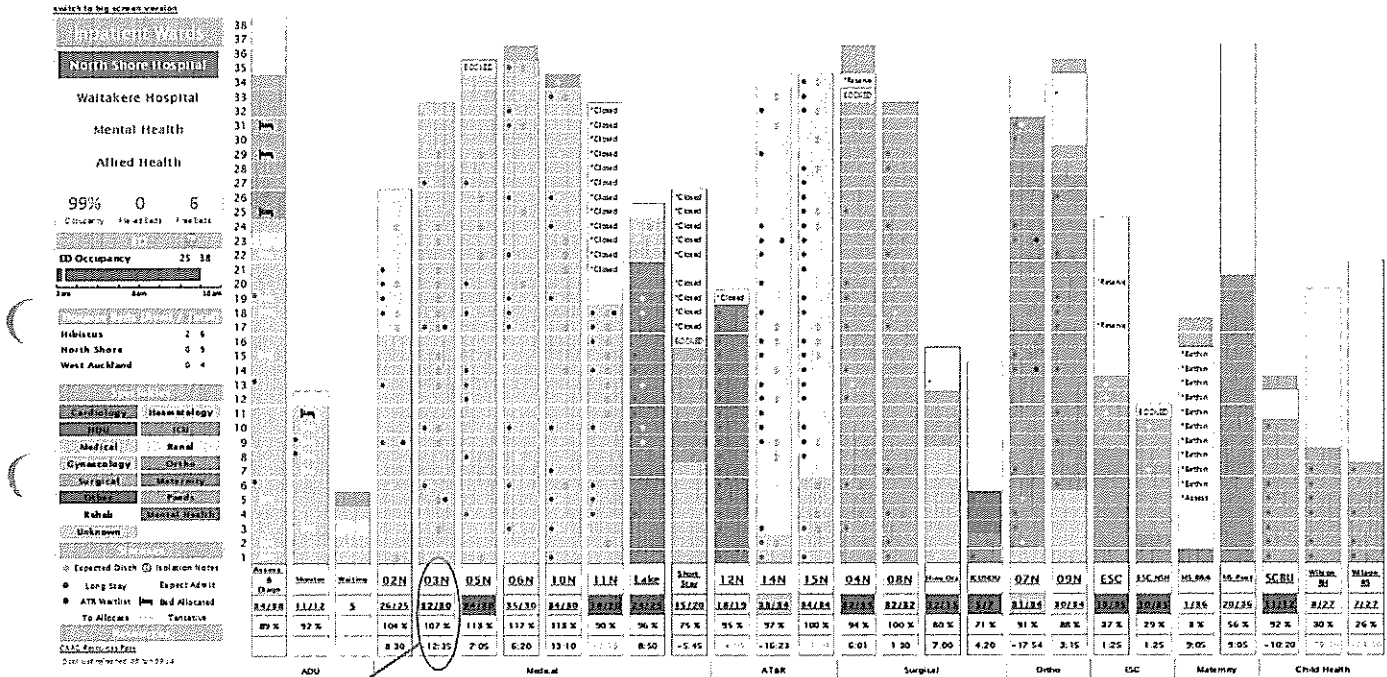
At the bottom of each wards CaaG bar the following information is displayed:

03N → The ward number / name

31/30 → Beds occupied (31) versus beds available (30). (Ref VIB re colour displayed)

103 % → The bed utilisation for the current shift

-13:05 → Care hours available (from Trendcare). This will be negative if the patient care demand in that ward presently exceeds the hours of care available on that shift

Variance Indicator Board (VIB)

The colour coding displayed on the CaaG at the bottom of the wards bar is pulled through from the wards VIB form. The VIB is a short questionnaire completed by the Shift Coordinator at the start of a shift and if the ward situation changes during the shift.

NSH Ward Variance Indicator Tuesday, 11 June – Day Shift (New variance indicator for this shift)			Submit	Close

Indicator	Answer		Weight	Status
1 Missed breaks ⑦	Yes	No	0	
2 Poor skill mix ⑦	Yes	No	2	
3 Poor staff mix ⑦	Yes	No	0	
4 Negative care variance ⑦ (automatically set)	Yes	No	4	
5 Positive care variance ⑦	Yes	No	0	
6 Care rationing ⑦	Yes	No	0	
7 Professional judgment deems it is unsafe ⑦	Yes	No	0	
Total Weighting Value			**6**	

The *Yes* or *No* answers will result in a score which translates to a colour – denoting how well the staff are coping with the care demands of their patients. Colour may be:
- Mauve: ward has excess capacity and could spare some resource to help another ward;
- Green: demand and capacity are about even;
- Yellow: resource is stretched, but coping if nothing else changes;
- Orange: the ward is not meeting its care demands and some external assistance is required to correct the high risk situation;
- Red: patient care demands cannot be met, staff are overwhelmed and patient risk exists; external assistance is essential to address this critical situation.

The VIB is the wards mechanism to communicate quickly and effectively with Waitemata Central and the wider hospital. Their VIB colour will display on the CaaG screen, which is monitored by the daily operations team and the duty nurse managers (as well as DHB executives). Decisions on resource allocation are influenced by the colour spread of the wards.

Shift Coordinators must complete their VIB at the start of each shift, and then update it as and when the situation changes for their ward. Note that the VIB draws data from Trendcare, so it is important to ensure that Trendcare is up-to-date *before* updating your VIB. When completing the VIB questionnaire, do not answer *Yes* to any of the indicators unless the cause is patient demand. For example, if your staff chose to delay their breaks for personal reasons, then that indicator should remain as *No*.

The DHB monitors and reports on the quantity of orange and red VIB alerts. The objective is to apply the DHB's resources to best effect to quickly address demand:capacity gaps and minimise the strain on staff and mitigate any patient risk.

Variance Response Management (VRM) Flipcard

The VRM Flipcard details what actions should be completed by whom, according to the VIB colour for that ward. Each ward has a physical copy of the Flipcard and it is also available from the CaaG screen on Staffnet.

Sample pages from Flipcard

The Trendcare team and the Care Capacity Demand Management (CCDM) team are available to assist ward staff and will be proactively reviewing how well wards are utilising these important communications tools.

Contact:
- **Trendcare helpdesk: ext 42052, mob 021-410976**
- **Ricky.galang@waitematadhb.govt.nz**
- **Mary-lou.hoskins@waitematadhb.govt.nz, mob 021-750635**

CCDM - FTE

CCDM FTE Calculation (FTE) Working Group Meeting

Date	Tuesday 27 November 2018	
Attendees	Jocelyn Peach - DoNM	Stuart Port – SSHW Consultant
	Marianne Cameron – HoD Child Health	Kate Gilmour – HoD Surg
	Melody-Rose Mitchell – CND Medicine	Kate Weston – PNA NZNO (by phone)
	Mark Lennox – ER Manager	Melissa Lee – Bureau Manager / DNM
	Ashleigh Youngman – TC Administrator	Debbie Eastwood – GM S&AS
	Ricky Galang – CCDM Business Analyst	Mary-Lou Hoskins – CCDM Prog Manager
Apologies	Alex Boersma – GM Medicine	Angela Anderson – Staff Nurse & NZNO Del
	David Dodds – Corporate Finance	
Chair	Jocelyn Peach (normally will be Alex Boersma)	

Note that the January meeting of this Working Group will be for 2 hours (29-Jan)

Item	Item	Decisions & Actions
1	**Matters arising**	
1.1	N/A - First meeting	
2	**Agenda Items**	
2.1	**Terms of Reference**	*Notwithstanding the provisos noted left, membership of the Working Group was agreed.*
	• Marianne requested that it be made clear in the ToR that in time it is envisaged that other departments such as outpatients and community services will be included.	
	• Kate Weston advised that an NZNO Organiser must be added to the group, at least for the session when the assumptions for the FTE tool are discussed and agreed.	**Mary-Lou to revise the ToR as per the points made, and reissue to the members for review – with intention of achieving sign-off of all ToR's at the Council meeting on 18-Deb.**
	• Debbie noted that it is very important that the role description being filled by David Dodds state that he will "ensure Finance Business Partners have a good understanding of the FTE methodology".	
	• It was noted that the draft issued contained the incorrect "Key Tasks" section. In addition, all ToRs are to be revised to include additional details as discussed at the Partnership Workshop last week.	
2.2	**Roadmap**	
	• Stuart overviewed the standard SSHW roadmap for this workstream.	**Mary-Lou to schedule the 2 hour "assumptions" workshop for 29 Jan.**
	• At the next meeting in late January, the Assumptions to be used in the FTE Calcs will be tabled and debated. 2 hours will be allocated to this session.	**Kate Weston to advise who else from NZNO is to attend that Assumptions session &/or join the working group permanently.**
	• A full day's education will be scheduled with all the decision makers (Council members, FTE Working Group members, & all those who will be involved in Tranche 1), run by Stuart and Colette from SSHW. This will be conducted after the Tranche 1 wards have been entered into the software, but before the "what if" analysis has been conducted for those wards. This is anticipated to be in mid February.	**Mary-Lou to issue the SSHW SOP to the members for review.**
	• Colette from SSHW will come back up to work with the Tranche 1 wards to step them through the "What If" analysis process (eta late Feb).	
	• SSHW has developed a Standard Operating Procedure to be followed where the process identifies either a staffing deficit or a surplus.	
2.3	**Stocktake**	
	• The draft stocktake was overviewed – this is a SSHW	**Mary-Lou to revise the**

		template. The wards populated was restricted to only those identified as green = "ok to proceed to FTE calc" in the qtrly Trendcare audit completed by Stuart in Sept. This was wards: 3, 5, 10, Lakeview, 12, 15, Wainamu, Huia, Muriwai, ESC Cullen, and ShortStay. The result of the stocktake for all these wards was "Proceed" or "Proceed with Caution". • The aspects of concern are the sick leave level on some wards, and the Other Productive HPPD derived from the Staff Allocation screen in TrendCare. It was noted that the OP-HPPD will be a key assumption to be discussed at the January meeting. • Kate Weston highlighted that the dataset (2018 calendar year) to be used for the FTE calcs will cover the strike period in July. Stuart noted that this would be unlikely to impact the result. • It was agreed that the first tranche should be limited to 4 wards, and should include ward 8. The wards agreed for Tranche 1 are: 8, 5, 10, & Muriwai. • It was confirmed that this recommendation would go to the December Council meeting for ratification & that the comms would be determined there.	stocktake to include ward 8 and reissue to the members. *Wards 8, 5, 10, & Muriwai recommended for Tranche 1 – to go to Council for ratification.*
3	**Additional Business**		
3.1	**Partnership Checkin** • Mark sought clarification that the comms for each working group would be channelled through the Council. This was confirmed. • Kate Weston apologised for not attending in person.		*Comms for the working group will be channelled through the Council.*

Meeting dates: CCDM Meeting

Dec	-
Jan	29
Feb	26
Mar	26

CCDM FTE Calculation (FTE) Working Group Meeting

Date	Tuesday 29 January 2019	
Attended	Kate Weston – PNA NZNO	Melissa Lee – Acting Bureau Manager / DNM
	Jocelyn Peach - DoNM	Melody-Rose Mitchell – CND MED
	Marianne Cameron – HoD Child Health	Frances Scheirlinck – Acting ADoN S&AS
	Mark Lennox – ER Manager	Theona Wright – TC Administrator
	Ashleigh Youngman – TC Administrator	Ricky Galang – CCDM BA
	Stuart Port – SSHW Consultant	Mary-Lou Hoskins – CCDM Prog Manager
Apologies	Kate Gilmour – ADoN S&AS	Alex Boersma – GM Medicine
	Sarah Barker – NZNO Organiser	Angela Anderson – Staff Nurse & NZNO Del
	David Dodds – Corporate Finance	
Chair	Kate Weston	

Item	Item
1	**Matters arising**
1.1	Actions from last meeting updates as per table below, also:
	• **271118-04: it was agreed that the Standard Operating Procedure (to be reissued with the minutes) would be taken as confirmed if no feedback has been received by Fri 18-Feb.**
2	**Agenda Items**
2.1	**Assumptions Discussion**
	• Detail of decisions reached are captured in the embedded document.
	Assumptions Workshop 290119.do

Future Meeting dates:

Feb	18	Feb	26 (TBC)
Mar	26	Apr	23

Waitemata District Health Board

CCDM

Care Capacity Demand Management

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
271118-01	FTE WG	Revise ToR	Mary-Lou Hoskins	Done	complete
271118-02	FTE WG	Schedule assumptions workshop	Mary-Lou Hoskins	Done	Complete
271118-03	FTE WG	Advise who else from NZNO will attend Working Group	Kate Weston	Kate has joined the working group.	Complete
271118-04	FTE WG	Issue Std Operating Procedure for review	Mary-Lou Hoskins	29/01: Issued. To also be reissued with the minutes.	Complete
271118-05	FTE WG	Review and reissue the stocktake to include ward 8	Mary-Lou Hoskins	Done	Complete
290119-01	FTE WG	Provide feedback to Mary-Lou on Std Operating Procedure by 18-Feb, else will assume agreement.	All		Open

Workshop (Tuesday 29 Jan 2019) attendees:

- o Ashleigh Youngman
- o Frances Scheirlinck
- o Jocelyn Peach
- o Kate Weston (Chair)
- o Marianne Cameron
- o Mark Lennox
- o Mary-Lou Hoskins
- o Melissa Lee
- o Melody-Rose Mitchell
- o Ricky Galang
- o Theona Wright
- o Stuart Port (facilitator)

The below decisions are relevant to MED and SURG Adult wards only.

Non-Productive Hours	Assumptions	Calculation	Data source	Comments / Decision / Actions
Annual Leave	All staff types are entitled to 4 weeks annual leave per annum pro-rated. After 5 years of continuous service staff are entitled to 5 weeks annual leave pro-rated. Annual leave is taken at some stage during employment or paid out to staff when they leave the organisation. Actual annual leave MECA entitlement is used for each role type. Annual leave for bureau staff is not budgeted for by the ward or unit. Annual leave is budgeted for all staff types at 100%. Budgeted annual leave allows for the current financial year and does not address previously accrued leave.	Calculate per FTE using a weighted average of the MECA entitlement if there is a range of employment tenures within the ward or unit. Excludes bureau staff. **Formula:** role type, (% FTE x 200 hours) + (% FTE x 160 hours) = hours per year per FTE **Example:** 70% of existing nurses have 5 weeks entitlement and 30% have 4 weeks entitlement, the weighted average calculation would be as follows: (70% x 200) + (30% x 160) = 188 hours per year per FTE.	HR or Pay roll	*Decision*: will use accumulated length of service at a ward level.
Shift Leave	All staff working rotating shift patterns accrue shift leave as per the MECA. Where shift workers work the same number of qualifying shifts use the default 40 hours per FTE. Where the number of qualifying shifts vary between staff use actual accrued shift leave to calculate the average entitlement by role type. New graduates can take shift after 12 months of continuous service or have this paid out at completion of contract. Shift leave is taken at some stage during employment or paid out to staff when they leave the organisation. Shift leave for bureau staff is not budgeted for by the ward or unit. Clinical Nurse or Midwife Manager's normal hours are between 0800 and 1700 so there is no shift leave entitlement.	Use default 40 hours per FTE for all staff working rotating shift patterns. OR Calculate per FTE for all staff working rotating shift patterns using the average shift leave accrual in the past three years for each role type (nurses, midwives, HCAs, DSN, DSM, CNM, CMM). **Formula:** role type, sum shift leave accrued (hours) for past 3 years / sum budgeted FTE for that role for past 3 years. Excludes bureau staff. **Example:** nurses (1040 hours + 989 hours + 1001 hours) / (26.3 FTE + 27 FTE + 27.5 FTE) for RNs = 3030 / 80.8 = 37.5 hours per FTE.	HR or Pay roll	*Decision*: will use default of 40 hours per FTE for all staff working rotating shift pattern.

Non-Productive Hours	Assumptions	Calculation	Data source	Comments / Decision / Actions
Public Holidays	All staff types either take public holidays or work public holidays and gain a day off in lieu. For full time staff the default of 11 days can be used. If there are a number of different FTE arrangements then it may be more accurate to calculate the public holidays based on the average accrued over the past three years. All holidays in budget period are during Monday to Friday (or are Monday-ised) – and Clinical Manager works Monday to Friday. Public holidays for bureau staff is not budgeted for by the ward or unit.	MECA entitlement is 11 days (88 hours), applied to all role types. Excludes bureau staff.	MECA	**Decision**: will take into account clause 12.9b of the MECA, which catering for parttime employees who are paid for all public holidays falling on that day, where they have worked that day more than 40% of the time over the previous 3 months.
Long Service Leave	Long service leave is accrued at 1 day per year for all staff i.e. 8 hours per FTE per annum. Staff are only entitled to take long service leave after 5 years of continuous service. It is assumed that long service leave will be taken or paid out to staff when they leave the organisation. Long service leave for bureau staff is not budgeted by the ward or unit.	MECA entitlement 1 day (8 hours) per FTE for all role types. Excludes bureau staff.	HR or Pay roll	**Decision**: will use actuals to determine the average, unless this is deemed to excessively difficult to determine (to be advised by Ricky no later than Fri 01 Feb), in which case will revert to using 8 hours. Following the meeting, via email from Kate W, it was noted that the LSL will never be less than 8 hrs per annum per FTE accrued. For the purposes of determining an average LSL taken, the actuals average will be used/ **Action**: Ricky to advise by Fri 01 Feb whether able to use actuals. *Ricky confirmed actuals are ok to retrieve & use.*

Non-Productive Hours	Assumptions	Calculation	Data source	Comments / Decision / Actions
Professional Development	Professional development is defined in the MECA as 'leave that enables employees to complete qualifications, to attend course and to undertake research or projects that are relevant to the employer and which facilitate the employees growth and development'. This may include training that is required to gain further specialty specific skills or knowledge beyond what can be taught 'on the job' e.g. ventilator training, acute pain management, non-invasive ventilation, stroke management. This should be in agreement with the nurse or midwife and in accordance with a documented professional development plan for the ward or unit. Assumptions: New Graduate Nurses receive 12 paid study days (96 hours) as part of their NETP plus 32 hours per full time equivalent in the MECA for all nurses. Professional development for bureau staff is not budgeted by the ward or unit. Nurses preparing or maintaining a proficient portfolio are entitled to 1 day per annum. Nurses preparing or maintaining an expert or accomplished portfolio are entitled to 2 days per annum. For nurses working 8 hour shifts 1 day is 8 hours. For nurses working 10 hour shifts 1 day is 10 hours and so on. All HCAs are working towards their Merit 1 or 2. Professional development is accurately documented and paid by the DHB as continuing professional education or study leave.	Calculate per FTE as a weighted average of the MECA entitlement for each role type (nurse, midwife and HCA). Excludes bureau staff. **Formula: RN or EN**, 32 hours + (% headcount x 1 day in hours) + (% headcount x 2 days in hours) = hours per FTE **Formula: new graduate**, 32 hours per FTE + 96 hours x headcount/total FTE for that role) **Example 1:** RNs working 8 hour shifts; all are entitled to 32 hours per FTE + 10% nurses (headcount) entitled to additional 8 hours and 30% nurses (headcount) entitled to additional 16 hours = 32 + (10% x 8) + (30% x 16) = 32 + 0.8 + 4.8 = 37.6 hours applied per FTE for nurses. **Example 2:** New graduates working 8 hours shifts are entitled to 32 hours per FTE plus additional 96 hours per graduate. If there are 3 new graduates and they are working 0.8 FTE each (total 2.4 FTE). The calculation is 32 + (96 x 3 / 2.4) = 32 + 120 = 152 hours per FTE in total for new graduate professional development.	HR or Pay roll system	*Decision*: - For RN's will take an average across the wards FTE's of Competent's (32 hours), Level 3's (40 hours), and Level 4's (48 hours). - For Sen Nurses / CNM's will use 40 hours (noted that this is set by the DHB and is not in the MECA). - For New Grads, base is 80 hours for a 0.8 FTE = 100 hours/FTE, plus 32 hours = 132 hours per FTE. - For HCA's, where the HCA's are preparing for their Merit 1 or 2, they get 8 hours to prepare. If this cannot be determined from the Payroll data, then the CNM's will be asked to advise how many of their HCA's fall into this category in the last year.
Mandatory	Training required to be completed periodically to meet mandatory requirements as set by the DHB e.g. fire, CPR, health & safety, online training packages. This is in addition to professional development as defined in the MECA. Mandatory training for bureau staff is not budgeted for by the ward or unit.	Calculate per headcount for each role type (nurse, midwife & HCA). Excludes bureau staff. Annualise any two or three yearly requirements. **Formula:** role type, sum of annualised hours x headcount / total FTE for that role. **Example:** RNs or ENs require manual handling 4 hours every 2 years, CPR 4 hours every 2 years, health & safety 2 hours annually, fire 4 hours every 2 years. Total hours annualised = 8 hours. Total RN or EN headcount = 27. Total RN or EN FTE = 21.4. Mandatory training for RN or ENs = 8 x 27 = 216 / 21.4 = 10 hours per FTE	DHB Policy	*Covers* Fire, CPR, Infection Control, Privacy, and Occ Health *Decision*: will use 8 hours per headcount. *Noted that this excludes Core training, which is under the Other category below.*
Orientation	All staff should receive orientation to the organisation or their new area of work. A good orientation for new staff results in better outcomes for the patient, staff and the organisation. All staff receive a minimum 2 day organisational orientation. All staff receive a minimum 1 day ward orientation. New Graduates have an additional 2 days orientation to receive extra certification or training as required by the organisation (e.g. Treaty of Waitangi, Health and Safety, IT training, TrendCare, etc.). Orientation for bureau staff is not budgeted for by the ward or unit.	Calculate per headcount according to DHB policy for each role type (nurse, midwife and HCA). Formula: role type, expected new starters headcount x number hours for orientation or new starter FTE. Example: new HCA, 3 new starters, 16 hours orientation, total of 2.4 FTE = 3 x 16 / 2.4 FTE = 48 / 2.4 = 20 hours per FTE	DHB policy	*Decision*: - RN's: 3 days / 24 hours - HCA's: 2 days / 16 hours

Non-Productive Hours	Assumptions	Calculation	Data source	Comments / Decision / Actions
Certification or re-certification	Certification or re-certification of technical skills required to work in a ward or unit e.g. patient controlled analgesia, phlebotomy, BiPAP, InterRai training. Certification or re-certification requirements for bureau staff is not budgeted for by the ward or unit. Certification or re-certification is accurately documented and paid by the DHB as continuing professional education or study leave. Do not include if certification or re-certification is already included under professional development.	Calculate per headcount for each role type (nurse, midwife, HCA) according to DHB policy. Excludes certification completed as part of orientation. Excludes bureau staff. **Formula:** role type, sum of annualised hours x headcount / total FTE for that role. **Example:** existing RN required to complete re-certification for cannulation or phlebotomy 4 hours every 3 years, advanced IV therapy 4 hours every 3 years. Total annualised hours = 4 + 4 / 3 = 2.6 hours per headcount per annum. RN total headcount = 27. RN total FTE = 21.4. Certification or re-certification hours = 2.6 x 27 = 72 / 21.4 = 3.28 hours per RN FTE per annum.	DHB Policy	*Decision*: No allowance for this item.
Supernumerary	Staff orientation includes some supernumerary time. Supernumerary time is based on a graduating decrease in shared workload between the new staff member and the preceptor. New nurses receive a minimum total of 120 hours supernumerary time. New HCAs receive a minimum of 40 hours supernumerary time. New graduates receive a minimum of 180 hours supernumerary time. The NETP specifications state they will be "sharing the clinical caseload for six weeks in total" (New Entry to Practice [NETP] and Aged Residential Care NETP Programme, p. 1). The 180 hours are calculated on the basis of three weeks supernumerary (120 hours) and a graduating decrease in shared workload for the remaining three weeks. For example, week 4 (30 hours supernumerary), week 5 (20 hours supernumerary), and week 6 (10 hours supernumerary). The exact split of hours between the NETP and clinical preceptor will be dependent on DHB policy, ward context and the identified individual needs of the graduate nurse. Supernumerary time for bureau staff is not budgeted for by the ward or unit.	Calculate per headcount for new experienced staff (nurse, midwife and HCA) and new graduates according to DHB policy. Excludes existing nurses and HCAs, DSN/DSM, CNM/CMM and bureau staff. **Formula**: role type, expected new starters headcount x number supernumerary hours / new starter FTE. **Example:** new HCA, 3 new starters, 20 hours supernumerary, total of 2.4 FTE = 3 x 20 / 2.4 FTE = 60 / 2.4 = 25 hours per FTE.	DHB Policy	*Decision*: will be based on the Trendcare business rules which allows 80 hours over 2-3 week period for RNs/ENs, and 40 hours for HCAs. *Noted that this is something that in reality varies considerably and is impacted by the % of international nurses employed. Consideration of changes to this rule should be submitted to Theona to incorporate into the annual review process.*

Non-Productive Hours	Assumptions	Calculation	Data source	Comments / Decision / Actions
Sick or Bereavement	Sick or bereavement leave is a provision in the MECA for unexpected leave and therefore is not planned to be taken in the same way as annual leave. Actual sick leave is used to calculate the average sick leave by staff type. Sick leave or bereavement is budgeted for all staff types at 100% of the average. ACC is included when paid for by the ward or unit cost centre. Sick or bereavement leave taken as unpaid time or annual leave is not included. Includes sick or bereavement leave approved as discretionary leave. Sick or bereavement leave for bureau staff is not budgeted for. <u>Non Work Related ACC</u> First week - DHB pays sick leave at 100% costed to employee's code. Subsequent weeks - ACC pays 80% and DHB pays top up of 20% (if employee has sick leave available and the employee requests this), costed to employee's code. <u>Work Related ACC</u> First week - DHB pays ACC leave at 100% costed to employee's code (this is coded as 1st week ACC and is not reduced off the employee's sick leave balance). Subsequent weeks - ACC pays 80% and DHB pays top up of 20% (if employee has sick leave available and the employee requests this), costed to employee's code.	Calculate per FTE based on the average hours taken in the past 3 years for each role type (nurse, midwife, HCA, designated senior nurse). Include ACC where paid for by the ward or unit cost centre. Include sick or bereavement leave approved as discretionary leave. Excludes leave taken as unpaid leave or paid as annual leave. Excludes bureau staff. **Formula:** sum total hours paid as sick or bereavement over past 3 years / sum budgeted FTE for that role type for past three years. **Example:** (2500 hours + 2080 hours + 2100 hours) / (26.3 FTE + 27 FTE + 27.5 FTE) for RNs = 6680 / 80.8 = 82.67 hours per FTE per annum	HR or Pay roll	**Decision:** will take average for 3 years worth of actuals (2016-2018). This will include ACC leave. *Noted that where Payroll categorises sick leave as annual leave (where no sick leave left) that this will impact, but Trendcare data is not reliable enough to use as an alternative.*
Maternity or Parental	Applies to all nursing staff. Top up paid by the DHB for up to 14 weeks as per MECA.	Calculated per headcount divided by the total budgeted FTE.		**Decision:** No allocation as is generally accounted for under staff turnover.
Other	Applies to all nursing staff. Leave to attend meetings i.e. NZNO. Training = 3 days per new delegate. Planning = 1 day per existing delegate. Calculation based on existing number of delegate per ward or unit with XX% of expected turnover. On call roster leave allocation as per MECA, where this applies. Preceptor training where a service takes new graduates (as per new graduate specifications) if not included under professional development. Other leave for bureau is not budgeted for by the ward or unit.	Leave for NZNO meetings Calculate per headcount divided by the total budgeted FTE based on MECA entitlement for NZNO delegates. **Formula:** (1 day x number existing delegates in that ward or unit) + (XX% delegate turnover x number existing delegates in that ward or unit x 3 days) / total current budgeted FTE (excluding bureau). **Example:** (8 hours x 2 delegates) + (30% x 2 delegates x 24 hours) / total 27 FTE = 16 + 14.4 / 27 = 1.13 hours per FTE. Preceptor training Included under professional development. No further hours required.	Clinical nurse or midwife manager NZNO	**Decision:** • Core = 8 hours per headcount (this caters for everything else); PLUS • Additional requirement to be determined on a ward by ward basis, to cater for IRR Auditing, Health & Safety, Audit Days, Credentialing. Theona will assist in defining this setting for each ward.
Expected Turnover	Staff turnover occurs in every ward or unit. The CCDM software assumes that turnover within the current budgeted FTE is replaced. The software replaces turnover with new experienced staff, unless new graduates are expected (see next item below). Current new graduates are on fixed term contracts and should be included as turnover. Turnover for bureau staff is not budgeted for by the ward or unit.	Calculate staff turnover for that ward or unit, over the past three years. Calculate for each role, RN, EN, HCA, DSN. Include new graduates on fixed term contracts. **Formula:** sum of FTE turnover per role over the past three years / 3 **Example:** 3.2 FTE + 1.5 FTE + 4.3 FTE = 9 FTE / 3 years = 3 FTE per annum.	HR or Clinical Nurse or Midwife Manager	**Decision:** Average turnover per role in last 3 years. *Noted that this will be set at a ward level, not Service level.*

Non-Productive Hours	Assumptions	Calculation	Data source	Comments / Decision / Actions
Expected New Graduates	New graduate (RNs and or ENs) are expected in every ward or unit (if none is expected enter zero). New graduates have less available or productive hours than existing staff (or new experienced staff). New graduate FTE that exceeds turnover FTE is intended as 'new' or 'additional' FTE. There are no new graduates expected for bureau staff.	New graduate FTE for that ward or unit as agreed or planned by the DHB for the upcoming financial year. Includes both funded and non-funded new graduates.	DoN	*Decision*: as set for each ward.
One-on-one care hours		Include or exclude? Depends on whether the budget for this resource is to be held by the ward or centrally, &/or whether it is appropriate to add ward resource to cater for 1:1 care where there is a consistent requirement for it on the ward.		*Decision*: where it is part of the model of care for a ward, one-on-one care hours (of 8 hours or more) will be included in the calculation.
Shift Coordination		As per TC business rules (e.g. AM-4hr, PM-3Hr, N-1hr for 30 bed ward)		*Decision*: will be as per the Trendcare business rules.
Other Productive HPPD		Use ward specific OP-HPPD recorded for the period, or apply a default value. If default, then what is it & is it set at ward, service, or org level?		*Decision*: will use default of 0.4 HPPD for this year while Trendcare data is improved. *Noted that this is what ADHB and CCDHB did.* *Trendcare OP-HPPD for 2018 Cal Year were:* *Ward 5: 0.14* *Ward 8: 0.32* *Ward 10: 0.20* *Muriwai: 0.34*
Variance Response Deficit percentages	This is the percentage of Day, Evening, and Night shifts that it is acceptable to have a deficit for, and will be directly influenced by the DHB's ability to respond effectively to deficits on the day.	SSHW recommendation in the SoP is: 30% for Day; 20% for Evening; and 10% for Nights.		*Decision*: • Days: 20% • Evenings: 15% • Nights: 10% *Noted that this is what was used by ADHB and CCDHB.*

Waitemata District Health Board
CCDM
Care Capacity Demand Management

CCDM FTE Calculation (FTE) Working Group Meeting

Date	Tuesday 26 February 2019	
Time	1330 - 1430	
Venue	GMHODS meeting room, LGF, NSH	
Invited		Kate Weston – NZNO PNA
		Melody-Rose Mitchell – CND A&E Medicine
	Melissa Lee – Bureau Manager / DNM	
		David Dodds – Financial Planner
	Stuart Port – SSHW Prog Consultant	Ashleigh Youngman – TC Coordinator
	Mary-Lou Hoskins – CCDM Prog Mgr	Theona Wright – TC Coordinator
	Catherine Lambe – NZNO PNA (Observer)	
Apologies	Sarah Barker – NZNO Organiser	Marianne Cameron – HoD CW&F
	Alex Boersma – GM Acute & Emergency Med	Kate Gilmour – ADoN S&AS
	Jocelyn Peach - DoN	Angela Anderson – Staff Nurse & NZNO Delegate
	Mark Lennox – ER Manager	Ricky Galang
Chair	Kate Weston	

Item	Item
1	**Matters arising**
1.1	Minutes of previous meeting were accepted. Only open action (SoP) covered within agenda (item 2.3).
2	**Agenda Items**
2.1	**Progress & Timeline for Tranche 1 (Stuart)** • Rudimentary roster testing for each ward (using 20%, 15%, and 10% deficit levels for AM,PM,N shifts) occurring for all four wards this week; • Next week more specific revision of rosters to ensure they are feasible; • Rostering process can take 2-3 cycles; • SSHW Roster Template is then populated, and get into the report writing process (single report with overall summary and section for each ward); • Plan is for draft report to be tabled for discussion at the next FTE WG meeting (26 March), with view to WG ratifying for submission to Council meeting on 16 April. Kate noted that triangulation of the data, including checks with the DRG codes, will be completed for these studies. There is some concern that nurses may be "normalising" their heavy patient workloads, which would be seen if DRG codes do not align with Pt Types. Kate advised she will not be able to attend tomorrow's rostering sessions, but Catherine Lambe (orientating PNA) and Craig Muir (NZNO Organiser – CCDM) will be there. David queried the Business Case process. Mary-Lou noted that this sits outside the CCDM activity, with the relevant service needing to prepare any business case, following agreement to do so from the CCDM Council. She expects that this will require support from the CCDM BA to ensure the business case has the necessary clarity and transparency.
2.2	**Proposed timeline and sequence for first full cycle (Mary-Lou)** • Timeline and sequence as drafted was supported by the group, with the

Waitemata District Health Board

	following points: - That the data quality checks confirm the wards for Group 2 (SURG wards) are good to go; - That the data period used for the Group 2 wards is calendar year 2018; - The timing for Maternity and Mental Health services (stated as not earlier than Jan 2021) could potentially be bought forward depending on quality of data post the Trendcare 3.6 upgrade (presently expected to occur in May), and speed of the cycle-time by then being achieved. Noted that MERAS and PSA will each need to engage with the programme well before this.
2.3	**Draft Standard Operating Procedure (Kate)** - Stuart advised that where one-on-one care (of >= 8 hours) averages at 8 hours or more per shift, or for wards where this level is part of their model of care (such as ICU and SCBU), the SSHW recommends these hours are included in the FTE Calculation, rather than being left out. All of the Tranche 1 wards with the exception of ward 8, meet that threshold. Associated with the inclusion of these hours, analysis can be done of the Trendcare data to ascertain proportion of RN activity versus HCA activity. David noted that inclusion of these hours does not determine where the budget for this resource component will reside. - Kate noted the need to ensure that there is effective communications with any impacted ward(s). This will need to be driven by the Council, through the service leaders and NZNO representatives who sit on that Council. Mary-Lou proposed that the CNM's from Tranche 1 be invited to attend the next FTE Working Group for the review of the draft report. The draft SoP was provisionally approved by the Working Group, pending the feedback yet to be received from Jos. This feedback is to be circulated to the group. The document will then be submitted to the Council for formal sign-off.

Next Meeting: TUES 19 MAR, 1200-1330, GMHODS

Waitemata District Health Board

CCDM
Care Capacity Demand Management

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
290119-01	FTE WG	Provide feedback to Mary-Lou on Std Operating Procedure by 18-Feb, else will assume agreement.	All	11/02: Mary-Lou halted this review as it was identified that the SoP did not align with DHB policy. Once revised, this will be re-issued. 26/02: Review occurred during meeting.	Closed
260219-01	FTE WG	Invite Tranche 1 CNM's to attend the March WG meeting, being the discussion of the draft report.	Mary-Lou		Open
260219-02	FTE WG	Circulate any concerns or recommended changes for the FTE Std Op Procedure draft to all members of the FTE Working Group.	Jocelyn		Open

Meeting Notes

CCDM FTE Calculation (FTE) Working Group Meeting

Date	Tuesday 26 March 2019	
Time	1330 - 1430	
Venue	GMHODS meeting room, LGF, NSH	
Attended	Alex Boersma – GM Acute & Emergency Med	Kate Weston – NZNO PNA
	Kate Gilmour – ADoN S&AS	Melody-Rose Mitchell – CND A&E Medicine
	Angela Anderson – Staff Nurse & NZNO Delegate	Mark Lennox – ER Manager
	Melissa Lee – Bureau Manager / DNM	David Dodds – Financial Planner
	Stuart Port – SSHW Prog Consultant	Theona Wright – TC Coordinator
	Mary-Lou Hoskins – CCDM Prog Mgr	
Apologies	Sarah Barker – NZNO Organiser	Marianne Cameron – HoD CW&F
	Jocelyn Peach - DoN	Ricky Galang
	Ashleigh Youngman – TC Coordinator	
Chair	Kate Weston	

Item	Item
1	**Matters arising**
1.1	Minutes of previous meeting were accepted. Only open action (SoP) covered within agenda (item 2.1).
2	**Agenda Items**
2.1 ![W] WDHB CCDM calculations SoP	**Standard Operating Procedure (Alex)** Mary-Lou advised the only feedback received was from Mark. Mark noted that his concern is that ELT is appraised earlier in the process, but accepts this is a business as usual reality and that consequently this does not need to be reflected in the flowcharts. Changes to flowcharts in version 2.0 tabled are: • Increase in FTE: "communicate outcome to ward/unit staff" has been moved to after ELT endorsement; • Decrease in FTE: Added the step "..Council confers with Director of Hospital Services…" as for the Increase flowchart. Kate W noted that she ran the SoP passed Craig Muir who had no comment. Vote was carried to recommend this SoP to the CCDM Council for their endorsement.

2.2	**Tranche 1 studies – status update (Mary-Lou & Stuart)**
	
	• Muriwai: paused so that a more representative Trendcare data period can be used (no earlier than 01Apr18-31Mar19);
	• Wards 5 & 10:
	   o Has been identified that base FTE should incorporate the FTE moved from that ward to the Virtual ward. Note that adding this component in does not affect the FTE calculation but will impact the overall comparison between the current FTE budgeted and the new proposed FTE.
	   o Was noted that there are varying levels of understanding on Virtual Ward design among the working group. Alex offered to arrange for Lucy or her to present an overview of this, and on how watches are managed, at the next meeting.
	   o In parallel, Ricky is working on a framework which clearly articulates any FTE increase/decrease, apportioning this to differences in available hours assumptions, and to any variance in care levels required. Alex requested

	that this is reviewed by her and Lucy once a final draft is available, prior to any wider distribution.
	• Ward 8:
	    ○ Stuart has undertaken a more detailed analysis of the ward 8 data given that the study result did not align with perceptions of the workload on this ward. He advised that the overall HPPD on this ward has decreased in the last 3 years, although the acuity of all the high volume patient types has increased. This will be due to a decrease in the Total Patient Care hours. Kate G noted that new units ESC and Hineora have both impacted ward 8, with lower-acuity procedures moving to these newer facilities.
	    ○ The Trendcare team have become aware of many data quality issues across the surgery wards, and are now working closely with key ward staff to rectify the root causes.
	    ○ It is recommended that this study be deferred to be done with the other surgery wards, after the medicine wards are complete.

2.3 WDHB Medical TrendCare Qua	**Sequence of next ward grouping (Alex)** • It was generally agreed that proceeding with the Medicine wards in the next group was preferable. This is contingent on Theona overlaying any Trendcare team concerns re specific ward readiness with Stuarts' Data Quality assessment, which was tabled and reviewed at the meeting. Theona is to meet with Melody, Alex, and Kate W within the next week (to be arranged by Melody's PA), and then to advise Stuart of the outcome and provide in writing to Mary-Lou to append to these minutes. • Stuart highlighted that the Pt Types for AT&R wards will change with the Trendcare 3.6 upgrade, requiring a full years data collection post-upgrade before an FTE study can be done, so including them in the next group – utilising pre-upgrade data – would be pragmatic. • Mary-Lou noted that the Education session for the next group is earmarked for 06 May. Once wards are confirmed from above action, Melody will communicate to the CNM's of these wards.
3	**Any Other Business**
	Alex requested that moving forward, Kate Weston chair these meetings, with her as the backup where Kate is unavailable.
	David noted that it would be beneficial to be able to attain a DHB-wide sense of the likely FTE requirement as soon as possible.

Next Meeting: TUES 30 APR, 1330-1500, GMHODS

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
260219-02	FTE WG	Circulate any concerns or recommended changes for the FTE Std Op Procedure draft to all members of the FTE Working Group.	Jocelyn		Closed
260319-01	FTE WG	Present an overview to the Apr working group meeting of: Virtual Ward operation, and how watches are managed.	Alex		Open
260319-02	FTE WG	Ensure Alex and Lucy review final draft of FTE Analysis method being developed by Ricky under Davids guidance.	Mary-Lou		Open
260319-03	FTE WG	Arrange meeting in next week with Theona, Alex, and Kate W to discuss Trendcare team's data quality concerns.	Melody		Complete
260319-04	FTE WG	Inform Stuart or conclusions reached re Medicine wards data quality concerns, and provide this in writing to Mary-Lou.	Theona		Complete
260319-05	FTE WG	Append Medicine wards data quality assessment received from Theona to these meeting minutes.	Mary-Lou		Complete

SoP for FTE calculations – Waitemata DHB

Purpose

- Table 1 outlines the standard operating procedure for conducting annual FTE calculations.
- Review and agree the process annually with the FTE Working Group.

Table 1 - Standard operating procedures for annual FTE calculations

Item	Procedure
Budget setting	The FTE result informs budget setting for the upcoming financial year. The FTE to employ and the FTE to budget is identified in each calculation. The FTE to employ is allocated against each role type under personnel costs. The FTE for unplanned leave and patient 1:1 care (of 8 hours or more) is allocated to 'bureau' (or equivalent) under personnel costs.
CCDM programme standards	FTE calculations are completed annually in accordance with the CCDM programme standards and software standard operating procedures.
Communication	A no surprises approach is used. Regular catch-ups with the co-chairs will be held on an ad hoc basis as needed. Process for regular communication with staff is scheduled and implemented. The process for change to rosters or FTE (if any) is clearly outlined.
FTE Report	Where multiple studies are run concurrently the multiward report template is used, supplemented by printouts from the software.
Monitoring measures	Indicators from the core data set are selected and agreed to monitor outcomes from changes (if any) to the FTE or roster.
One on one care	Excluded from the base roster except where one on one care is core business (part of that wards model of care) e.g. ICU. The need for including one on one care in the base roster is considered for services where one on one care hours are high (e.g. exceeding 8,000 hours per annum). In this instance two studies are run in the software to compare one on one care excluded and included in the base roster. One on one care FTE is included in the budget whether it is in the base roster or not. The holder of the budget for one on care is determined by the CFO.
Other productive hours	Default value of 0.40 HPPD (as recommended by SSHW) to be used until such time as the Staff Allocation data captured in TrendCare is deemed reliable. Then, where any other productive HPPD for a ward is considered to be high by the working party (e.g. > 30% of total productive hours) this will be alerted to the Working Group &/or CCDM Council.
Process for changes to FTE	The process for sign off of the final FTE results and authorisation of any changes to FTE is agreed and documented. See appendix 1 and 2.

Item	Procedure
Responsibilities	The CCDM council is responsible for ensuring that FTE calculations are completed annually. The FTE working group agrees the methods for calculating the data inputs. The CCDM Site Coordinator collates the pre-requisite data and assesses the quality of the data in collaboration with the TrendCare Coordinator. Clinical managers and their management accountant supply ward specific data (roster, ward context & budgeted FTE). Roster testing is carried out with clinical managers and their line manager. The CCDM Site Coordinator completes the FTE calculation checklists with the budget holder/s and drafts the FTE calculation reports. Results are checked and recommendations (for CCDM council) are agreed by the working group.
Roster model	The roster model is implemented with the start of the financial year, or when operationally makes sense, based on recommendations from the CCDM Council and reviewed and confirmed by the Director of Hospital Services who considers wider winter planning needs and production plans. The CCDM endorsed business case will be submitted to ELT. Any variance of the posted roster against the model is monitored and actioned.
Roster selection	Selection of the recommended roster aims to achieve AM 80% resourced, PM 85% resourced, N 90% resourced. (SSHW Recommended percentages were: AM 70%, PM 80%, N 90%.) Resourced means shifts that are 'ok' and 'surplus' as identified in the 'What if' charts in the software. This guide applies to general medical, surgical and rehabilitation areas only. The decision making is adjusted to context e.g. ICU may be 90% resourced for all three shifts. There may also be other reasons to select a different resourcing level e.g. practical/best practice/MECA rostering requirements, patient outcome measures. Any changes to the resourced roster level are communicated to the CCDM Council as soon as possible.
Seasonal workload variation	Summer and winter roster patterns can be informed by loading and comparing six-month summer and winter studies (of two or more time periods) in the software. The method of calculating the total FTE would then be documented and agreed (e.g. run the 12 month study in the software using summer roster and add additional FTE for winter months) ensuring this complies with the DHB's approval process[1] for any new budget request.
Shift coordination	As per DHB/TrendCare business rules, or for specialty areas in accordance with national/international standards e.g. ICU.
Staff available/ productive hours	Staff available hours are calculated for each ward/unit. Values are not applied across multiple wards or units. Values are calculated for each role and level of experience (except where it is not possible/practical to do so e.g. sick leave by level of experience).
TrendCare quality checks	Quality checks are used to inform the decision to proceed with the FTE calculation. The risk of not proceeding is also assessed. Quality checks

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[1] WDHB Approval Process overviewed in appendix.

Item	Procedure
	outside of target are alerted to the CCDM Council for arbitration.

FTE calculation SOP for reconfirmation by FTE Working Group

Appendix 1 – Process for sign off of an <u>increase</u> in budgeted FTE

The following diagram provides the process in the case of a recommendation to increase the budgeted FTE.

Appendix 2 – Process for sign off of a decrease in budgeted FTE

The following diagram provides the process in the case of a recommendation to decrease the budgeted FTE.

A reduction in FTE required as per the FTE calculation

→ CCDM Council review recommended decrease in budgeted FTE

→ CCDM Council considers:
- quality of the data
- size of J89.9
- complexity of patient types
- experience of nurses
- phased increase in FTE
- patient outcomes

CCDM Council confers with Director of Hospital Services who will overlay other factors such as Production Planning impacts

→ CCDM Council agrees reduction in budgeted FTE and plan for implementation

→ Follow change process as per DHB/NZNO MECA

The CCDM endorsed recommendation is submitted to WDHB's ELT for endorsement

→ Communicate outcome to ward/ unit staff

→ Changes in FTE put into the budget to take effect from agreed commencement date
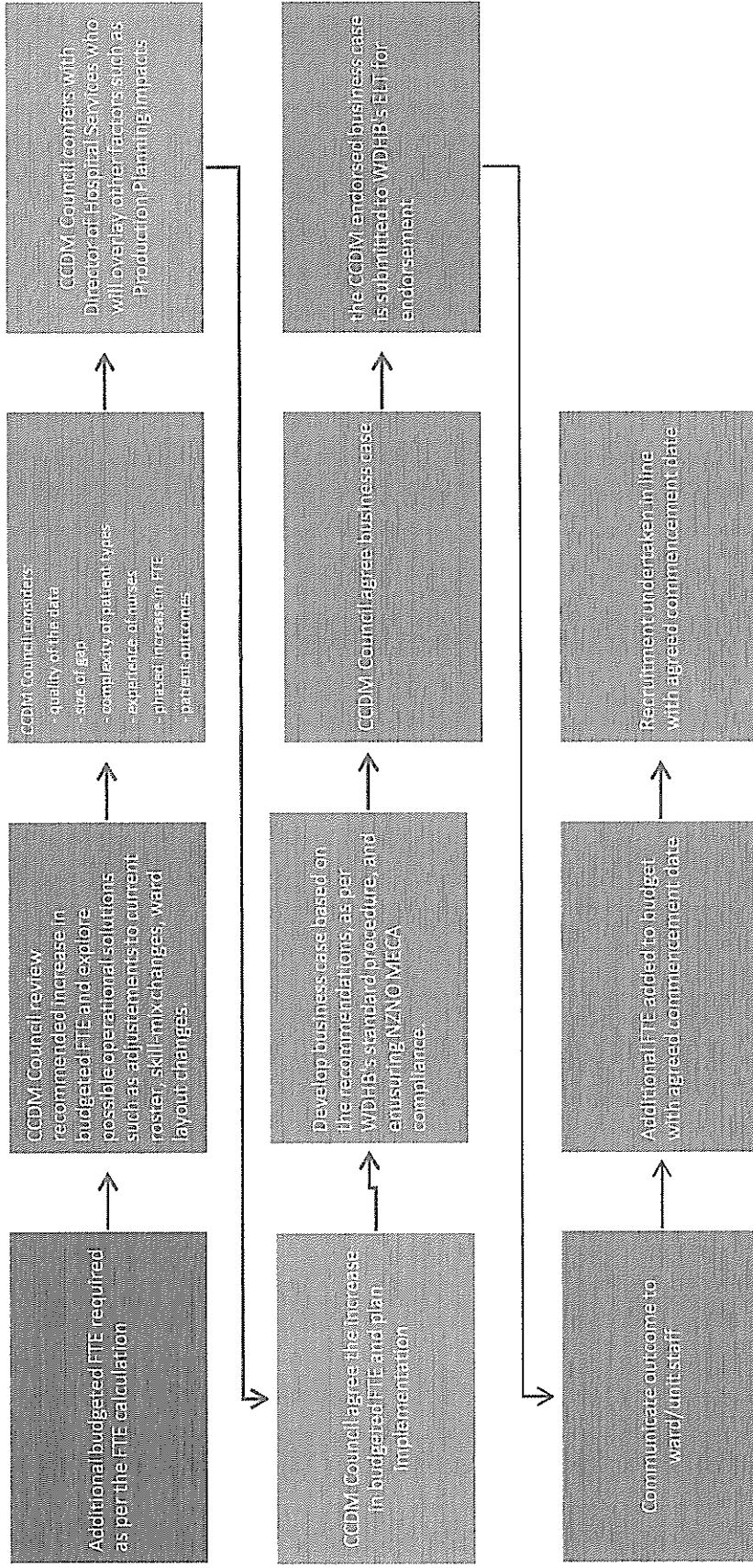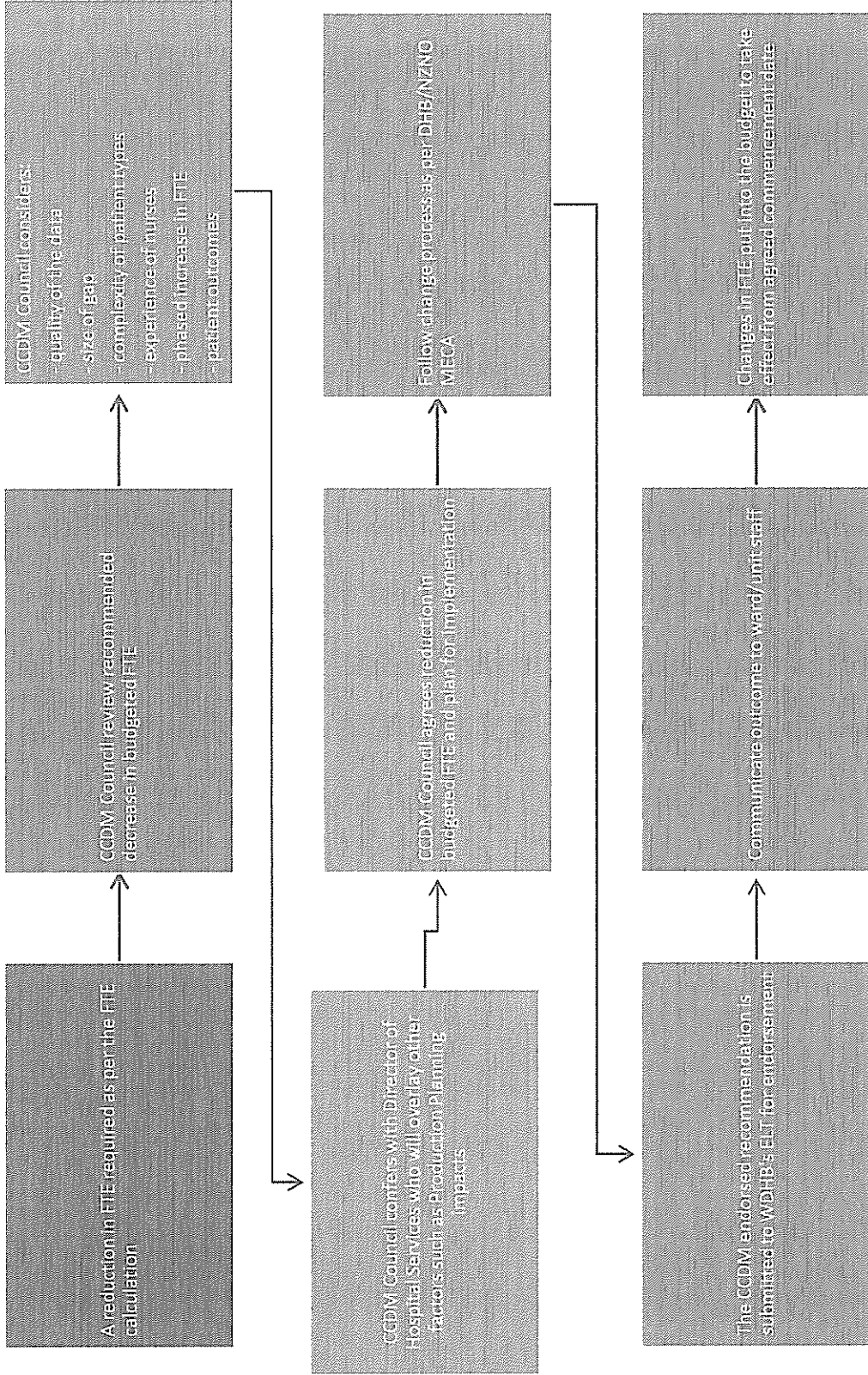
Directorate	Ward	Manager	IRR	Categorisation %	Pts not Categorised	Non categorisation impact (hours)	fte equivalent (based on RN's been available 1666 hrs per fte)	Actualisation %	Pts not Actualised	Average pt days	Other Productive HPPD RN/RM/EN	Other Productive HPPD HCA	Other Productive HPPD all	fte Equivalent for non productive hours	Allocate staff screen accuracy
Medical	2		87%	99.95%	15	18	0.01	99.92%	24	9476	0.1	0.28	0.38	2.16	
Medical	3		100%	99.88%	42	85	0.05	99.66%	116	11519	0	0.11	0.11	0.76	
Medical	6		100%	99.77%	77	129	0.08	99.64%	121	11150	0	0.07	0.08	0.54	
Medical	11		97%	99.92%	12	21	0.01	99.76%	37	5110	0.02	0.56	0.58	1.78	
Medical	14		95%	99.93%	25	42	0.03	99.65%	120	11488	0.02	0.3	0.32	2.21	
Medical	15		100%	99.99%	2	4	0.00	99.94%	20	11425	0.1	0.23	0.24	1.65	
			97%	99.91%	173	299	0.18	99.76%	438	60168				9.09	
			Av	Av	Tot	Tot	Tot	Av	Tot	Tot				Tot	

| Average | | | 97% | | Total | 593 | 0.36 | | | | | | | 18.18 | |

Patient types within benchmarks > 1%	Out of HPPD benchmark pt types	Hours out of benchmark	FTE Risk	TrendCare Assessment	Decision to proceed to fte calculation	Comments SSHW u	DHB TrendCare team Comments
100%		0	0.00	PC	PC	Pt types appear to be lower than expected, IRR slightly under.	happy to proceed
86%	MRP	24	0.01	P	P		happy to proceed
100%		0	0.00	PC	PC	Pt types appear to be lower than expected	happy to proceed
16%	MDG,MED,SURG,MER, ORT	3611	2.17	No	No	Ward is predominantly infectious disease, this context will need clarification as hours out of benchmark are significant at 10.4%	they have had a couple of changes to bed numbers throughout this time. Benchmarks are well over. Alex and Melody-Rose were both keen to proceed as was Kate Weston . Also some change happening with bed numbers increasing - not sure for how long. I think we should not proceed
60%	MED, ORT	103	0.06	P	P	The pt types out of benchmark are not significant and account for only a small percentage of total pts in the ward	happy to proceed
66%	MED	33	0.02	P	P	The pt types out of benchmark are not significant and account for only a small percentage of total pts in the ward	happy to proceed
19/28 = 66%		3771	2.26				

Tot Tot

Act/Cat Key	
%	Colour
99.5%-100%	
99%-99.5%	
98%-99%	
<98%	

Allocate Staff Accuracy	
%	Colour
Good	
Average	
Needs work	

Pt types in benchmark	
%	Colour
100%	
50%-99%	
<50%	

Decision to Proceed to FTE Calculation	
%	Colour
Good	
Caution	
No	

97/129 = 75%   4.5270108

ALLOCATE STAFF SCREEN ACCURACY (Column O):

The staffing methodology is not totally reliant on acuity data. The accuracy of the allocate staff screen to demonstrate nursing work away from direct patient care is critical. The other productive hours as recorded in the allocate staff screen should reflect this time as accurately as possible so that the FTE is reflective of the work required to provide both direct and indirect patient care. Most wards should have an other productive HPPD value in the range of 0.3 to 0.5, however there are some areas where this will be higher due to the context of that specific department E.g ICU, NICU and more often than not paediatrics. The decision to allocate a colour is based upon the other productive value and ward context. Ward context is ascertained by gaining organisational knowledge of each clinical area from the site coordinator and discussions with department managers where this is deemed necessary.
Accuracy of the split of hours in TrendCare should be assessed against compliance with organisational business rules, for example are the shift coordination hours per department as per business rules, likewise for new staff orientation/New grad hours and the split of clinical in dept to new grad hours in the allocate staff screen. The TrendCare coordinator should be able to give an assessement on the staff screen accuracy to inform the colour code.

Suggested process:
1. Assess other productive hours per department with TC coordinator, CCDM coordinator and ward manager.
2. Assess accuracy of split of hours in TrendCare with TC coordinator and CCDM coordinator.
3. Agree level of accuracy per dept as to whether red (needs significant improvement), yellow (Needs some improvement) or green (good to go).

TRENDCARE ASSESSMENT (Column X):

Green = Good to go this includes compliant actualisation/categorisation, IRR complete, allocate staff screen reflective of nursing hours/work (accuracy).
Yellow = More work required to improve any of the above. An area can be yellow for this critieria due one or more of the above criteria been either red or yellow indicating that this area needs to improve in this area to allow the TrendCare quality checks to be good enough to proceed further.
Red = Significant improvement required to be compliant for Staffing methodolgy. Multiple red or yellow criteria evident in this area indicating that a significant improvement plan is required to improve data quality. High risk of Staffing methodology been unfit for purpose.

In general an area will be red for progression to FTE calculation if IRR is below the accepted parameter of all staff complete. Yellow maybe achieved if the ward demonstrates that IRR is almost complete i.e greater than 80% with a plan to complete in an agreed timeframe. Where IRR is less than adequate all all other criteria or green the result will still be red as the data will be interpreted as being unreliable.

BALANCE OF RISK ASSESSMENT (Column W):

The SSHW u recommends that organisations consider the balance of not proceeding to the balance of proceeding in areas where the TC data maybe seen as not quite meeting all of the quality checks. For example if a ward requires some improvement to TC data before been allowed to proceed but the risk factors of not proceeding are high i.e. high sickness, high casual use, high one on one hours then the decision not to proceed may adversely affect patient outcomes and staff wellbeing over time. In this instance it would be prudent to proceed to the calculation acknowleging that the data may not be perfect and that an improvement plan is in place for the next calculation and subsequent calculations. IRR being the exception to the rule. No IRR equals no FTE calculation as data cannot be assured to be consistent and accurate. A score was applied on a sliding scale between 1 to 3 for each criteria. The sum of all 3 scores underpins the overall balance

DECISION TO PROCEED TO FTE CALCULATION: (Column Y):

This colour code reflects the balance of not proceeding vs proceeding from the balance of risk assessment and the TrendCare data quality checks.
For example if an area is yellow with balnce of risk and yellow in the TrendCare assessment, the decision to proceed outweighs the data accuracy issues in that area so the decision would be to proceed. This would be more evident where the balance of risk is orange or even red.
If the TC data quality checks are red and their are high balnces of risk then the decision not to proceed remains as data inaccuracy is too profound and may result in either a signicantly under or over calculation of FTE.

FTE EQUIVALENT/RISK (Columns I,N,S):

We are able to give an estimation of missed care by assessing patients none categorised. This is calculated by looking at how many patients were not categorised by shift and applying hours based upon the most common patient type in that area by shift. This will give the area concerned an idea of the impact of missed care (Column I)

Assessing non actulised patients is not possible as we are unable to assess what care was provided vs what should have been provided.

Other productive hours FTE can be calculated by multiplying the other productive HPPD by the annual average patient days. This will give the hours that this equates to which can then be converted to FTE by multiplying it by the hours an RN is actually available to provide care once all unplanned and planned leave has been subtracted from the base FTE hours of 2086 (Column N).

Patients that are either under or over benchmark can be assessed by multiplying the HPPD over benchmark by the average patient days for that patient type. This can then be aggregated for all over and unders to give an FTE risk of been over or under benchmark. This can be used in the decision making as to whether to proceed or not taking into consideration the balance of risk for that area (Colmn S)

CCDM
Care Capacity Demand Management

Meeting Notes

CCDM FTE Calculation (FTE) Working Group Meeting

Date	Tuesday 30 April 2019	
Time	1330 - 1430	
Venue	GMHODS meeting room, LGF, NSH	
Attended	Kate Weston – NZNO PNA	Melody-Rose Mitchell – CND A&E Medicine
	Kate Gilmour – ADoN S&AS	David Dodds – Financial Planner
	Angela Anderson – Staff Nurse & NZNO Delegate	Theona Wright – TC Coordinator
	Stuart Port – SSHW Prog Consultant	Ricky Galang
	Mary-Lou Hoskins – CCDM Prog Mgr	
Apologies	Sarah Barker – NZNO Organiser	Marianne Cameron – HoD CW&F
	Jocelyn Peach - DoN	Mark Lennox – ER Manager
	Alex Boersma – GM Acute & Emergency Med	Melissa Lee – Bureau Manager / DNM
Chair	Kate Weston	

Item	Item
1	**Matters arising**
1.1	Minutes of previous meeting were accepted. Kate W noted that following the last meeting it was confirmed that ward 11 would not be part of the next group of wards to undergo the FTE Calc.
1.2	Open actions reviewed (refer table below)
2	**Agenda Items**
2.1 Virtual Ward.p	**Virtual Ward design (Melody)** ▪ Presentation attached. Points noted were: o Waitemata Central Staffing Solutions (WCSS) bureau team are predominantly casual based FTE who cover RN's, HCA's, and ward clerks. VW staff have permanent contracts. 18 budgeted FTE (some has come from wards 3, 5, & 10); o Capacity demand is generally from Sunday afternoon until Friday afternoon; o Low turnover to date on VW, with majority moving from VW to a role on a specific ward; o Currently New Grads are not employed in the VW; o VW nurses are fully supported for PDRP as for ward-based nurses; o VW nurse contracts are permanent and do not allow for seasonal flexing winter; o VW predominantly for Medicine wards, but where Capacity beds have been covered and still have rostered staff unassigned will assess area of most need using Trendcare & daily meeting with ops managers to cover areas not using Trendcare. o Management of the (growing) team is considerable – presently this is done by Melody and CNMs (recruitment, rostering, training...); o Where beds flexed down, home ward staff offered leave first and back-filled by VW RN's. Leave total not yet significant for VW. o Whilst the VW is predominantly for NSH, Anawhata has Capacity Beds and there are 3 part-time VW nurses who live out west and are home warded at Anawhata; o Appreciated that current method of forward allocation of VW nurses to wards is purely ratio based (using CapPlan) and will need to be modified to account for Acuity; o Are now good tools in use by CNM's to manage annual leave by FTE not headcount; o Recruitment is a single centralised process now in Medicine service; o Ward 2 with just 25 beds is too small to have Capacity beds

		o Acknowledged that this presentation was very useful to gain understanding of the VW model. Stuart noted the complexity of trying to determine the difference to cater for acuity-based staffing for 30 beds versus the 34 beds (inclusive of the Capacity beds). Using the average HPPD a blunt instrument and doesn't consider other productive work, etc. o Kate W noted surety would be needed that the supply to these wards from VW is guaranteed; o Stuart will now discuss the VW model with his SSHW colleague to determine "where to next"; o Kate G noted that projections indicate historic flexing of beds to adjust for capacity will not continue due to increasing population/demand, hence questions whether the VW design will remain relevant (as evidence clear that better for patient care & outcomes to have a permanent team). Melody not presently informed as to long term intentions.

2.2 & 2.3
 	
FTE Sequence Timeline Highlev
	Group 1 update / Group 2 plan (Mary-Lou)
	
	• Group 1: Noted that completion of reports for wards 5 & 10 are paused pending clarifying Virtual Ward impact and how to treat this aspect.
	• Group 2:
	    o Education day scheduled for Mon 13 May. Melody noted that wards 2 and 3 do not presently have an NZNO delegate. Kate to look into alternatives (also for ward 14 which similarly has no delegate). CMN's and some 2IC's will be attending. Mary-Lou advised that Tom Brady from ward 9 would be attending as he is very interested.
	    o Roster testing process will happen very quickly following the Education Day, as needs to be completed before Stuart goes on leave in late May. Invites yet to be issued, but probably dates are:
	          ▪ Tues 14th and Thurs 16th: Roster Testing (1 hour per ward)
	          ▪ Mon 20th and Tues 21st: Roster Tuning (1 hour per ward)
	
	          Kate W noted that she would not be available on 16th, but has advised Craig and Katie. Stuart also yet to confirm he can be here on the 16th. Invites to be issued asap. Kate stressed that it is essential that there is NZNO representation at the roster testing sessions.

3	**Any Other Business**
3.1	Kate W noted that Craig Muir (NZNO CCDM for ADHB) has suggested caution with any "rule" around allocating HCA resource where one on one care hours exceed 8,000, and instead do not roster until nearer 16,000. Stuart confirmed this is a guiding principle only, and it is recognised that ward size & care distribution heavily impacts this.

Next Meeting: TUES 28 MAY, 1330-1500, GMHODS

Meeting Notes

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
260319-01	FTE WG	Present an overview to the Apr working group meeting of: Virtual Ward operation, and how watches are managed.	Alex	16/04: On agenda – covered by Melody.	Complete
260319-02	FTE WG	Ensure Alex and Lucy review final draft of FTE Analysis method being developed by Ricky under Davids guidance.	Mary-Lou	16/04: Confirmed with Melody nothing further required. David noted he would like to review Ricky's analysis. New actions added.	Complete
300419-01	FTE WG	Meet with David to step him through the FTE Analysis model.	Ricky		Open
300419-02	FTE WG	Discuss Virtual Ward design with SSHW colleague and report back regards "where to next".	Stuart		Open
300419-03	FTE WG	Progress delegate involvement for the Group 2 wards.	Kate W		Open
300419-04	FTE WG	Once Stuart has confirmed his availability for Thurs 16 Apr, issue invites for Roster Testing meetings for Group 2 wards.	Mary-Lou		Open

Virtual Ward

Waitemata DHB

Background

- Capacity and demand response for opening additional and flexing close ward beds

- Staffing open beds challenging

- Staff voiced concerns with deployment to other wards/units

Virtual Ward

- Permanent contracts with flexible rosters negotiated with each RN

- Recruited to deploy to medical wards for:
  - Capacity
  - Unplanned leave / roster deficits

- Pipeline for recruitment and retention

- 'Home Ward' for each RN

- Develop specialty knowledge ie. NIV, Trache, Gastro, EVIQ

Assignment of Virtual Ward

- Centralised Rostering complete the Virtual Ward Roster

- Capacity allocation is based on capplan projections

- Each ward roster is reviewed in advance

- Assignment of Virtual Ward is completed by CND

- Weekend assignment is predominantly by WCSS

- Weekday review by WCSS Ops Manager & CND

Deployment Out Summary

Legend: Ward 3, Ward 5, Ward 6, Ward 10, Ward 11

X-axis: Mar-17, May-17, Jul-17, Sep-17, Nov-17, Jan-18, Mar-18, May-18, Jul-18, Sep-18, Nov-18, Jan-19, Mar-19

Y-axis: 0, 100, 200, 300, 400, 500, 600, 700, 800, 900, 1000
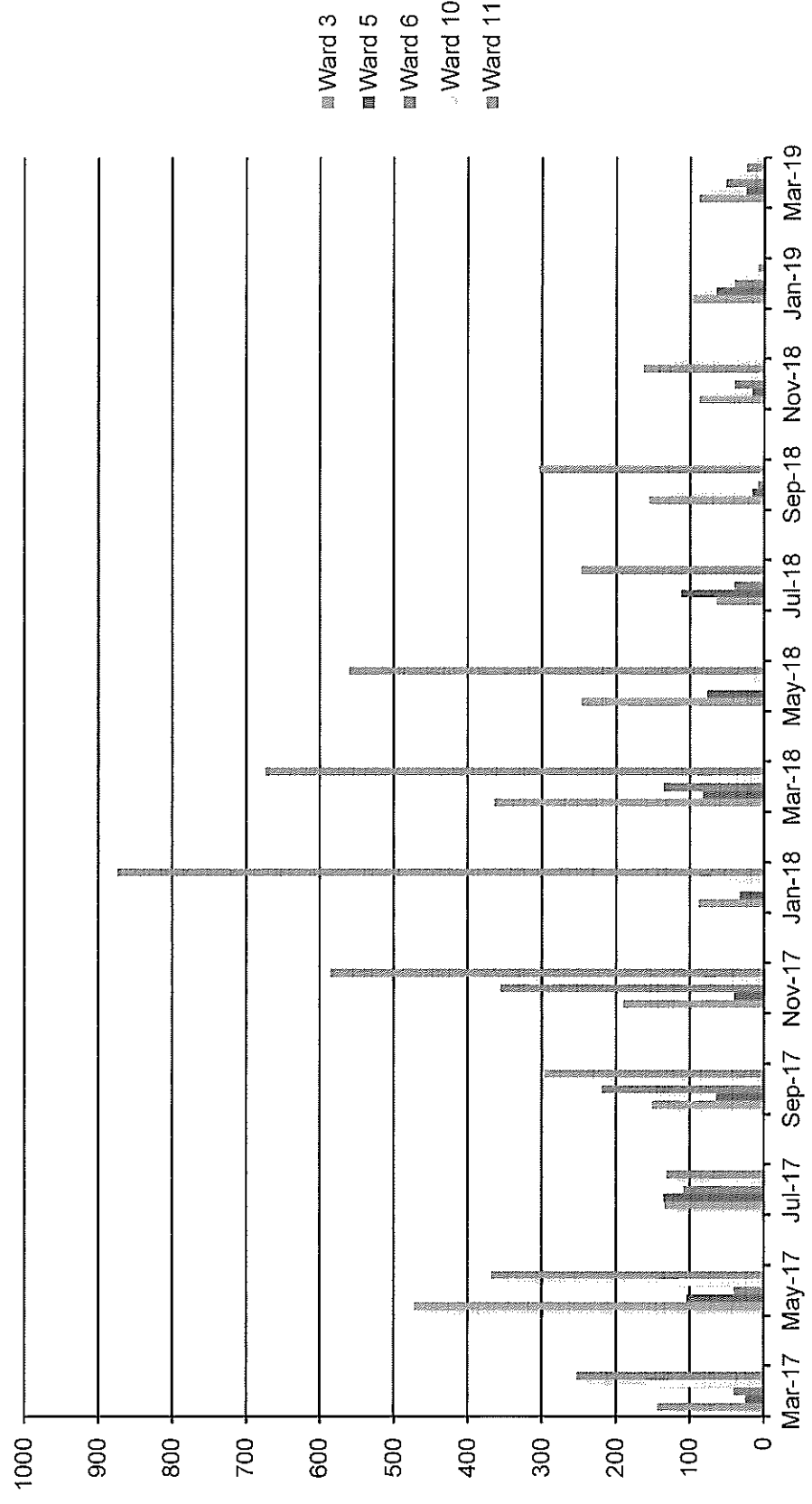
Deployment In Summary – Virtual Ward

Hours

Legend: —◆— Hours

Y-axis: 0, 500, 1000, 1500, 2000, 2500

X-axis: Sep, Nov, Jan, Mar

Nursing-Sensitive KPIs

Falls per 1000 OBD - NSH Medical Wards
(SOURCE: RiskPro)

— 2019 — 2018 — 2017 — 2016 — 2015

Nursing-Sensitive KPIs

Hospital Acquired PI per 1000 OBD - NSH Medical Wards
(SOURCE: RiskPro)

— 2015 — 2016 — 2018 — 2019
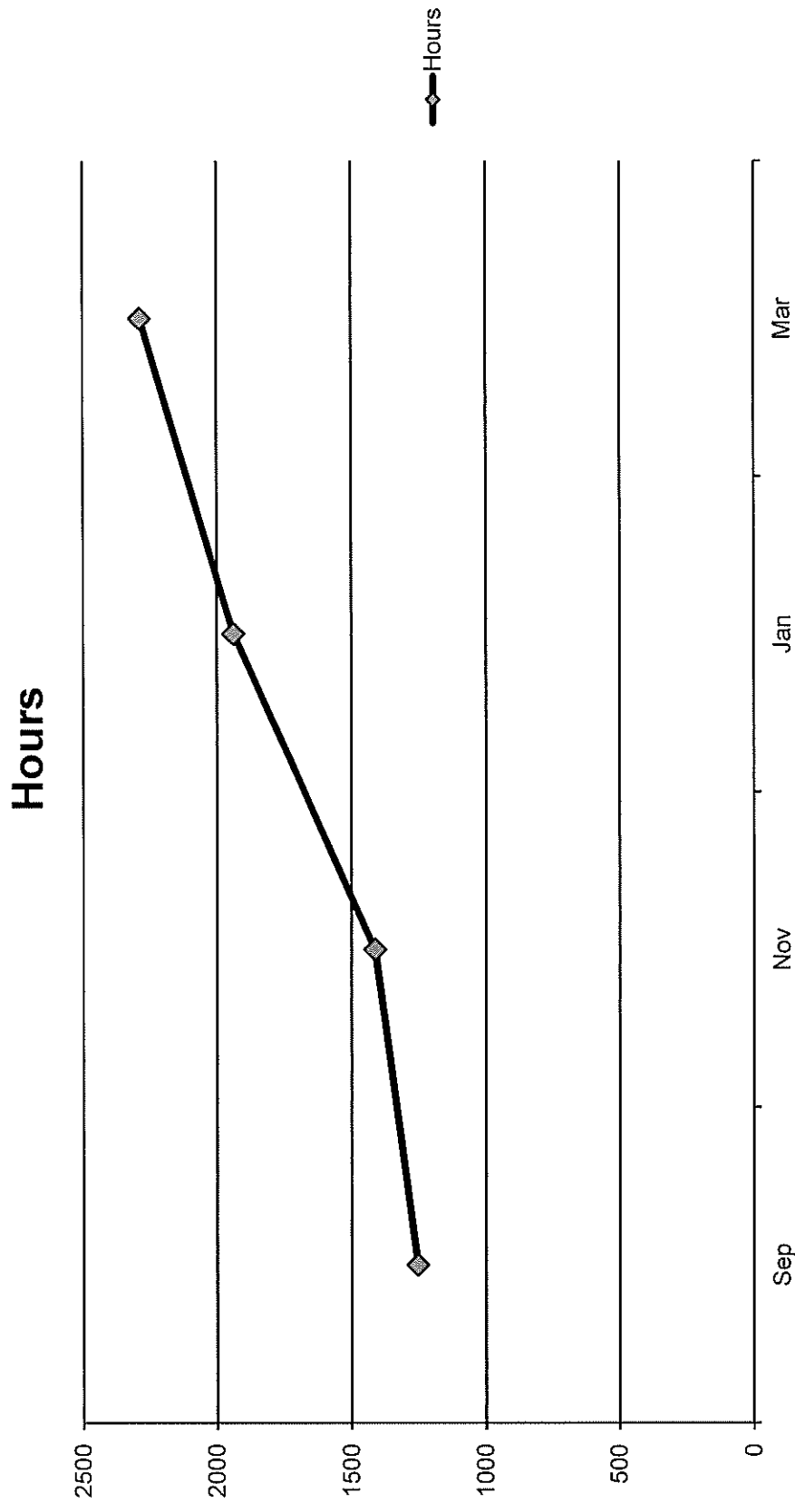
Ward 10

- March 2019 – Virtual Ward assigned for capacity Sun PM to Fri AM

- Capacity days covered by virtual ward (33 shifts) and ward 10 (5 shifts)

- 4 shifts not required to be covered due to decreased capacity

Shifts below Target

Shifts Below Target, Ward 10, Jan18-Apr19

Legend: %SBT, % AM, PM, NIGHT, Linear (%SBT)

Y-axis: 0.00%, 5.00%, 10.00%, 15.00%, 20.00%, 25.00%, 30.00%, 35.00%, 40.00%

X-axis: Jan-18, Feb-18, Mar-18, Apr-18, May-18, Jun-18, Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18, Jan-19, Feb-19, Mar-19, Apr-19
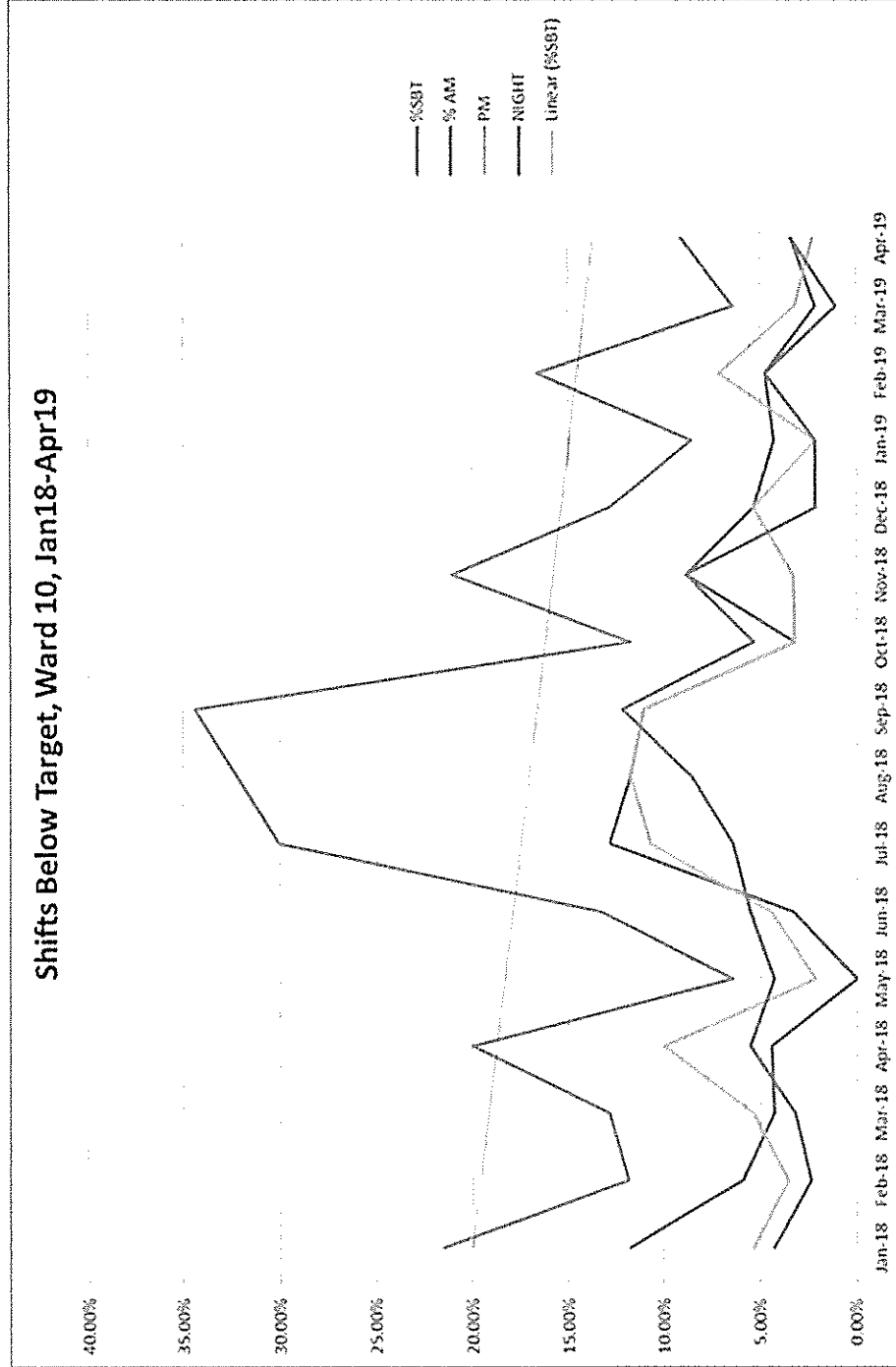
Feedback – CNM

- "Slow to start – now very effective. Staff availability is impressive."

- "Staff have fitted into wards easily. RNs are easily identified on WFC. Staff have identified training they would like and are booked in."

- "Capacity gaps are being filled regularly"

- "Excellent role for the medical services, to see the same people and they feel part of the team."

Feedback - RNs

- "Virtual ward has helped us out so much. They are use to our ward" Wd 6

- "Wasn't too sure at the start what they were about. But now understand and appreciate them as part of our team" Wd 10

- "Is good to have them as part of the team." Wd 3

Feedback - VW

- "Its been 7 months now as a virtual nurse and its been a pleasure for me to be part of the team. I've learnt a lot…. working in different areas gave me an advantage to learn different set of nursing skills" RDR

- "As a virtual ward nurse I expect to be allocated to different wards everyday, it's not easy at first. I often get assigned to the same area at least every week. I had the chance to know the staff well and work with them as a team. I think virtual ward gives more room for improvement, challenges and allows each nurse to experience handling different types of medical cases" JDG

CCDM FTE Calculation (FTE) Working Group Meeting

Date	Tuesday 28 May 2019	
Time	1415 - 1500	
Venue	GMHODS meeting room, LGF, NSH	
Attended	Kate Weston – NZNO PNA	Melody-Rose Mitchell – CND A&E Medicine
	Jocelyn Peach - DoN	David Dodds – Financial Planner
	Angela Anderson – Staff Nurse & NZNO Delegate	Alex Boersma – GM Acute & Emergency Med
	Kate Gilmour – ADoN S&AS	Craig Muir – NZNO Organiser
	Ricky Galang – CCDM BA	Maree Jones – NZNO (by phone)
	Mary-Lou Hoskins – CCDM Site Administrator	
Apologies	Stuart Port – SSHW Prog Consultant	Marianne Cameron – HoD CW&F
	Theona Wright – TC Coordinator	Mark Lennox – ER Manager
	Melissa Lee – Bureau Manager / DNM	
Chair	Kate Weston	

Item	Item
	Maree Jones attended by phone, nominated by Stuart to cover for SSHW.
1	**Matters arising**
1.1	Minutes of previous meeting were accepted.
1.2	Open actions reviewed (refer table below)
2	**Agenda Items**
2.1	**Walk-through reports – wards 5 & 10 (Mary-Lou)**
	Discussion was robust. Key points noted:
	• Alex stressed that HCA watches will not be added to ward budgets and that a separate resource pool has already been established for this purpose.
	• Kate noted that the inclusion of the 1:1 resources was in the agreed assumptions (where the hours of 1:1 care exceeded 8000). This is now a change in agreed process.
	• Alex believes the numbers are not comparing apples with apples because the Virtual Ward budget has not been factored in. Mary-Lou noted that the cover model used includes the shifts supplied by VW and the Trendcare data used is agnostic on beds and includes all care delivered for all patients on the ward.
	• Kate clarified that the data is about hours of care per patient day that are required to meet patient need - not about beds or budgets.
	• Alex is happy to work with Melody, David and Mary-Lou to review current virtual ward numbers and resource team numbers in light of recommended increases in FTE from the roster testing process. This additional information should be brought back to the next meeting for further discussion.
	• Alex requested that the following statements in the slide pack be made more specific:
	o ' "capacity beds" are almost always open' - advised there are times of the year when these beds are not required.
	o The Bed utilisation at 110% (109% for w10) is based on 30 beds when the wards clearly have 34 beds.
	o " Up to 6 ONC type pts" – would like specifics on actual volumes of these Haematology pts, and does not believe they always require their own room.
	• The RN FTE increase for ward 5 was noted to be inaccurate in the presentation – but is accurate in the calculations.
	• Alex noted that in her view any additional FTE resulting from these studies will be added to the VW budget, not the ward budget. This will require further discussion in partnership with SSHWU and NZNO.

	Actions agreed:
	• Alex to ask Daisy to arrange a meeting for her to meet with Mary-Lou, Ricky, David and Melody review FTE component allocated for each Medicine ward for (a) Virtual Ward, and (b) HCA Resource Pool and what the variance is from what is being recommended. • Date for next FTE Working Group to be pushed out to 02 July in order that Stuart can be present.

Next Meeting: TUES 02 JULY, 1400-1500, GMHODS

Actions Register

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
300419-01	FTE WG	Meet with David to step him through the FTE Analysis model.	Ricky	21/05: Done	Closed
300419-02	FTE WG	Discuss Virtual Ward design with SSHW colleague and report back regards "where to next".	Stuart	28/05: Mary-Lou advised feedback received and would be covered during meeting.	Closed
300419-03	FTE WG	Progress delegate involvement for the Group 2 wards.	Kate W	28/05: An on-going activity. Mary-Lou requested list of delegates by ward so she can directly invite them to relevant meetings in future. Delegates meeting tomorrow, but no arrangement made for Jos or Mary-Lou to attend.	Closed
300419-04	FTE WG	Once Stuart has confirmed his availability for Thurs 16 Apr, issue invites for Roster Testing meetings for Group 2 wards.	Mary-Lou	28/05: Done.	Closed
280519-01	FTE WG	Provide delegate names for each ward to Mary-Lou.	Kate W		Open
280519-02	FTE WG	Check and correct calculation error for Ward 5 RN required FTE and advise Alex.	Mary-Lou.	29/05: Done.	Closed
280519-03	FTE WG	Meet with Mary-Lou, Ricky, Melody, and David to agree FTE split across MED wards for VW & HCA Resource Pool.	Alex B		Open

CCDM - CDS

CCDM Core Dataset (CDS) Working Group Meeting

Date	Tuesday 06 November 2018	
Invited	Jocelyn Peach - DoNM	Stuart Port – SSHW Consultant
	Marianne Cameron – HoD Child Health	Kate Gilmour – HoD Surg
	Melody-Rose Mitchell – CND Medicine	Alys Moriarty – Ward 3 RN
	Sharon Puddle – Digital Transformation	Nicola Grant – TC Administrator
	Ashlieigh Youngman – TC Administrator	Mary-Lou Hoskins – CCDM Prog Manager
	Deshni Naidu – TC Team Lead	
Apologies	Sarah Barker - NZNO	
Chair	Jocelyn Peach	

NOTE: December meeting will be 2 hours, 1-3pm on Tues 04th

Item	Item	Decisions & Actions
1	**Matters arising**	
1.1	N/A - First meeting	
2	**Agenda Items**	
2.1	Scene setting – • Jos articulated the structure of the CCDM programme with the Council and four committees each with different focus (TC, CDS, VRM, FTE Calc) reporting into it. • CDS Working Group a small focused group to define and deliver the necessary information for ward, division, and organisation levels.	**Mary-Lou** to issue overview diagram with the minutes.
2.2	**Terms of Reference** • Was noted that others may join the meetings from time to time to cover specific topics. • No feedback has been received on the draft ToR issued. • Noted that a BA has very recently been assigned to the CCDM team, and will be part of this group moving forward. • Noted that WDHB logo needs to be updated.	ToR was accepted, with updated WDHB logo.

2.2	**Stocktake**
	 • Recommended CDS elements were reviewed. Noted that:
	     o Nursing ward scorecard is Med only (may also pull data for Surg, def not for Paed), it is not in Qlikview and there is no visibility of it.
	     o Likely Sharon's team will need assistance or guidance from Ed Ahn who built the scorecard so understand's source data elements best.
	     o SSHW has initiated an investigation into possible tools for collecting Care Rationing data, so this CDS element should be deferred for the moment.
	     o Acute staffing shortage incidents may be captured through RiskPro – Katrina's new analyst would advise.
	 • Stuart suggested that individual members of the group consider the 6 or 7 "most impacting measures", and the common elements may be the first traunch. A round-table followed, with each person providing their top 6. Net result showed
		Melody to provide example of existing Nursing scorecard to Jos & Kate.

	clear contenders as:
	   o Patient incidents
	   o Staff mix / skill mix
	   o Patient Acuity
	   o Bed Utilisation
	   o Care Hours Variance
	   o Staff unplanned leave (perhaps combining with casual use & turnover)
	• There was some discussion on "the story" for which the CDS will inform. E.g. Sufficient nurses to be able to deliver the right care at the right time. Stuart referred to a diagram on the SSHW website which offers.....
	• Stuart advised that CCDHB are using Web Mash to present the CDS as easily consumable information with drill-down facility. Sharon clarified that WDHB's approach is to bring different data sets together into one app (e.g. the TransforMed app), providing the flexibility to drill down and filter. Consequently the Web Mash approach is not appropriate for WDHB.
	• Stuart strongly recommended that a session be dedicated to looking at all the data elements to ensure all understand what they mean and where the data would come from. Was agreed that this would be the sole purpose of the next meeting on 04 Dec, and that 2 hours would be set aside for it.
	• In parallel, Sharon will commence work on prototyping something around the business problem, referencing the "top 6" above.	

3	**Additional Business**	
3.2	**Local Data Councils** • It was noted that moving forward, the service HODs will need to take the lead on retrieving the TC data and reviewing this with their CNM's. This will need to exclude the Staff Allocation metric for the meantime. Deshni/Ashleigh to refresh the HoD's knowledge of how to retrieve the TC dataset.	**Ashleigh** to arrange for HoD's to be re-trained on retrieving the TC dataset.

Meeting dates: CCDM Meeting

Dec	04
Feb	05

CCDM Core Dataset (CDS) Working Group Meeting

Date	Tuesday 04 December 2018	
Attendees	Jocelyn Peach - DoNM	Stuart Port – SSHW Consultant
	Marianne Cameron – HoD Child Health	Kate Gilmour – HoD Surg
	Melody-Rose Mitchell – CND Medicine	Delwyn Armstrong
	Sharon Puddle – Digital Transformation	Ricky Galang – CCDM BA
	Ashleigh Youngman – TC Administrator	Mary-Lou Hoskins – CCDM Prog Manager
Apologies	Sarah Barker - NZNO	Alys Moriarty – Ward 3 RN / NZNO Delegate
	Tom Brady – Ward 9 RN / NZNO Delegate	
Chair	Marianne Cameron	

Item	Item
1	**Matters arising**
1.1	Refer actions table at end of document.
1.2	Delwyn reported that as yet her team has not been granted access to the data, although this was approved by Fiona McCarthy in mid November. Chris Southern is the person needing to set up the approved access. *Following the meeting, Mary-Lou spoke to Chris who advised that he intends to complete this process this week. If this is not achieved, the issue will be escalated to Cath.* In the meantime, Ed Ahn has provided Delwyn and Sharon with an introduction to the nursing ward snapshot data sources. It was noted that data drill-down is strongly recommended, e.g. if ward has 3 RN's at a particular skill level, then should be able to drill down to see the names of those RN's. This encourages trust in the data.
2	**Agenda Items**
2.1 🖅 5.7 Core data set directory_27Mar2018	CDS Elements (refer "5.7 Core Dataset Directory" spreadsheet document, which was reviewed at the meeting) • Patient incidents: o Concern expressed by Jos that the process of investigating and confirming reported incidents can take several months. It was proposed that the dataset include both reported non-validated, and validated incidents. Will need to consider cut-off time for non-validated items. o Was agreed that it is the 4 Nursing Sensitive indicators that should be reported here (medication errors, falls, pressure injuries, and IV line infections). • Patient experience: Was agreed that the WDHB Friends and Family Test was the correct source for this item. • Care Rationing: Although noted that a special survey may be appropriate in time to capture CR info, Delwyn noted that there is already data available on: meds missed or delayed, and admission checklists not done. • Staff mix: o Noted that the denominator for this calculation is the total number of **nursing** staff. o While Trendcare provides staff mix data, Kate noted that Centralised Rostering have a datasource in which nurses are banded by skill level according to their level of practice. This info may also be useful. **Ricky to contact Centralised Rostering BA to learn more.** • Patient acuity: from Trendcare. • Bed utilisation: While this is available from Trendcare, Stuart queried whether any batched ADT's would reflect the actual time of that ADT. **Mary-Lou to check wardclerk bureau service and confirm accuracy of data.** • Care hours variance: Available from Trendcare. Stuart noted importance of analysing this by shift. Noted that wards who run 12 hour shifts may skew the PM shift figures, esp when summarised up to service/org level. • Shifts below target: available from Trendcare. Stuart explained that the "Variance

per FTE" value found on the TC Staff Allocation screen, where this value is -0.4 (i.e. 40 minute stretch per FTE) or bigger, then the shift is below target.

- Acute staffing shortage incidents: this will be sourced from RiskPro.
- Variance indicator score: this is a report available through CAAG which is presently reviewed by LDC's. Was developed by Ed Ahn.
- Roster gaps:
  - Kate noted that timeliness of the draft roster from Centralised Rostering is a concern – it should be at least 5 days before that roster begins.
  - Melody noted that there is a Roster Audit which assesses overs and unders, prepared by the Centralised Rostering BA. **Ricky to find out about this report.**
- Overtime: Will come from payroll system. Stuart recommended that this be presented as a percentage, with ability to drill-down to see the hours that corresponds to.
- Extra shifts: whats contracted versus whats worked, trended as a percentage. Noted that this data element will have fishhooks to be worked through, such as where a person holds 2 contracts.
- Staff incidents: from RiskPro.
- Staff unplanned leave:
  - Should include all/any leave that requires covering, so will include ACC.
  - Trend as a percentage.
  - Unclear whether better to get this data from Trendcare or Payroll (or blend?). In Payroll, where there is no sick leave left, but is paid, it will be coded as Annual Leave, but in Trendcare it will be coded as Sick leave. Similarly, where no Annual or Sick leave left, in Payroll would be coded as Unpaid leave.
  - Understanding how frequently nursing staff have no sick &/or annual leave left will also be useful.
- Staff satisfaction/engagement: May consider using the SSHW survey that has been provided. Stuart noted that Trendcare v3.6 has a staff satisfaction survey that allows the DHB to define the questions asked.
- Staff professional development:
  - Target per FTE is 32 hours.
  - Is some captured in Trendcare but not all (typically not the sub 2-hour activities). These are not in payroll either. Only place it will all typically be detailed is on the individuals development plan.
- Casual use:
  - Noted that Casual usage is not necessarily concerning as frequently ex-employees will contract back as casual to cover turnover deficit.
  - Of most concern is redeployment usage. This is available from Trendcare.
- Total staff hours: from Trendcare.
- Excess accrued leave: already available (used on the HR scorecard).
- Late discharges:
  - Noted that discharges occurring late in the day are sometimes "early" discharges or patients with planned discharge of the following day.
  - Suggested that the discharge reason code in Trendcare could be used to differentiate.
- ED length of stay: Already report on this (though not inclusive of the 3hr, 2hr, 1hr model).
- Personnel costs:
  - This will link to the Total Staff hours.
  - Delwyn noted that i3 do not have access to this finance data. **Ricky to talk with David Dodds on progressing access to this info.**

Next Steps:
- There was some discussion about defining the "stories" that certain connected data elements will tell. E.g. is the ward/service/hospital being hammered? Are they

		coping? And if so how are they coping (because of heavy use of re-deployments and casuals?). Then what are the impacts of that (e.g. high levels of deployments may show an impact on staff satisfaction or increased falls....)
		• The next meeting of this group is 05 Feb. Delwyn is hopeful that they will have something to show the group by then. However, team member on leave for next 5 weeks. All understand that this will be an iterative process of:
		o Accessing the data elements
		o Understanding the data elements & pulling them together
		o Prototyping an approach to representing the data elements in Qlik
		o Reviewing together, clarifying interconnections, & visualisation approach
		• **Mary-Lou to work with Delwyn & Sharon to prepare a timeline for the development of the Qlik tool, taking into account known constraints.**
3	**Additional Business**	
3.2	**Local Data Councils**	
	• It was clarified at the meeting that while the HoD's are expected to chair the LDC meetings, the Trendcare coordinator is still required to supply them with the dataset.	

Meeting dates: CCDM Meeting

Feb	05
Mar	05
Apr	02

Meeting Notes

Actions register:

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
061118-01	CDS WG	Issue overview diagram of Programme with the minutes.	Mary-Lou Hoskins	Done	complete
061118-02	CDS WG	Provide example of existing Nursing scorecard to Jos & Kate.	Melody Mitchell	Done	complete
061118-03	CDS WG	Arrange for HoD's to be re-trained on retrieving TC dataset for LDC's.	Ashleigh Youngman	04/12: It was clarified at the meeting that while the HoD's are expected to chair the LDC meetings, the Trendcare coordinator is still required to supply them with the dataset.	Closed
041218-01	CDS WG	Contact Centralised Rostering BA to learn more about: data repository where staff are banded according to skill level, and the Roster Audit.	Ricky Galang		New
041218-02	CDS WG	Check wardclerk bureau service and confirm accuracy of ADT time when loaded retrospectively.	Mary-Lou Hoskins		New
041218-03	CDS WG	Talk to David Dodds about sourcing of data for Personnel Costs data element (not currently accessible to the i3 team).	Ricky Galang		New
041218-04	CDS WG	Prepare an initial prototype with a range of the 23 data elements, for presentation to the group on 5 Feb	Sharon Puddle		New
041218-05	CDS WG	Work with Delwyn and Sharon to develop a timeline for the Qlik development, based on known constraints, for presentation to the group on 5 Feb.	Mary-Lou Hoskins		New

Core data set

Core data set directory – balanced set of measures

This diagram shows the complete set of measures and how they are balanced around the three sides of the CCDM triangle. The measures are listed under the following headings based on research findings that support this arrangement.

1. Quality patient care = 9
2. Quality work environment = 8
3. Best use of health resources = 6

Quality patient care box:
- Patient incidents
- Patient experience
- Care rationing
- Staff mix
- Patient acuity
- Bed utilisation
- Care hours variance
- Shifts below target
- Acute staffing shortage incidents

Best use of health resources box:
- Casual use
- Total staff hours
- Excess accrued leave
- Late discharges
- ED target
- Personnel costs

Quality work environment box:
- Variance indicator score
- Roster gaps
- Overtime
- Extra shifts
- Staff incidents
- Staff unplanned leave
- Staff satisfaction/engagement
- Professional development

Triangle labels:
- Quality patient care
- Best use of health resources
- Quality work environment
- CCDM

Worksheet in G HR 1 Director HR OIA requests 2019 19190 - RadioNZ - Bullying & Corresp NZNO - Comms 12 December Documents received CCDM Dec 2018 CCDM CDS Wkg Grp Meeting Minutes.doc

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Meeting Notes

CCDM Core Dataset (CDS) Working Group Meeting

Date	Tuesday 05 February 2019	
Attendees	Marianne Cameron – HoD Child Health	Stuart Port – SSHW Consultant (teleconf)
	Sarah Barker – NZNO Organiser	Alys Moriarty – Ward 3 RN / NZNO Delegate
	Tom Brady – Ward 9 RN / NZNO Delegate	Sharon Puddle – Digital Transformation Mgr, i3
	Ashleigh Youngman – TC Administrator	Ricky Galang – CCDM BA
	Theona Wright – TC Administrator	Sharleen Rapoto – NZNO Organiser (Observer)
	Mary-Lou Hoskins – CCDM Prog Manager	
Apologies	Kate Gilmour – HoD Surg	Melody-Rose Mitchell – CND Medicine
	Jocelyn Peach - DoNM	
Chair	Marianne Cameron	

Item	Item
1	**Matters arising**
1.1	Minutes of previous meeting were accepted.
1.2	Refer actions table at end of document.
2	**Agenda Items**

2.1	**Demo of QlikSense work-to-date – Sharon Puddle**
	• Sharon provided a demo of the work completed to date on the CCDM Core dataset. Points noted were:
	    ○ Work has been focused on getting access to the data elements and familiarisation. Data used for the Nursing Scorecard has been the primary are of focus to date, but also some work on incident data.
	    ○ The mapping for the data required the RC Code (Responsibility Centre), and some work is still required to set this up on some of the datasets.
	    ○ The security structure will be designed and implemented later, so noted that what is shown in the demo's is not for wider distribution and may not be accurate, as verification of the data is still required.
	    ○ It was clarified that the tool will be a top-down visualisation of the data, with a view to minimising the time and effort required to interrogate. However, the benefit of the tool is that it supports full drill-down (except where there are security restrictions).
	    ○ Stuart confirmed that all those involved in the service-level Local Data Councils, including CNM's, HoDs, delegates, would be looking at the tool. Marianne encouraged the delegates to approach their CNM to request access to any existing ward nursing scorecard. They should also request access to the existing QlikSense models (Sharon to provide the form for this).

	Next Steps: • Ricky is meeting with Sharon and Delywn weekly. It is envisaged that Ricky will become more directly involved in the development of the CCDM CDS. • The aim for the next meeting is to demo a more extensive prototype. Mary-Lou proposed that the work focus on transitioning the current excel nursing scorecard to the QlikSense tool, given that this includes many of the 23 data elements, and that it is already in use across many wards.
3	**Additional Business**
	None.

Meeting dates: CCDM Meeting

Mar	05
Apr	02
May	07

Meeting Notes

Actions register:

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
041218-01	CDS WG	Contact Centralised Rostering BA to learn more about: data repository where staff are banded according to skill level, and the Roster Audit.	Ricky Galang	05/02: Done. It was noted that not all services are on Centralised Rostering, though it is thought that in time it will be rolled out elsewhere. The focus has been on MED & SURG.	Complete
041218-02	CDS WG	Check wardclerk bureau service and confirm accuracy of ADT time when loaded retrospectively.	Mary-Lou Hoskins	05/02: Done. Actual time of ADT is entered, even when entry is delayed (such as where ADT request is faxed to ED clerk to enter retrospectively).	Complete
041218-03	CDS WG	Talk to David Dodds about sourcing of data for Personnel Costs data element (not currently accessible to the i3 team).	Ricky Galang	05/02: Done. This data is now available to the i3 team.	Complete
041218-04	CDS WG	Prepare an initial prototype with a range of the 23 data elements, for presentation to the group on 5 Feb	Sharon Puddle	05/02: Demo provided.	Complete
041218-05	CDS WG	Work with Delwyn and Sharon to develop a timeline for the Qlik development, based on known constraints, for presentation to the group on 5 Feb.	Mary-Lou Hoskins	05/02: Refer next steps.	Closed
050219-01	CDS-WG	Send QlikSense access request form to Mary-Lou for distribution.	Sharon Puddle	07/02: Link provided, see below.	Closed
050219-02	CDS-WG	Send some screenshots from the demo to Stuart.	Sharon Puddle		Open

LINK TO QLIKSENSE ACCESS REQUEST FORM:

http://sp-teams.waitematadhb.govt.nz/sites/hi/DataManagement/Lists/Reporting%20services%20access%20requests/Item/newifs.aspx?List=fb7f43f0%2D4688%62D4829%2Dad39%2Dad39%2Df8db79307b2a&Source=https://nth-reports.healthcare.huarahi.health.govt.nz/ReportServer?/Insight/Home&rs:Format=HTML.4.0&rc:Toolbar=false

Waitemata District Health Board

CCDM

Care Capacity Demand Management

CCDM Core Dataset (CDS) Working Group Meeting

Date	Tuesday 05 March 2019	
Attendees	Marianne Cameron – HoD Child Health	Melody-Rose Mitchell – CND Medicine
	Sarah Barker – NZNO Organiser	Alys Moriarty – Ward 3 RN / NZNO Delegate
	Tom Brady – Ward 9 RN / NZNO Delegate	Sharon Puddle – Digital Transformation Mgr, i3
	Ashleigh Youngman – TC Administrator	Delwyn Armstrong – i3 Head of Analytics
	Theona Wright – TC Administrator	Daniel Hunter – i3 Analyst
	Mary-Lou Hoskins – CCDM Site Coordinator	Ricky Galang – CCDM BA
Apologies	Kate Gilmour – ADoN Surgery	Stuart Port – SSHW Consultant
	Jocelyn Peach - DoN	Kate Weston – NZNO PNA
Chair	Marianne Cameron, then Melody-Rose Mitchell	

Item	Item
1	**Matters arising**
1.1	Minutes of previous meeting were accepted.
1.2	Refer actions table at end of document.
2	**Agenda Items**

2.1
 	
 CCDM Data M
asat 050319.
	Update on QlikSense work-to-date – Delwyn Armstrong
	 • Delwyn provided a data model diagram, and updated the meeting on progress:
	     o Models developed by the team to date have been patient-centric, while this is ward-centric. This has required that the data (once sourced) be appropriately linked. The link identified is Date and RC and Shift, although not all data elements have all of those components. Also, the sources are quite different, with different frequencies (daily, fortnightly, monthly).
	     o The data model is not complete yet – more to be added. Will always be a work-in-progress as will always be possible to add other data sources where a KPI – perhaps of specific relevance to this DHB – is identified. The DHB is data-rich.
	     o It was noted that it will not be feasible to "reproduce" the current ward scorecard using Qliksense, and that the scorecard may co-exist with the CDS KPI tool.
	     o Visualisation was broadly discussed, with Delwyn using a demo with dummy data. A very visual representation of the KPI's signalling trend for that ward and traffic-light system to indicate in benchmark or of concern was thought to be appropriate. Noted that this will require thresholds and/or targets to be defined for each of the KPI's.
	     o Was some discussion on the accuracy &/or completeness of some data sources (RiskPro was the example used) and the concern that using poor data sources might lock in those systems. It was noted that the ability to drill down to the source data within the tool will support a feedback loop that could be used to identify where data collection improvement initiatives are required.

	Next Steps: • Goal is to have the first 5 KPI's available to demo at the next meeting with real data: Patient Incidents, Staffing Shortage, Patient Acuity, Care Hours Variance, & Bed Utilisation (these were the KPI's voted by the Working Group to be of greatest value).
3	**Additional Business**
	Mary-Lou proposed that Stuart present to the Working Group the SSHW approach to interpreting the KPI's of the CDS in order to get "the story". This was agreed.

Meeting dates: CCDM Meeting

Apr	02
May	07

Waitemata District Health Board

CCDM
Care Capacity Demand Management

Meeting Notes

Actions register:

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
050219-01	CDS-WG	Send QlikSense access request form to Mary-Lou for distribution.	Sharon Puddle	07/02: Link provided, see below.	Closed
050219-02	CDS-WG	Send some screenshots from the demo to Stuart.	Sharon Puddle	05/03: Done	Closed
050319-01	CDS-WG	Add agenda item for next meeting to have Stuart present the SSHW approach to KPI interpretation.	Mary-Lou Hoskins		Open

CCDM Data Model

Incidents
DateRCShift
IncidentDate
Department (map to RC)
NHI as Incident_NHI
...
Source:

Patient Acuity
DateRCShift
[psDate]
.[psShiftCode]
.[psWardCode] (map to RC)
.[psSpecialledHours]
.[psRequiredHours]
...
Source:
[WDHB_TRENDCARE] [dbo] [PatientShift]

Available Beds
DateRCShift
[tlDate]
.[tlShiftCode]
.[tlWardCode] (map to RC)
.[tlNumberOfBeds]
...
Source:
[WDHB_TRENDCARE] [dbo] [SummaryShift]

Staff Transfers
DateRCShift (shift = shift that transfer began in)
[HomeRC]
.[HomeAcct]
.[StaffType]
.[StartDatetime]
.[Startdate]
.[EndDate]
.[Shift] (grouped to D/E/N)
.[FTE]
.[shifttype]
.[shiftsegmenttype]
.[WorkRule]
.[laboracctid]
.[LaborRC]
.[LaborAcct]
...
Source:
[WDHB_PAYROLL] [WDHB] [vQlik_WFC_Transfers]

Occupied Beddays
DateRCShift
Date
Ward (maps to RC)
Shift (derived from date)
count(bednights)
...
Derived from:
[DB_RED] [fact] [fact_inpatient_stay_detail]

Master Link Table
DateRCShift
DateRC
...

RC Table
RC
Ward
Hospital
Division

Variance Indicator Board
DateRCShift
[svDate]
.[svShiftCode]
.[svWardCode] (map to RC)
.[svStartDate]
.[svEndDate]
.[svResult]
...
Source
[WDHB_EWW] [dbo] [CAAG_ShiftVariance] &
[WDHB_EWW] [dbo] [CAAG_VarianceResult]

Staff Vacancies
DateRC (date = first day of month)
[FYear]+[FPeriod] (to derive first day of month)
.[CalendarPeriod]
.[OperatingGroup]
.[DivisionSort]
.[Division]
.[Service]
.[RCDescription]
.[RCCode]
.[AccountGroupSort]
.[AccountGroup]
.[AccountDescription]
.[ACCode]
.[BudgetFTE]
.[NewFTE_Funded]
.[NewFTE_UnFunded]
.[TrfAdj]
.[RecruitmentCap]
.[CurrentEmploy]
.[Leavers]
.[ATR_Leavers]
.[LTI]
.[ATRs_Approved]
.[Apprvd_Employ]
.[Vacancies_InclApprvdATRs]
.[ATRs_unApproved]
.[Vacancies_InclAllATRs]
...
Source
[WDHB_PAYROLL] [WDHB] [vQlik_VacancyReport]

Staff Attendances
DateRC
.[AttendDate]
.[RCCode]
MainEmployeeID
.[EmployeeID]
.[X8XJoinDate]
.[EmployeeName]
.[OperatingGroup]
.[Division]
.[Service]
.[RCDescription]
.[AccountGroup]
.[ACCode]
.[ACDescription]
.[Designation]
.[ContractFTE]
.[StartDate]
.[TerminationDate]
.[Class]
.[JobCode]
.[TransactionType] (worked/leave/penal)
.[hrs_type]
.[hrs_multiplier]
.[leaveCode]
.[LeaveDescription] (incl. unplanned leave)
...
Source:
[WDHB_PAYROLL] [WDHB] [vQlik_AttendanceData]
grain = daily

Bureau Requests
This table needs to be normalised to create one line per shift
DateRCShift (shift = shift that transfer began in)
[req_id]
.[loc_id]
.[req_user]
.[E_date]
.[E_Coord]
.[E_Orientee]
.[E_RN]
.[E_EN]
.[E_HCA]
.[N_date]
.[N_Coord]
.[N_Orientee]
.[N_RN]
.[N_EN]
.[N_HCA]
.[D_date]
.[D_Coord]
.[D_Orientee]
.[D_RN]
.[D_EN]
.[D_HCA]
.[D_CNM]
.[status]
Source:
[WDHB_Research] [bureau] [TRequestResource]
& [WDHB_Research] [bureau] [TRequest]
Note: [WDHB_Research] [bureau] [TLocation] has RC
grain = daily

General Ledger
DateRC
.[Date]
.[Employee]
.[Division]
.[Service]
.[RC_Code]
.[Accounty_Group]
.[Account_Group_LongDesc]
.[Account_Code_Desc]
.[Account_Code]
.[ActualDollars]
.[BudgetDollars]
.[ActualDollars_YTD]
.[BudgetDollars_YTD]

Source - on DB_Red.
[ANALYSIS] [dbo] [vCCDM_GLData]

Paid Allowances
use to identify nursing level. Take first [allowdescription] per month
DateRC (date = first day of month)
[EmployeeID]
.[EmployeeName]
.[OperatingGroup]
.[Division]
.[Service]
.[RCDescription]
.[RCCode]
.[AccountGroup]
.[ACCode]
.[ACDescription]
.[JobCode]
.[AttendDate]
.[AllowCode]
.[AllowDescription] (LOP1/2/3)
.[AllowType]
.[Hrs]
Source:
[WDHB_PAYROLL] [WDHB]
[vQlik_PaidAllowances]
Gran = daily

Staff FTE
use to identify FTE per month
DateRC (date = first day of month)
[Run_Date]
.[Employee_Number]
.[Full_Name]
.[Employee_Start_Date]
.[Termination_Date]
.[Contract_Expiry_Date]
.[Designation]
.[FTE]
.[Normal_Hours]
.[Operating_Group]
.[RCCODE]
.[Division]
.[AC_Group]
.[AC_Description]
.[Class]
.[Agreement]
.[Position]
.[Payroll]
.[Reporting_Manager]
Source
[WDHB_PAYROLL] [WDHB] [vQlik_XBS_view]

Staff Leave Balance
DateRC
.[EmployeeID]
.[EmployeeName]
.[Operating_Group]
.[Division]
.[Service]
.[RCCode]
.[RCDescription]
.[AccountGroupSort]
.[AccountGroup]
.[ACCode]
.[ACDescription]
.[ContractFTE]
.[StartDate]
.[Class]
.[Hours_per_day]
.[HoursPerPeriod]
.[DaysPerPeriod]
.[AL_entitlement_hrs]
.[AL_entitlement_days]
.[AL_entitlement_days_prorata]
.[AL_balance_hrs]
.[AL_balance_days]
.[AL_balance_yrs]
.[AL_band]
.[SICK_balance_days]
.[LSL_balance_days]
.[STIL_balance_hrs]
.[InlieuOT_balance_hrs]
.[TotalLeave_balance_hrs]
.[AL_accrued_6mths]
Source
[WDHB_PAYROLL] [WDHB] [vQlik_LeaveBalances]

Staff Leave History
DateRC
.[EmployeeID]
.[EmployeeName]
.[Operating_Group]
.[Division]
.[Service]
.[RCCode]
.[RCDescription]
.[AccountGroupSort]
.[AccountGroup]
.[ACCode]
.[ACDescription]
.[ContractFTE]
.[StartDate]
.[Class]
.[Hours_per_day]
.[HoursPerPeriod]
.[DaysPerPeriod]
.[AL_entitlement_hrs]
.[AL_entitlement_days]
.[AL_entitlement_days_prorata]
.[AL_balance_hrs]
.[AL_balance_days]
.[AL_balance_yrs]
.[AL_band]
.[SICK_balance_days]
.[LSL_balance_hrs]
.[STIL_balance_hrs]
.[InlieuOT_balance_hrs]
.[TotalLeave_balance_hrs]
.[AL_accrued_6mths]
Source
[WDHB_PAYROLL] [WDHB] [vQlik_LeaveBalances_hist]
Gran = fortnightly leave balances

Waitemata District Health Board

CCDM
Care Capacity Demand Management

CCDM Core Dataset (CDS) Working Group Meeting

Date	Tuesday 02 April 2019	
Attendees	Marianne Cameron – HoD Child Health	Melody-Rose Mitchell – CND Medicine
	Sarah Barker – NZNO Organiser	Kate Weston – NZNO PNA
	Tom Brady – Ward 9 RN / NZNO Delegate	Kate Gilmour – ADoN Surgery
	Ashleigh Youngman – TC Administrator	Delwyn Armstrong – i3 Head of Analytics
	Theona Wright – TC Administrator	Stuart Port – SSHW Consultant
	Mary-Lou Hoskins – CCDM Site Coordinator	Ricky Galang – CCDM BA
Apologies	Jocelyn Peach - DoN	Alys Moriarty – Ward 3 RN / NZNO Delegate
	Sharon Puddle – Digital Transformation Mgr, i3	
Chair	Marianne Cameron	

Item	Item
1	**Matters arising**
1.1	Minutes of previous meeting were accepted.
1.2	No open actions to review.
2	**Agenda Items**
2.1	**QlikSense work-to-date demo – Delwyn Armstrong** • Delwyn gave a demo of the first set of KPI's that have been built in the tool. Points noted: 　○ Data model now coherently links the disparate data on RC(Ward), Date & Shift. 　○ Design enables ward view, drill up/down. 　○ Intuitive to use; easy to select date range with measure updating on the fly. 　○ Able to display/compare measures, e.g. Pt Acuity Hours & % Regulated Staff; then drill down for more detail. Ward grouping (e.g. Service, or Hospital etc) allows comparison between wards at a glance. 　○ Was agreed that source for Bed Utilisation should remain Trendcare. 　○ Closed Beds measure = Flexed Bed days. Closed beds are deducted from the Utilisation formula. Agreed would be good to add "Max Bed Number" on that ward. 　○ Unplanned leave shown in hours; agreed should add in percentage of total hours this represented. 　○ Would be good to compare hours of 1-on-1 care (watches) – from Trendcare – with skill mix. • General agreement that this tool will be of great benefit across the organisation. Noted that this method should be the one-stop-shop, replacing all point solutions such as the Nursing Scorecard. Risk of change fatigue with proliferation of different tools with overlapping datasets. Agreed that Ricky will gain good understanding of another tool in development by Sophie Wang and Mathew Hicks. • Delwyn expects to provide a "beta" version for purposes of testing accuracy of the data manipulations/transformations in approx. 2 weeks. Marianne, Melody, Kate G, Tom, and Mary-Lou to receive this.
2.2	**Connecting the measures – Stuart Port** • Stuart spoke to the SSHW diagram (see next page) around how to look for possible causes of a concerning trend, and how to drill down to see impacts of that trend. • Noted that as the model becomes available, competency to interrogate the data, identify concerns, and design interventions to address issues, will need to be developed throughout the user community (from service managers through CNM's, delegates, etc). • In time, implementing a consistent CDS across all DHB's may facilitate establishment of national benchmarks.
3	**Additional Business**
	Capital & Coast Webinar: CCDHB has developed a "Web Mash" of 18 of the 23 elements,

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NURSES
PSA
CCDM

which will be demo'ed at the webinar on Monday 08th May. Please accept invite issued by Mary-Lou if you would like to receive the link to access that webinar.
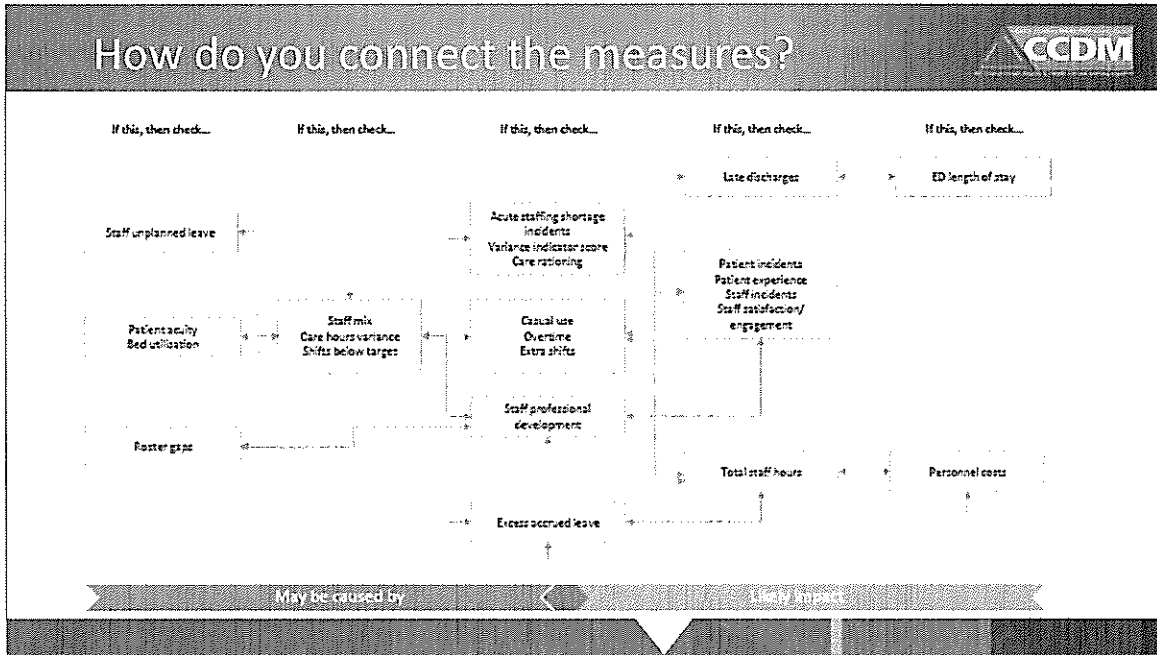
Meeting Notes

Waitemata District Health Board

CCDM — Care Capacity Demand Management

Actions register:

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
050319-01	CDS-WG	Add agenda item for next meeting to have Stuart present the SSHW approach to KPI interpretation.	Mary-Lou Hoskins		Closed
020419-01	CDS-WG	Confer with Sophie Wang and Matthew Hicks to gain good understanding of the new tool they are developing for Cath.	Ricky Galang		
020419-02	CDS-WG	Supply Beta release when available for purposes of data testing to Marianne, Kate G, Melody, Tom, and Mary-Lou.	Delwyn Armstrong		

CCDM Core Dataset (CDS) Working Group Meeting

Date	Tuesday 07 May 2019	
Attendees	Marianne Cameron – HoD Child Health	Melody-Rose Mitchell – CND Medicine
	Sarah Barker – NZNO Organiser	Kate Gilmour – ADoN Surgery
	Tom Brady – Ward 9 RN / NZNO Delegate	Danny Hunter – i3 Analyst
	Theona Wright – TC Administrator	Ricky Galang – CCDM BA
	Mary-Lou Hoskins – CCDM Site Coordinator	
Apologies	Jocelyn Peach - DoN	Alys Moriarty – Ward 3 RN / NZNO Delegate
	Kate Weston – NZNO PNA	Stuart Port – SSHW Consultant
	Sharon Puddle – Digital Transformation Mgr, i3	Delwyn Armstrong – i3 Head of Analytics
Chair	Marianne Cameron	

Item	Item
1	**Matters arising**
1.1	Minutes of previous meeting were accepted.
1.2	Open actions reviewed (refer table below).
2	**Agenda Items**
2.2	**QlikSense work-to-date demo – Danny Hunter**
	• Good progress is being made. i3 team are working to build views of comparable KPI's to facilitate interrogation. Ricky is to assist with this.
	• Approx. 11-12 of the 23 CDS KPI's have now been built in QlikSense. Danny stressed that some of the KPI's are simple to build while others are much more complex. He will provide a summary of the progress on each of the 23 KPI's – which are available to test, which are in progress, and which are some way off (at eta where possible please).
	• Was noted that the impact of the Virtual Ward should be considered – e.g. ward 5 was showing an average utilisation of 110%, but likely this is because they have 4 beds that are not within their budget and resourced from Virtual Ward. Mary-Lou to discuss with Stuart in the first instance.
	• Kate expressed concern that where some reporting is already available on specific KPI's that this CDS tool is not seen to be duplicating. Patient Experience was the KPI in point – the Friends and Family data is already pulled into Qlik and viewable. Mary-Lou to gain clearer understanding from Danny/Delwyn and then contact David Price, Dir of Pt Experience.
2.3 ⬜ 335 Local Da Council Terms o	**Local Data Councils – Mary-Lou & Theona**
	• Current LDC's are really an upskilling forum to educate CNM's and service managers on Trendcare, leading to improved data quality. Those present were enthusiastic about the positive difference these are now having.
	• Theona noted that the overhead of running these sessions is significant for her team, with the generation of the reports used very time consuming. While some of this will be replaced by the CDS, not all of it will, and the goal should be to migrate the other Trendcare reports to Qlik as well.
	• As the CDS becomes suitable for roll-out, the LDC's will need to be re-established, with decisions required on how to structure these groups to cater for sites, wards, services, etc, and how to ensure there is ward-level engagement. Mary-Lou will include the generic Terms of Reference for the LDC's provided by SSHW with the minutes (ref to the embedded doc on the left) for the working group to read. To be re-visited at the next meeting.
3	**Additional Business**
	Sarah noted that Alys has moved from ward 3 to ADU. She will progress engaging more delegates – particularly to participate in the Local Data Councils as they are re-formed.
	Marianne will be away for the next meeting. She will ask Kate Weston to chair.

Meeting Notes

Actions register:

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
020419-01	CDS-WG	Confer with Sophie Wang and Matthew Hicks to gain good understanding of the new tool they are developing for Cath.	Ricky	07/05: Done. This is a planning tool (Alfred Scorecard) pulling data from Workforce Central and other places, and displaying the roster unders & overs for the next 12 weeks, and leave etc. Still some issues with it. Ricky to demo the report to Danny/i3, who should be requested to assess whether this is a suitable report to be available in Qlik, but this is outside the scope of CCDM-CDS.	Complete
020419-02	CDS-WG	Supply Beta release when available for purposes of data testing to Marianne, Kate G, Melody, Tom, and Mary-Lou.	Delwyn	12/04: Link supplied.	Complete
070519-01	CDS-WG	Demo Alfred Scorecare to i3 so they can then advise Kate/Melody/Marianne whether it may be feasible to migrate this report to Qliksense.	Ricky		Open
070519-02	CDS-WG	Supply a status update of each of the 23 CDS KPI's, whether done, in progress, or future, with an eta where feasible to predict.	Danny		Open
070519-03	CDS-WG	Discuss Virtual Ward implications on CDS with Stuart.	Mary-Lou		Open
070519-04	CDS-WG	Clarify Friends and Family reporting v Pt Experience KPI and then inform David Price if appropriate.	Mary-Lou		Open
070519-05	CDS-WG	Issue terms of reference for LDC's with the meeting minutes, and put topic on agenda for next meeting.	Mary-Lou		Complete

Local Data Council Terms of Reference

**Authorised by:**

Review due:

Purpose

The Local Data Council is a solutions focused quality improvement team. It is a permanent structure that monitors and improves on care capacity and demand management at a ward/service level. This is achieved in partnership with the health unions through:

1. Timely implementation of the CCDM Programme activities.
2. Monitoring how well the ward is matching demand with capacity on an ongoing basis.
3. 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:
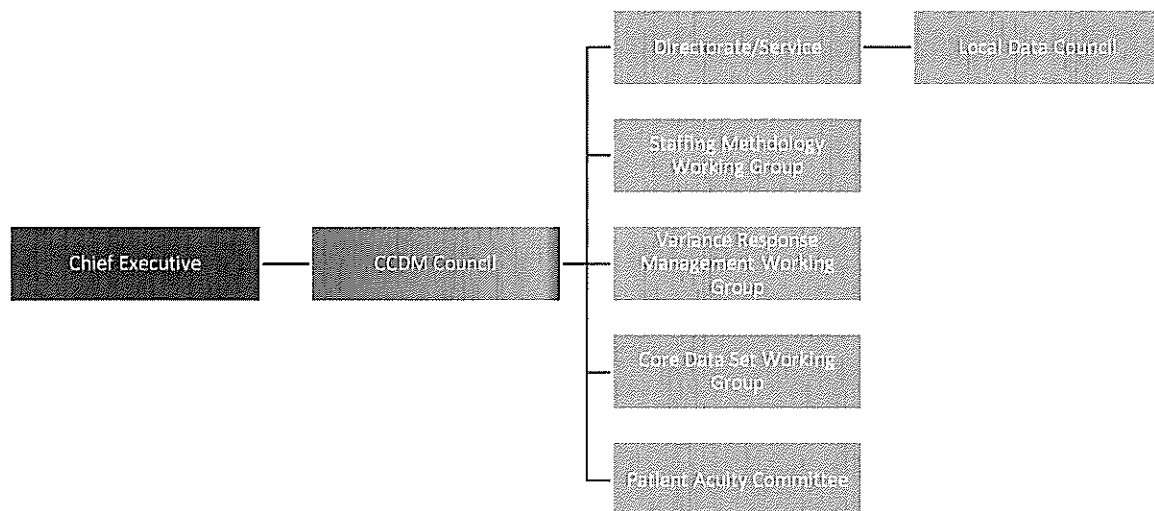
Key Tasks/Role

- Identify opportunities for improving the workplace, patient care and best use of health resources.
- Develop a ward/service work plan that is consistent with DHB goals and priorities.
- Follow processes and practices that promote health union partnership.
- Ensure Local Data Council activities unfold in a logical, organised and efficient way.

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- Assign roles, responsibilities and timelines for completing the work plan.
- Promote accurate and timely data collection with peers e.g. patient acuity data, event reporting, staff surveys, work analysis.
- Review core data set monthly and identify good practice and opportunities for improvement.
- Acknowledge and celebrate good performance. Make a plan for areas for improvement.
- Action recommendations from work analysis, or other sources e.g. Health and Disability Sector Standards, Health Quality Safety markers, as required.
- Monitor and evaluate progress against the work plan.
- Make timely local decisions and hold peers to account for undertaking actions within the agreed timeframes.
- Escalate decisions to <directorate/service group> when needed.
- Report monthly to the <directorate/service group> on progress against work plan.
- Communicate with all staff on progress against work plan.
- Display within the ward/service the core data set over time and quality improvement projects.
- Seek input from all staff and provide timely feedback.
- Support peers to develop expertise in care capacity demand management tools and processes.

Membership

Permanent Members

Name/Title	Role in Council
Clinical Nurse Manager/Midwifery Manager	Chair the meeting. Promote CCDM in the ward, with peers and within the organisation. Share data/information. Engage and seek staff feedback. Apply the PDSA cycle consistently to all activities. Provide leadership.
Designated senior nursing/midwifery roles	Chair the meeting. Promote CCDM with ward staff and with peers. Share data/information. Engage and seek staff feedback. Apply the PDSA cycle consistently to all activities. Provide expertise appropriate to their role/title.
Health union delegate/ organiser	NZNO, PSA, MERAS. Promote CCDM. Represent members, work in partnership, advise on MECA entitlements
Registered nurses, registered midwives, enrolled nurses	Team member, promote CCDM with peers, identify quality improvement opportunities and solutions, take lead role in assigned activities, undertake meeting responsibilities e.g. chair, minute taking with coaching, as required
Health care assistants	Team member, promote CCDM, identify quality improvement opportunities and solutions, take

Name/Title	Role in Council
	lead role in assigned activities
Medical representative	Provide medical perspective and professional advice in line with ward/service goals
Allied health representative	Provide allied perspective and professional advice in line with ward/service goals
Quality adviser	Designated person/role responsible for providing quality advice to ward/or directorate/service group. Provide expertise on quality improvement processes. Link to broader DHB quality improvement plans. Promote CCDM within the organisation as a quality improvement framework.

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

Co-opted Members

Name/Title	Role in council
Manager HR	Advise on employment relations, link to workforce strategy, assign resources
Service and/or operations manager	Provide service/directorate perspective. Link to DHB goals and priorities.
Nursing/Midwifery Leadership	ADON/Nursing Director, provide professional advice in line with workforce strategy/service goals. Link to DHB goals and priorities.
TrendCare Coordinator	Support ward with patient acuity data collection. Check data accuracy and integrity, help ward explain plausible reasons for variance.
CCDM Site Coordinator	Coordinate CCDM programme implementation. Provide CCDM education and support use of programme tools.
SSHW Unit Programme Consultant	Provide expertise on CCDM components and process, provide training as needed.
Manager Communications	Develop communications, work with Site Coordinator/CNM to tailor key messages
Business Support Manager	Support ward to source, analyze and display data.

Responsibilities

- Group members are expected to be familiar with the CCDM programme enablers, components and tools applicable to the ward/service.
- Group members are expected to attend and participate in all meetings.
- Abide by the decisions of the Local Data Council and CCDM Council.
- Ensure confidentiality of information provided to the Local Data Council and CCDM Council.
- Disseminate, discuss and collaborate across wards and/or disciplines 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 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 not be accepted.
- 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.

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.
- 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

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CCDM Working Parties

Quality unit, Information Technology, Human Resources, Project Management Office, Business Support

Associated Documents

Decision Making Flow Chart

Decision Making Record

CCDM Programme Standards

DHB Reporting Framework

CCDM Core Data Set

CCDM Core Dataset (CDS) Working Group Meeting

Date	Tuesday 25 June 2019	
Attendees	Marianne Cameron – HoD Child Health	Kate Weston – NZNO PNA
	Tom Brady – Ward 9 RN / NZNO Delegate	Ricky Galang – CCDM BA
	Theona Wright – TC Administrator	Mary-Lou Hoskins – CCDM Site Coordinator
Apologies	Jocelyn Peach - DoN	Melody-Rose Mitchell – CND Medicine
	Kate Gilmour – ADoN Surgery	Stuart Port – SSHW Consultant
	Danny Hunter – i3 Analyst	Sarah Barker – NZNO Organiser
Chair	Kate Weston	

Item	Item
1	**Matters arising**
1.1	Minutes of previous meeting were accepted.
1.2	Open actions reviewed (refer table below): ***070519-01: Alfred Scorecard:*** • Ricky provided a short demo. Marianne believes this is not yet "in production". • Tool provides a view of roster gaps for the next 3 months. • While Danny has indicated that it would be technically feasible to move this tool into Qliksense, he noted it would be complex, particularly as there is a manual data feed involved from WorkforceCentral. Mary-Lou to confer with Delwyn as to whether such an operational function is appropriate for inclusion in QlikSense. • Noted this view may be useful for Variance Response. Kate W requested the tool be demoed at the next VRM Working Group.
2	**Agenda Items**
2.1	**QlikSense work-to-date demo – Ricky** • All except approx. 7 indicators are now included in the CDS QlikSense tool. • Tom, Danny, Mary-Lou & Ricky have been progressing development using Ward 9 as the example. Ricky has developed two new views each displaying a subset of the metrics for the selected ward – so that a ward can compare trends across potentially related indicators over time. • All present emphasised their delight that the tool will be made widely available, is very engaging, and seems intuitive to use. • Kate W requested the tool be shown to the CCDM Council, and Mary-Lou confirmed this is already on the agenda for the next meeting.
2.2 4.21 Local da council is about	**Local Data Councils – Mary-Lou & Theona** • Deferred to next meeting. Overview to purpose/function tabled and attached (left). • Mary-Lou noted that in the interim, Jos has requested a meeting with Kate G, Melody, Marianne, Theona and Mary-Lou to discuss transforming their existing LDC's. That meeting has been scheduled.
3	**Additional Business**

Meeting Notes

Actions register:

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
070519-01	CDS-WG	Demo Alfred Scorecare to i3 so they can then advise Kate/Melody/Marianne whether it may be feasible to migrate this report to Qliksense.	Ricky	25/06: Refer notes in body of minutes.	Complete
070519-02	CDS-WG	Supply a status update of each of the 23 CDS KPI's, whether done, in progress, or future, with an eta where feasible to predict.	Danny	Provided.	Complete
070519-03	CDS-WG	Discuss Virtual Ward implications on CDS with Stuart.	Mary-Lou	25/06: Done & also discussed with Theona. Theona will confer with Rebecca Ferguson who is the escalation point in NZ for Trendcare-related concerned. Action held open pending further conversations on Virtual Ward with NZNO.	Open
070519-04	CDS-WG	Clarify Friends and Family reporting v Pt Experience KPI and then inform David Price if appropriate.	Mary-Lou	25/06: Ricky has discussed this with i3 and intention is to reuse not reinvent.	Complete
250619-01	CDS-WG	Arrange for Ricky to demo the Alfred scorecard at the next VRM Working Group.	Mary-Lou	27/06: Added to agenda.	Complete
250619-02	CDS-WG	Progress consideration of Budgeted versus Physical beds in Trendcare as this relates to wards supported by Virtual Ward.	Theona		Open

Local data council is about ...

...shared decision making
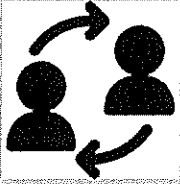
The local data council is a permanent group of people that jointly identify and solve problems, and spread successful practices. The local data council is a joint governance structure for care capacity demand management.

...improving the way we work

Collaboration between frontline staff, managers and health unions is the best way to achieve quality patient care, quality work environment and best use of health resources. The people closest to the problems, involved in solving the problems.

...meeting regularly

Joint governance for care capacity demand management can occur as part of staff monthly meetings. Or separate groups can be established e.g. quality groups or local data councils. Regular meetings provide a forum to identify problems, set goals, plan change and measure results.

...the team collaborating

The team includes clinical and service managers, nursing, allied, medical, support staff, health unions and subject experts (quality, finance, Safe Staffing Healthy Workplaces Unit) as needed.

...to start on your ward soon

Ask your CCDM Site Coordinator, clinical manager or your union delegate about how you can be involved.

...the timeline of events includes

<You could use this example, delete the other>

What	Who	When
Select participants	Ward/unit staff	Week 1, May 2018
Arrange meetings	Clinical manager	Week 2, May 2018
Elect chair and agree terms of reference	Local data council	Week 3, May 2018
Education on tools and process	CCDM Coordinator SSHW Unit Programme Consultant	Week 1 & 2, June 2018
Jointly agree issues	Local data council	Week 3, June 2018
Agree measures for monitoring	Local data council	Week 3, June 2018
Write improvement plan	Local data council	Week 4, June 2018
Communicate	Local data council	Week 1, July 2018

<Or you could use this example, delete the other>

May 2018 — Select participants — Arrange meetings — Elect chair & agree TOR

June 2018 — Education on tools & process — Jointly agree issues & measures for monitoring — Write improvement plan & communicate