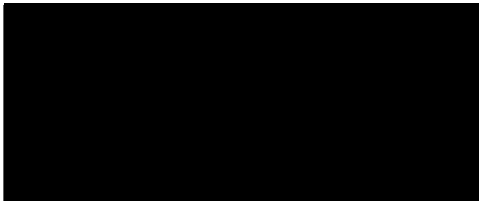




2 September 2019



Dear 

Re: Official Information Act request – CCDM council minutes

Thank you for your Official Information Act request received 20 August 2019 regarding minutes from meetings for the Care Capacity and Demand Management (CCDM) council since the start of this year. Our response to your request is as follows:

Please find attached copies of the requested minutes for meetings held on

- 22 January 2019
- 19 February 2019
- 19 March 2019
- 16 April 2019
- 21 May 2019
- 18 June 2019
- 16 July 2019

Waitematā DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded health care. 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 feel that there are good reasons why your response should not be made publicly available, we will be happy to consider them.

We trust this reply satisfies your request.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'JP'.

Dr Jocelyn Peach
Director of Nursing and Emergency Planning
Waitematā District Health Board

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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> Summary provided by Marianne as per section in monthly report. Melody provided an overview of the Nursing Scorecard presently in use. Key points noted: <ul style="list-style-type: none"> Based on the Austin model, it has been developed in Excel, pulling data from multiple sources. 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. Has been in use since Jun/Jul 2018. Financials section is yet to take into account the Virtual Ward which has budgetary impacts for MED wards. Workforce section covers PDRP levels and years of practice; annual leave balances; leavers; sick leave; filled/unfilled bureau. Quality & safety markers section. Activity section covers Admits, discharges, bed utilisation (funded beds), pt acuity ave, los, staff deployed in/out (incls virtual ward). Summary sheet based on division. Monthly exception report to CND level then ADoN level.

Meeting Notes

	<ul style="list-style-type: none"> ○ Jos requested that this scorecard be made accessible – Melody to arrange. ○ Generally agreed that this scorecard is a good start, covering many of the metrics required by the CCDM workstream.
4	Staffing Methodology
	<ul style="list-style-type: none"> ● 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
	<ul style="list-style-type: none"> ● 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
	<ul style="list-style-type: none"> ● The following process was agreed: <ul style="list-style-type: none"> ○ 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. ○ 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
	<ul style="list-style-type: none"> ● 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
	<ul style="list-style-type: none"> 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	<p>Site Coordinators report:</p> <ul style="list-style-type: none"> 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	<p>Summary provided by Theona.</p> <ul style="list-style-type: none"> 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 performed to validate it, and extent of “subjectivity”. It was clarified that nurses capture activities, not acuties, with activities determining acuity. Kate W noted that national experience indicates if anything the activities/acuties 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.

Meeting Notes

	<ul style="list-style-type: none"> Kate W queried education programme for Trendcare – “refresher” and “advanced”. Theona confirmed that training options will be reviewed and improved.
3	Core Dataset
	<ul style="list-style-type: none"> Summary provided by Marianne as per section in monthly report. <ul style="list-style-type: none"> Two delegates are on the workstream and both are very engaged. Optimistic that good progress can be made, albeit there may be some delay unless additional BA resource can be found.
4	Staffing Methodology
	<ul style="list-style-type: none"> Summary provided by Alex as per section in monthly report. <ul style="list-style-type: none"> Education day yesterday went very well. 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
	<ul style="list-style-type: none"> Summary provided by Katrina as per section in monthly report. <ul style="list-style-type: none"> 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. 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. 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
	<ul style="list-style-type: none"> February newsletter was approved for distribution. Content of Infographic template supplied by SSHW (reflecting the DHB MECA Terms of Settlement reporting framework) was discussed: <ul style="list-style-type: none"> Noted that work will be needed to gather the data required, and that this work is of lower priority than core programme work. Jos understands that Bridget from SSHW is open to feedback on the design.
7	Any Other Business
	<ul style="list-style-type: none"> Jos summarised the Accord Funding allocation (3.5m, which has been built into budgets on-going): <ul style="list-style-type: none"> Additional positions in ICU to reduce workload at front end (ED & ADU) Extend Critical Care Outreach team to 24x7 District Nursing Maternity 1-9pm Shift Coordinators, existing roles but becoming supernumerary More HCA’s to help with care after hours.

Future Meeting dates:

Mar	19	Apr	16
May	21	Jun	18

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.	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 <u>prior to the March Council meeting</u> , 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: <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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

Meeting Notes

	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	<p>Escalation Procedure:</p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Summary provided by Katrina as per section in monthly report. <ul style="list-style-type: none"> 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. 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. Kate W asked for visibility of the Variance Response model as early as possible.
7	Communications
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Additional Actions from Partnership workshop (Jos) – deferred
8.2	<ul style="list-style-type: none"> 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 <u>prior to the March Council meeting</u> , 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

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: <ul style="list-style-type: none"> Sections not covered by stream leads reviewed. Points noted: <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Summary provided by Theona as per section in monthly report. Points noted: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Item not covered. To be included on the May agenda.
5.2	Progress Update: <ul style="list-style-type: none"> Summary provided by Alex as per section in monthly report. Points noted: <ul style="list-style-type: none"> 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	<p>Progress Update:</p> <ul style="list-style-type: none"> • Summary provided by Kate W (in Katrina's absence) as per section in monthly report. Points noted: <ul style="list-style-type: none"> ○ SSHW VIB Model approved as per recommendation. Work to progress to plan the implementation: <ul style="list-style-type: none"> ▪ 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
	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Additional Actions from Partnership workshop (Jos) – deferred. Jos to discuss with Kate W.
8.2	<ul style="list-style-type: none"> • PSA & MERAS engagement <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • 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 <u>prior to the March Council meeting</u> , 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

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 CcAnnual Plan Council E
3	Validated Patient Acuity
3.1	Progress Update provided by Theona: <ul style="list-style-type: none"> • 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): <ul style="list-style-type: none"> • 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	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.  WDHB CCDM FTE calculations SoP v2.1

5.2	<p>Progress Update (Alex):</p> <ul style="list-style-type: none"> 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.
<p>6 Variance Response</p>	
<p>6.1 & 6.2</p>  <p>Escalation Flipchart FINAL Ratified 21051</p>	<p>Progress Update & Escalation Flipchart:</p> <ul style="list-style-type: none"> 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.
<p>7 Communications</p>	
 <p>CCDM Newsletter May 2019.pdf</p>	<ul style="list-style-type: none"> 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.
<p>8 Any Other Business</p>	
8.1	<ul style="list-style-type: none"> Accord funding: <ul style="list-style-type: none"> 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.

Meeting Notes

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
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 NZNO
Theona Wright	Trendcare Team Lead	Sarah Barker	NZNO 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: <ol style="list-style-type: none"> 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 activity 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 (<i>use standards guidance</i>) expectation is to see evidence at Executive / directorate/service and ward level
<p>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</p>	<ul style="list-style-type: none"> • 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.
<p>1.2 Permanent governance for CCDM is established for the organisation and for each ward/unit</p>	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> a. CCDM council and a. local data councils 	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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 (<i>use standards guidance</i>) 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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 critical 'service delivery' IT system.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.

Standard overall attainment			
<input type="checkbox"/> NA – Not attained	<input checked="" type="checkbox"/> PA – Partially attained	<input type="checkbox"/> FA – Fully attained	<input type="checkbox"/> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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

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 opportunities: 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.

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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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			
<input type="checkbox"/> NA – Not attained	<input checked="" type="checkbox"/> PA – Partially attained	<input type="checkbox"/> FA – Fully attained	<input type="checkbox"/> 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.**

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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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..

Standard overall attainment			
<input type="checkbox"/> NA – Not attained	<input checked="" type="checkbox"/> PA – Partially attained	<input type="checkbox"/> FA – Fully attained	<input type="checkbox"/> 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 Planned IP In progress C Completed <30 Less than 30 days over 30-60 30-60 days over >60 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				P
4. FTE calculation	34	Collect & collate data inputs for wards in Tranche	CCDM BA, PC, SC		P	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.

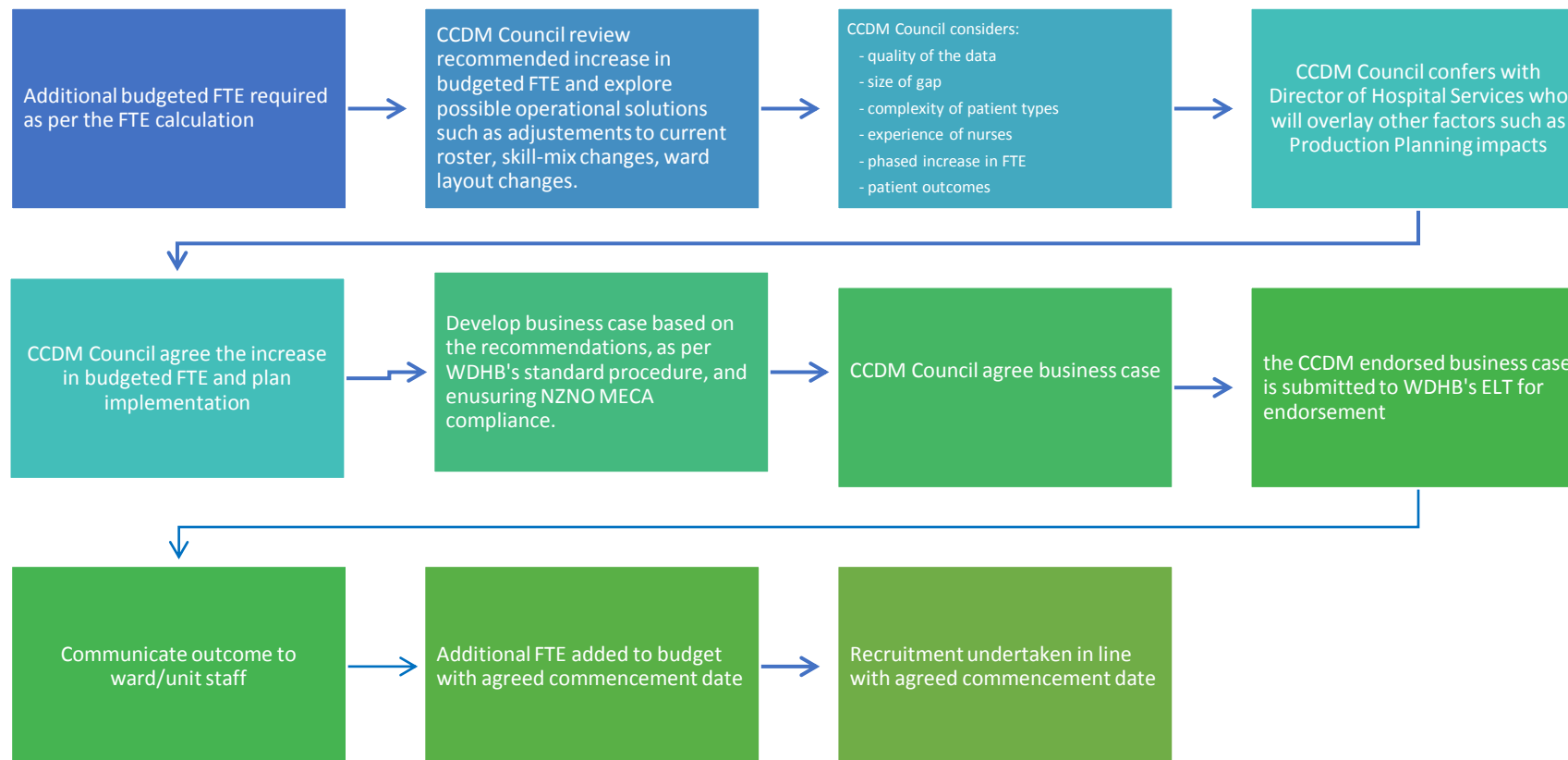
Item	Procedure
Responsibilities	The CCDM council is responsible for ensuring that FTE calculations are completed annually. The FTE working group agrees the methods for calculating the data inputs. The CCDM Site Coordinator collates the pre-requisite data and assesses the quality of the data in collaboration 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

¹ WDHB Approval Process overviewed in appendix.

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

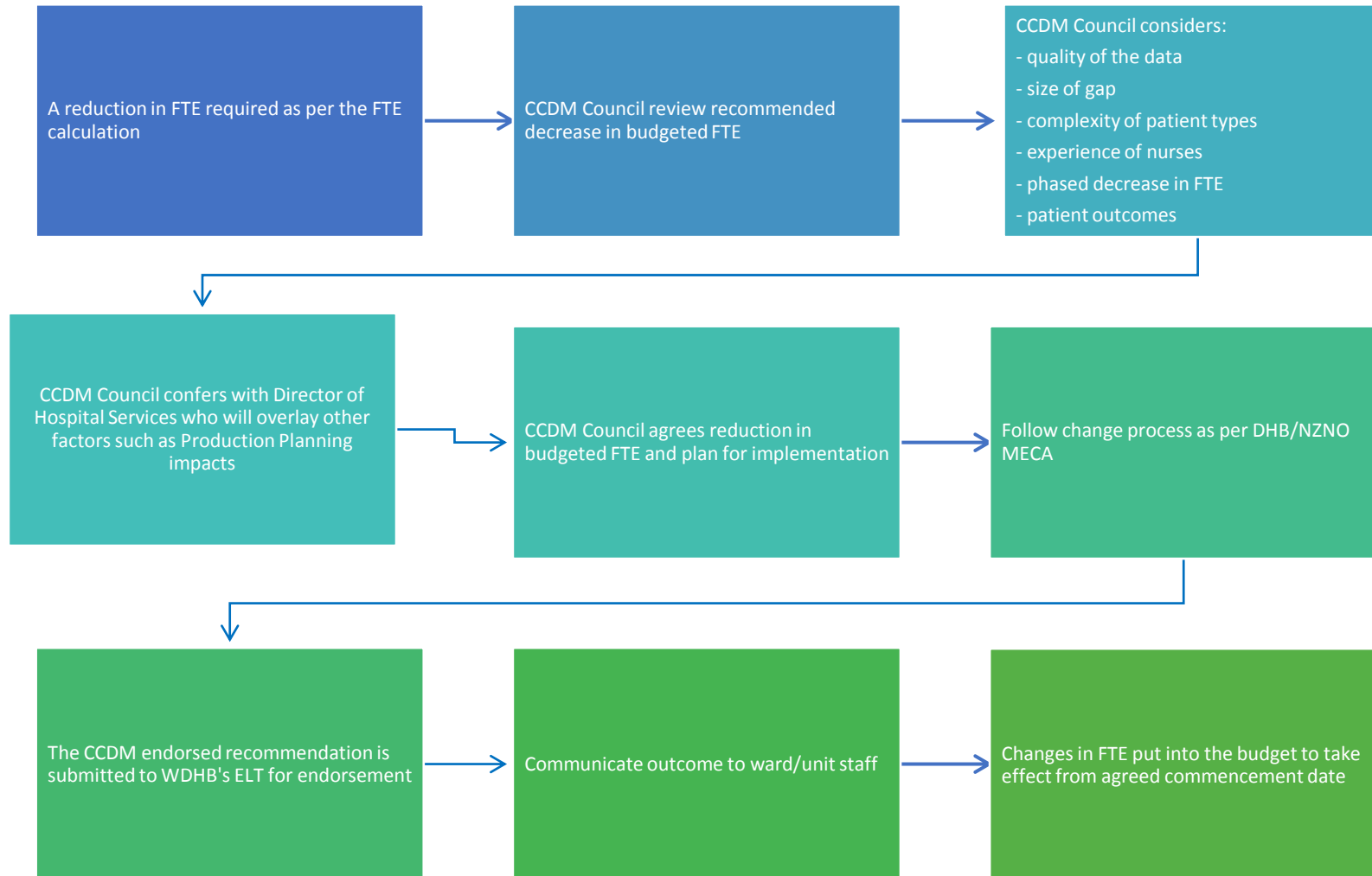
Appendix 1 – Process for sign off of an increase in budgeted FTE

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



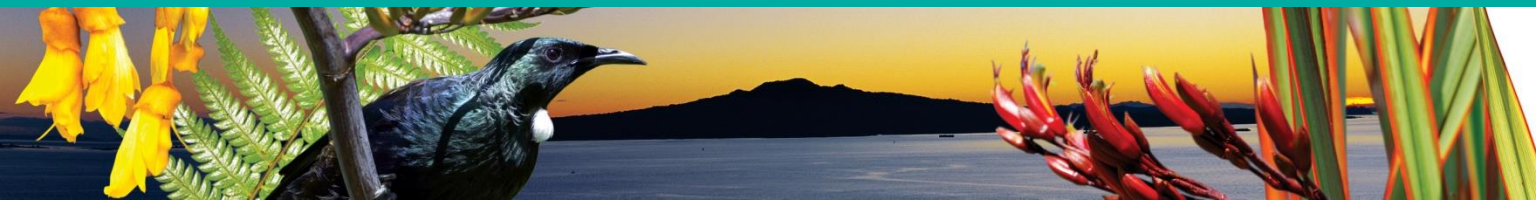
Appendix 2 – Process for sign off of a decrease in budgeted FTE

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



Variance Response Management

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



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

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

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

STRETCH

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

HIGH RISK

High Risk

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

HIGH RISK

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

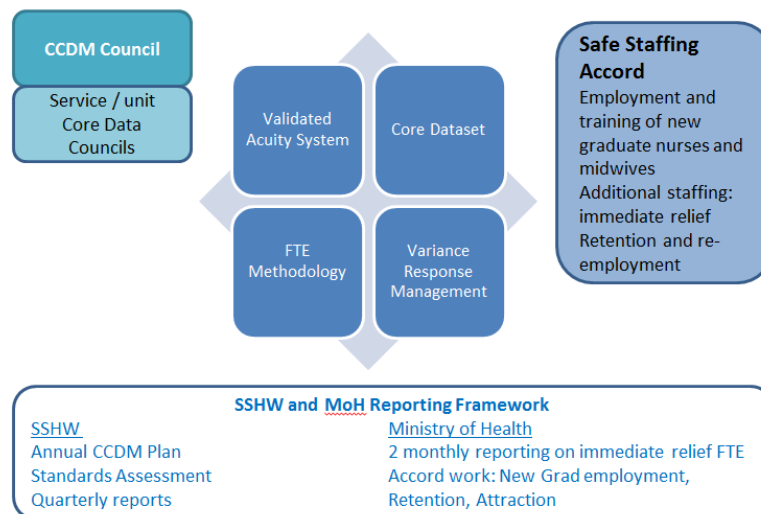
- Inform & discuss with Director Hospital Services
- Inform & discuss with WDHB Incident controller on call
- Respond to site & review situation with Waitemata Central
- Initiates Incident management Team (set-up if required)

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



The Waitemata DHB CCDM implementation is well underway

Key work streams

Governance CCDM Council <i>Chair: Jocelyn Peach</i>	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 <i>Chair: Jocelyn Peach</i>	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 <i>Chair: Marianne Cameron</i> <i>Local Data Councils</i>	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 <i>Chair: Alex Boersma</i>	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 started 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.



Want to know more?

Contact Mary-Lou Hoskins [CCDM Coordinator] mary-lou.hoskins@waitematadhb.govt.nz
CCDM webpage on StaffNet: <https://waitematadhb.hnz.health.nz/Pages/CCDM/CCDM.aspx>

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	Site Coordinators report (Mary-Lou):  CCDM June 2019 monthlyreport.docx <ul style="list-style-type: none"> • Programme Committee structure review, points noted: <ul style="list-style-type: none"> ○ Use Zoom to support Geraldine and others from WTK to participate in meetings without the overhead of travel. ○ Mary-Lou and Stuart to review work remaining for VRM WG and discuss timeline with Katrina. ○ Delegates: <ul style="list-style-type: none"> ▪ 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. ○ Mark Lennox’s request to no longer participate on FTE WG was agreed. ○ Accepted that Melissa Lee not required on the FTE WG. ○ Confirmed that Delwyn Armstrong not required on the VRM WG.
3	Validated Patient Acuity
3.1	Progress Update (Theona): <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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

	<p>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.</p>
5	Staffing Methodology
5.2	<p>Progress Update – refer site coordinators report. Points noted:</p> <ul style="list-style-type: none"> 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	<p>Progress Update – refer site coordinators report. Points noted:</p> <ul style="list-style-type: none"> 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.
 VIB Indicator Hover Help.docx	
7	Communications
 Bi-monthly update for WDHB staff - Jun:	<ul style="list-style-type: none"> Bi-monthly infographic: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Delegate participation & backfill: <ul style="list-style-type: none"> 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.

Meeting Notes

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

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 – TREND CARE (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.x

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	Attendance¹
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 highlighted³:

- **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.**

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	Attendance⁴
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.

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	Attendance⁵
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, whose 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.*

⁵ 5 meetings from Dec-18 through May-19

CDS Working Group

Membership Review:

Role Incumbent	Attendance⁶
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.

⁶ 6 meetings from Nov-18 through May-19

Waitemata DHB Variance Indicator Board – Indicator Descriptions.

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

Resources [ward variance trend report](#) [ward variance audit report](#) [in-hours variance response form](#) [out-of-hours variance response form](#) Logged in as hoskinm (logout)

Indicator	Answer		Weight	Status
1 Missed breaks [?]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0	
2 Poor skill mix [?]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0	
3 Poor staff mix [?]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0	
4 Negative care variance [?] (automatically set)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	0	
5 Positive care variance [?]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0	
6 Delayed essential care [?]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0	
7 Professional judgment deems it is unsafe [?]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0	
Total Weighting Value			0	

Comments

Interventions (last 12 hours) [Add New Intervention](#)

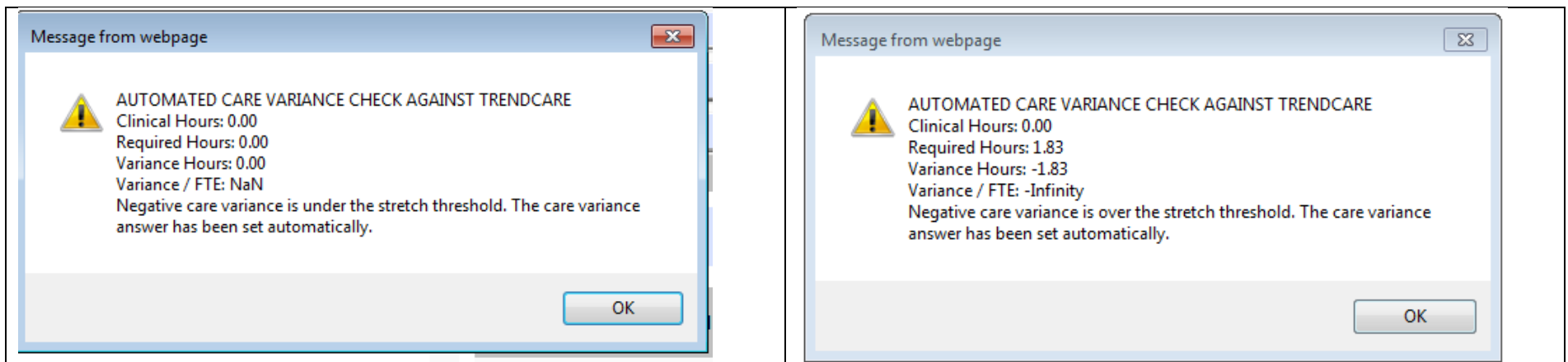
Time	Ward Status	Intervention	Comments	User
No interventions in the last 12 hours				

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.

Care Capacity Demand Management [CCDM] Council Meeting

Date	Tuesday 16 July 2019	
Time	1200 - 1300	
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
	Marianne Cameron – HoD Child Health	Simon Watts – Deputy CFO
	Alex Boersma – GM Acute & Emergency Med	Melody-Rose Mitchell – ADoN A&E Medicine
	Sarah Barker – NZNO Organiser	Katy Watabe – NZNO PNA
	Kate Gilmour – ADoN Surgery	Theona Wright – TC Coordinator
	Mary-Lou Hoskins – CCDM Site Coord	Stuart Port – SSHW Prog Consultant (Zoom)
Apologies	Geraldine Kirkwood – NZNO National Delegate	
Chair	Marianne Cameron	

Item	Item
1	Matters arising
1.1	Record of June meeting approved with no changes.
1.2	Open actions reviewed (refer table below).
2	Governance
2.1	Site Coordinators report was tabled and taken as read.
	 CCDM July 2019 monthlyreport.docx
3	Core Dataset
3.1	QlikSense CDS Tool Demo (Ricky): <ul style="list-style-type: none"> • 18 of the 23 indicators now displayed in the tool. Some of the residual are not available, such as care rationing and staff satisfaction. • Improvements such as better colour differentiation and adding trend indicators still to be done, but Ricky and i3 team commended for their work to date to build these visualisations. • Individual users will be able to set their bookmarks for their preferred filters. • Tool is sufficiently complete now for local data councils (LDC) to begin using it – Marianne is already doing so. • Alex requested that when the tool is ready for sharing, Ricky demo it at the ward governance meetings. • Tool will be accessible through staffnet. Marianne advised that the roll out plan will be formulated by the CDS working group. Stuart noted that training the users in how to interpret the data is crucial (data literacy). • Currently are 4 LDC's – 1 for each site for Medicine, 1 for Surgery and 1 for Child Health. Intention is that ADONs, CNDs, and delegates will take the data back into their clinical areas and support the Plan-Do-Check-Act cycle to drive improvements.
4	Validated Patient Acuity
4.1	Progress Update (Theona): <ul style="list-style-type: none"> • Trendcare upgrade has been delayed due to hA resourcing constraints. New “guaranteed” date is 23 August – Friday night / Saturday morning. The Trendcare team will be on site over that weekend, providing support.
5	Variance Response
5.1	Progress Update (Katrina): <ul style="list-style-type: none"> • VIB upgrade has been deferred from 17th to 29th July so that Katrina can take advantage of the DNM study day next week to complete the associated Education. • A correction is required on the flipcard (section header on Critical page). This is being resolved using stick-on labels.

6	Communications
6.1	<ul style="list-style-type: none"> Feedback is sought on the usefulness of the infographic, or whether the narrative newsletter style is preferred. Auckland and other DHB's have adapted the required infographic to change the way it looks, and/or add additional information. Craig suggested LDC members be canvased for feedback.
6.2	<ul style="list-style-type: none"> The Apr-Jun Quarterly report was approved for issue to SSHW. Kate provided NZNO signoff following the meeting.
7	Staffing Methodology
7.1	<p>FTE Reports – wards 5 & 10 (Alex):</p> <ul style="list-style-type: none"> The table prepared by Stuart following the FTE Working Group meeting last week (and added as addendum to each report) clarified the resourcing needed from Virtual Ward, assuming no change to the wards budgeted FTE or roster. One-on-one care has not been included and a separate piece of work is recommended to analyse further this workload at a service level. This will determine where it is appropriate to allocate resource to the home ward budget versus utilising the central resource pool. Sarah noted that the SoP recommends inclusion of resource in the base budget be considered where this exceeds 8,000 hours per annum. Justification for not complying with this recommendation is sought by NZNO. Alex responded that: <ul style="list-style-type: none"> There is existing resource pool to cater for close observations which was not factored into the calculations; It is important to look at this holistically for the service to understand the need and then determine the appropriate split between wards and pool. Sarah advised they are seeking feedback from ward 10 on how the virtual ward is working for them. Noted that the virtual ward is not mentioned in the SoP. It was agreed that the Standard Operating Procedure (SoP) would be updated to include virtual ward and to clarify approach regarding one-on-ones. Kate noted her issue with Virtual Ward in not the recommended FTE but how that will be split between base ward budget and virtual ward. The model prepared by Stuart indicates an RN is required from virtual ward on most shifts on most days, while presently the virtual ward is not structured to support all shifts every day. Alex responded that where the acuity shows the resource is needed, regardless of shift/day, they can be rostered in advance from Virtual Ward. Mary-Lou referenced the statement with the addendum that “there is room for the home ward and virtual ward to negotiate which shifts are covered by their FTE contribution”. Sarah stated that she does not agree with a base roster for the ward which is routinely dependant on the supply of staff from another unit to deliver the care needed. Cath reiterated the strength the virtual ward contributes, providing flexibility to enable safe staffing of the hospital. The debate occurring is useful but there has been good progress made and everything will remain a work in progress with ability to be challenged and modified. Jos recommended that we proceed and apply the methodology used for wards 5 and 10 across all the other wards in the Medicine service, completing this as swiftly as possible. The Council accepted the recommended FTE for wards 5 and 10 detailed in the reports. What is yet to be agreed is how this will be implemented (sliced and diced). This implementation work is to be progressed asap through the FTE Working Group. Jos will prepare a comms for the staff on the decisions reached.

Meeting Notes

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
210519-02	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. 16/07: Has not yet been scheduled.	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	16/07: Done.	Complete
180619-02	Council	Map out remaining work for the VRM Working Group with Stuart and review that with Katrina.	Mary-Lou Hoskins	16/07: Carried forward.	Open
180619-03	Council	Contact Jacqui Lyon re her engagement on the VRM Working Group.	Katrina Holland	16/07: Carried forward.	Open
180619-04	Council	Review delegate involvement / interest to continue and advise Mary-Lou of any changes or additions to Working Groups.	Sarah Barker	16/07: Carried forward.	Open
180619-05	Council	Publish revised committee membership lists once delegates are confirmed by NZNO.	Mary-Lou Hoskins	16/07: Carried forward.	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	10/07: Scheduled for 11-July. 16/07: Meeting took place 16 th July.	Complete
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	10/07: Done	Complete
180619-08	Council	Review VIB guidance on indicators usage provided at ADHB.	Mary-Lou Hoskins	16/07: Carried forward.	Open
180619-09	Council	Canvas infographic feedback from members.	Sarah & Kate W	16/07: Replaced by action 160719-01.	Closed
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	10/07: In progress.	Open

Meeting Notes

Date-Num ID	Workstream	Action Description	Assigned To	Progress Log	Status
160719-01	Council	Discuss Infographic at LDC's to assess interest / suggestions for improvement.	Marianne Kate G Melody		Open
160719-02	Council	Draft amendments to the Std Op Procedures regarding Virtual Ward and One on One Care Hours.	Mary-Lou Hoskins		Open
160719-03	Council	Communicate decisions reached to staff.	Jocelyn Peach		

CARE CAPACITY DEMAND MANAGEMENT (CCDM) OPERATIONAL MONTHLY REPORT

PERIOD: 13 June – 11 July 2019

AUTHOR: Mary-Lou Hoskins – CCDM Site Coordinator

STANDARD ONE: GOVERNANCE (JOCELYN PEACH)

Reporting

Quarterly report attached (period Apr-Jun) to be issued to SSHW Governance. A summary for the 19/20 CCDM Annual Plan has been prepared for inclusion in the DHB's Annual Plan.

Mental Health and Maternity Services

Initial meetings are being arranged with PSA and MERAS to begin planning for their respective CCDM work streams. The MERAS meeting is scheduled for 30 July, and the PSA meeting is likely to be later in August.

STANDARD TWO: VALIDATED PATIENT ACUITY – TREND CARE (THEONA WRIGHT)

The Trendcare 3.6 upgrade (scheduled for 17 July) has been delayed by Health Alliance. A new date is still to be advised. It is understood this is due to HA resourcing issues.

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

STANDARD THREE: CORE DATA SETS (MARIANNE CAMERON)

Great progress has been made on building visualisations of the CDS indicators. Most are now available in the QlikSense tool, which will be demoed at the Council meeting.

Focus will now shift to ensuring that the existing Local Data Councils have a clear terms of reference and appropriate membership and leadership.

STANDARD FOUR: FTE STAFFING METHODOLOGY (ALEX BOERSMA)

The FTE Calculation reports for wards 5 and 10 are being provided to the Council for discussion at the meeting on the 17th.

Reports for wards 2, 3, 6, 14, 15, & Muriwai are ready to be prepared – an abbreviated format will be used. It is expected that these will be reviewed by the FTE working group at their August meeting.

The education session for the next group of wards (Med wards at WTK and the two SCBU units) is being planned for early September. Delegate details for these wards is to be provided by NZNO.

STANDARD FIVE: VARIANCE RESPONSE MANAGEMENT (KATRINA HOLLAND)

The VIB upgrade goes live on Wednesday 17 July and the VRM Escalation Procedures (SoP) are being distributed from Monday 15th. The Trendcare and CCDM resource will be monitoring the CaaG with a view to ensuring the wards are using the indicators appropriately.

A process introduced at ADHB to provide a consistent and effective response to High Risk and Critical variance levels is to be reviewed for consideration for Waitemata. A visit to Auckland will be arranged for a small team in the near future.

REFERENCED ATTACHMENTS



WDHB Quarterly
Report Apr-Jun 2019



CCDM Section of
DHBs Annual Plan.doc